

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

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

1. Name of Property

historic name Tucson Veterans Administration Hospital Historic District

other names/site number Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona / 128

2. Location

street & number 3601 South Sixth Avenue

NA not for publication

city or town Tucson

NA vicinity

state Arizona code AZ county Pima code 019 zip code 85723

3. State/Federal Agency Certification

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

I hereby certify that this 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 meets does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

national statewide local

Signature of certifying official/Title _____ Date _____

State or Federal agency/bureau or Tribal Government _____

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

James W. Gowigan
Signature of commenting official

19 JUNE 2012
Date

State Historic Preservation Officer AZ State Parks
Title State or Federal agency/bureau or Tribal Government

4. National Park Service Certification

I hereby certify that this property is:

entered in the National Register determined eligible for the National Register

determined not eligible for the National Register removed from the National Register

other (explain:) _____

Signature of the Keeper _____ Date of Action _____

Tucson Veterans Administration Hospital Historic District
 Name of Property

Pima County, Arizona
 County and State

5. Classification

Ownership of Property
 (Check as many boxes as apply.)

Category of Property
 (Check only **one** box.)

Number of Resources within Property
 (Do not include previously listed resources in the count.)

- private
- public - Local
- public - State
- public - Federal

- building(s)
- district
- site
- structure
- object

Contributing	Noncontributing	
15	17	buildings
4	0	sites
1	1	structure
0	1	objects
20	19	Total

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

Number of contributing resources previously listed in the National Register

United States Second Generation Veterans Hospitals

NA

6. Function or Use

Historic Functions
 (Enter categories from instructions.)

HEALTH CARE/Hospital

Current Functions
 (Enter categories from instructions.)

HEALTH CARE/Hospital

7. Description

Architectural Classification
 (Enter categories from instructions.)

Late 19th and 20th Century Revivals:
Mission/Spanish Colonial Revival

Materials
 (Enter categories from instructions.)

foundation: Concrete
 walls: Stucco
 roof: Terra Cotta
 other: Wood

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Narrative Description

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

Summary Paragraph

The Tucson Veterans Administration (VA) Hospital Historic District is a Second Generation Veterans Hospital located at 3601 South Sixth Avenue, approximately three miles south of downtown Tucson. Located in a campus setting, the hospital property is surrounded by residential, commercial, and light industrial development. Interstate 10 is located to the north and South Sixth Avenue serves as the western boundary of the property. The medical center property is bounded to the south by Ajo Way and to the west by railroad tracks. Julian Wash cuts through the northern half of the property in a northwest-southeast direction. The original and ongoing mission of the facility has been to provide health care to veterans of the United States. The hospital opened in 1928 as a tuberculosis hospital and was converted to a general medical and surgical hospital in 1959. The historic district preserves the characteristics of the tuberculosis sub-type of Second Generation Veterans Hospital. It was the last Second Generation Veterans Hospital built specifically to serve tuberculosis patients and the only Period II hospital included in the United State Second Generation Veterans Hospitals Multiple Property Document Form (MPDF) that remained solely designated a tuberculosis hospital throughout its period of significance. The property consists of approximately 117 acres; the historic district is comprised of approximately 42 acres of the total tract and includes thirty-nine resources. The period of significance for the Tucson VA Hospital Historic District in Tucson, Arizona, extends from the initial construction of the hospital in 1927 through 1950, the date of the last federal veterans hospital constructed utilizing the design philosophies developed for Second Generation Veterans Hospitals. Twenty resources are considered contributing to the historic district. Contributing resources include those that retain integrity to convey the historic district's significance and were constructed during the period of significance (1927-1950). Nineteen resources are considered noncontributing resources to the Tucson VA Hospital Historic District. Located outside the historic district are buildings constructed after the period of significance, such as the nursing home care unit, the two-story ambulatory care building, the animal research facility, various smaller buildings, and large areas covered in paved parking lots. Also located outside the historic district are various maintenance/utility buildings that were constructed both during and after the period of significance. Contributing buildings within the historic district include single- and multiple-story buildings constructed in the Spanish Colonial Revival/Mission Revival architectural style with exterior stucco surfaces. The original four buildings servicing patients are constructed in a cloister arrangement that appear to be an interpretation of the eighteenth-century Mission San Xavier del Bac located approximately 10 miles south of downtown Tucson. Local architect Roy Place has been credited with adapting the cloister plan of the Tucson VA Hospital Historic District to standardized plans developed by the Veterans Bureau. Due to the use of such a distinct architectural style, the historic district is closely associated with the architectural heritage of the region.

Narrative Description

The Tucson VA Hospital Historic District is located in the south-central section of Tucson, the county seat of Pima County, Arizona, approximately 3 miles south of downtown. Tucson is located in the western part of the county and lies only 60 miles north of the United States-Mexico border. The historic district is comprised of approximately 42 acres of the property's total 117 acres and includes twenty contributing resources. The historic district is bordered to the north by Air Force Loop and Julian Wash; to the west by South Sixth Avenue; along the south by Navy Way; and on the east by Coast Guard Avenue. Small-scale residential neighborhoods edged by commercial development are located west and south of the medical center property; commercial and light industrial development is located to the east. Undeveloped land lies northeast of the medical center across Interstate 10.

See Continuation Sheet, page 7.1.

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8. Statement of Significance

Applicable National Register Criteria

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

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

Criteria Considerations

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

Property is:

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

Areas of Significance

(Enter categories from instructions.)

Politics/Government

Health/Medicine

Architecture

Period of Significance

1927-1950

Significant Dates

NA

Significant Person

(Complete only if Criterion B is marked above.)

NA

Cultural Affiliation

NA

Architect/Builder

Place, Roy

Construction Division, Veterans Bureau

Period of Significance (justification)

The period of significance begins with the date of the initial construction of the facility in 1927 and extends through 1950, the date of the last federal veterans hospital constructed utilizing the design philosophies developed for Period II Second Generation Veterans Hospitals. The contributing buildings all date to the period of significance. These buildings relate to the hospital's identity as a Period II tuberculosis sub-type within the Second Generation Veterans Hospital typology. Buildings constructed after 1950 no longer relate to the design philosophies developed by the Second Generation Veterans Hospitals.

Criteria Considerations (explanation, if necessary)

NA

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

The Tucson Veterans Administration (VA) Hospital Historic District is significant for its association with the federal government's commitment to the health care of World War I and World War II veterans. As defined in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form, the Tucson VA Hospital Historic District is an excellent and the only example of a fully developed Period II tuberculosis Second Generation Veterans Hospital. The historic district is eligible for listing in the National Register of Historic Places (NRHP) under Criterion A at the state level of significance in the areas of Politics/Government because of the importance placed on securing the federal facility and its impact on the local community and veterans of the state of Arizona. The Tucson VA Hospital Historic District is also eligible under Criterion A at the state level of significance in the areas of Health/Medicine because of the mission of the federal government, through the Veterans Bureau and the VA, to provide tuberculosis care to veterans of World War I and World War II. The Tucson VA Hospital Historic District is also eligible under Criterion C in the area of Architecture at the state level of significance because the hospital is an excellent example of Period II Second Generation Veterans Hospital exhibiting the Spanish Colonial Revival/Mission Revival styles. The Tucson VA Hospital Historic District reflects the adaptation of standardized plans by local architect Roy Place resulting in an imaginative design utilizing the Spanish Colonial Revival/Mission Revival architectural styles. The Tucson VA Hospital Historic District is also eligible under Criterion C in the area of Architecture because of the significance of its design; the primary treatment for tuberculosis included exposure to fresh air and sunlight, which is evident through the numerous porches located along the facade and rear elevations that were incorporated into the design of the patient treatment buildings. Construction began on the Tucson VA Hospital Historic District complex in 1927. The facility opened to patients in October 1928. Originally constructed as a tuberculosis hospital, the Tucson VA Hospital Historic District is the only surviving example of this sub-type constructed from the late 1920s through 1950 and the contributing resources continue to retain characteristics of this sub-type. Other Period II Second Generation Veterans Hospitals also served tuberculosis patients but the majority of patient care was designated for neuropsychiatric or general medical and surgical care. The Tucson VA Hospital Historic District is the only example specifically originally designed, constructed, and designated to serve veterans with tuberculosis. The use of the regionally popular architectural style creates a cohesive design for the overall historic district. The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district's significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). Resources constructed after 1950, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of the MPDF. Resources located within the medical center campus may be eligible or contributing for other associations or contexts under National Register Criteria A–D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

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

The period of significance for the Tucson VA Hospital Historic District extends from 1927 to 1950. It begins with the construction of the hospital and continues through 1950, the date of the last federal veterans hospital constructed utilizing the design philosophies developed for Second Generation Veterans Hospitals. The Tucson VA Hospital Historic District is an excellent example of a Period II Second Generation Veterans Hospital that retains characteristics of the tuberculosis sub-type and as an example utilizing Spanish Colonial Revival/Mission Revival architectural styles.

Areas of Significance: Criterion A

Politics and Government

The Tucson VA Hospital Historic District is eligible under Criterion A in the areas of Politics and Government at the state level of significance because the selection of the site of the hospital was partially determined by the political influences exerted by the local community to acquire the federal hospital and its

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substantial contribution to the local and state economy during both construction and operation. Constructed on the eve of the Great Depression, the hospital facility served as an important economic boost to the area, providing jobs and financial stimulus to not only the local economy, but also to the areas serviced by the many contractors.

See Continuation Sheet, page 8.24.

Developmental history/additional historic context information (if appropriate)

See Continuation Sheet 8.31.

9. Major Bibliographical References

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

See Continuation Sheet 9.36.

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: Veterans Affairs Historic Preservation Office & Tucson VA Medical Center Medical Media Dept.

Historic Resources Survey Number (if assigned): 128

10. Geographical Data

Acreage of Property Approximately 42 acres

(Do not include previously listed resource acreage.)

UTM References

(Place additional UTM references on a continuation sheet.)

1	<u>12</u> Zone	<u>503065</u> Easting	<u>3560656</u> Northing	5	<u>12</u> Zone	<u>503205</u> Easting	<u>3560655</u> Northing
2	<u>12</u> Zone	<u>503171</u> Easting	<u>3560656</u> Northing	6	<u>12</u> Zone	<u>503418</u> Easting	<u>3560651</u> Northing
3	<u>12</u> Zone	<u>503171</u> Easting	<u>3560673</u> Northing	7	<u>12</u> Zone	<u>503434</u> Easting	<u>3560572</u> Northing
4	<u>12</u> Zone	<u>503202</u> Easting	<u>3560673</u> Northing	8	<u>12</u> Zone	<u>503340</u> Easting	<u>3560552</u> Northing

See Continuation Sheet 10.39

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

The boundary of the nominated property is delineated by the polygon in solid black lines on the aerial map on Continuation Sheet 41. The boundary is also indicated by a polygon on a portion of a Tucson, Arizona USGS map on Continuation Sheet 40 and on the enclosed USGS Tucson, Arizona, topographic quadrangle map. The UTM reference points, stated in NAD 27, are provided above and are continued on Continuation Sheet 10.39, and are found on the USGS topographic quadrangle map. Beginning at a point located on the east side of South Sixth Avenue, to the immediate east of a pedestrian bridge crossing Julian Wash and approximately 970

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feet north of the main entrance to the Tucson VA Hospital Historic District from South Sixth Avenue at UTM N 3560656, E 503065, the boundary extends to the east, crossing Julian Wash and extending along the north edge of Air Force Loop approximately 345 feet to near the west elevation of Resource 22 to UTM N 3560656 E 503171, then to the north for approximately 50 feet to UTM N 3560673 E 503171, then to the east for approximately 95 feet to UTM N 3560673 E 503202, and then the boundary turns to the south for approximately 60 feet, crossing to the south edge of Air Force Loop to UTM N 3560655 E 503205. The historic district boundary extends to the west along the south side of Air Force Loop and continues along the south side of an unpaved lane for approximately 700 feet to the north end of a parking lot at UTM N 3560651 E 503418, the boundary turns to the southeast and continues through the parking lot for approximately 275 feet to the north side of Army Run at UTM N 3560572 E 503434. The historic district boundary then turns to the southwest and continues along the north side of Army Run for approximately 320 feet to the intersection with Marine Corps Trail at UTM N 3560552 E 503340, then crosses Army Run/Air Force Loop extending to the south and continues along the west side of Marine Corps Trail in a southeast direction before curving to the southwest for approximately 115 feet to UTM N 3560516 E 503347. The boundary then continues to the southwest for approximately 180 feet along the west edge of Marine Corps Trail, crossing Julian Wash, to a point on the south side of Julian Wash at UTM N 3560462 E 503328. The historic district boundary turns to the southeast for approximately 435 feet following the south edge of Julian Wash to near the northwestern elevation of an enclosed corridor that crosses Julian Wash at UTM N 3560419, E 503406, then turns to the southwest and continues between the previous enclosed corridor and Resource 74 for approximately 110 feet to near the north elevation of Resource 38 at UTM N 3560387 E 503448. The historic district boundary then extends to the southeast approximately 50 feet to the northwest edge of the circular drive located north of Resource 50 at UTM N 3560480 E 503462, then curving to the southeast-east along the southwest edge of the circular drive for approximately 160 feet to UTM N 3560352 E 503479. The boundary then extends to the south, southeast, then south again for approximately 345 feet, passing near the east elevation of Resource 50 and continuing between Resource 50 and the ambulatory care building (2003) to UTM N 3560251, E 503494. The boundary turns to the southwest for approximately 100 feet, crossing to the west side of Coast Guard Avenue to UTM N 3560239 E 503469, and continues to the south for approximately 110 feet along the west side of Coast Guard Avenue to UTM N 3560201 E 503468. The boundary continues to the south-southwest along the west side of Coast Guard Avenue for approximately 55 feet to UTM N 3560183 E 503450, then follows the north edge of a curve in the drive to the west-northwest for approximately 110 feet to UTM N 3560191 E 503427, then the boundary turns to the southwest following the north side of Navy Way for approximately 540 feet to UTM N 3560121 E 503276. The boundary then extends to the northwest following a sidewalk near the southwest elevation of Resource 30 for approximately 85 feet to UTM N 3560138 E 503248, and continues to the northwest along the sidewalk for approximately 70 feet to near the southwest corner of Resource 30 at UTM N 3560155 E 503234. The boundary extends to the northeast near the northwest elevation of Resource 30 for approximately 350 feet to the south edge of a parking lot to the west of Resource B at UTM N 3560252 E 503275, the boundary then curves to the northwest following the southwest edge of the parking lot for approximately 85 feet to UTM N 3560269 E 503250. The historic district boundary then extends to the southwest for approximately 190 feet to the northeast corner of a parking lot at UTM N 3560231 E 503215, then extends to the west for approximately 450 feet along the north edge of the parking lot to the fence line east of South Sixth Avenue at UTM N 3560231 E 503064, then following the fence line to the north for approximately 1,400 feet, crossing the main entrance drive from South Sixth Avenue and continuing to the beginning, encompassing approximately 42 acres.

Boundary Justification (Explain why the boundaries were selected.)

The boundary for the Tucson VA Hospital Historic District in Tucson, Arizona, encompasses approximately 42 acres of the 117 acres currently administered by the Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona. The irregular boundary of the historic district includes level topography bounded by South Sixth Avenue, Air Force Loop, Julian Wash, Coast Guard Avenue, and Navy Way. The boundary follows clearly defined manmade features that surround the historic resources. The historic district includes twenty contributing and nineteen noncontributing buildings, structures, sites or objects. The boundary was delineated to not only include the significant historic buildings, constructed with stucco exteriors and incorporating

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Spanish Colonial Revival/Mission Revival architectural style decorative elements, but also the remaining open space and site elements associated with the Tucson VA Hospital Historic District, including the linear main entrance drive and its associated landscaped median (Resource D, circa 1928) and the residual open landscape (Resource E, circa 1928) associated with the historic district's period of significance. The majority of these elements are located west and northwest of the administrative building (Resource 1, 1928). Excluded from the boundary are the large parking lots east, northeast, and southeast of the central core of historic buildings, two buildings with large footprints dating to after the period of significance (nursing home care unit and the ambulatory care addition), smaller buildings constructed post-1950 located to the southwest and northeast of the central core group of buildings, and an assemblage of support and service buildings to the northeast of the historic district that date to the period of significance. This cluster of support and service buildings is separated from the historic district boundary by post-1950 parking lots and buildings. The National Register of Historic Places boundary includes the majority of resources historically associated with the Tucson VA Hospital Historic District.

11. Form Prepared By

name/title Trent Spurlock/Architectural Historian, Debra McClane/Architectural Historian, Matthew D.

McMahan/Architectural Historian and Holly Higgins/Architectural Historian

organization Cultural Resource Analysts, Inc.

date June 8, 2012

street & number 151 Walton Avenue

telephone 859-252-4737

city or town Lexington

state KY

zip code 40508

e-mail _____

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** (7.5 or 15 minute series) indicating the property's location.

A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.

- **Continuation Sheets 40–45**
- **Additional items:** (Check with the SHPO or FPO for any additional items.)

Photographs:

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

Name of Property: Tucson Veterans Administration Hospital

City or Vicinity: Tucson

County: Pima

State: AZ

Photographer: Trent Spurlock

Date Photographed: March 27–28, 2010

Description of Photograph(s) and number: See Continuation Sheets 46–47

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Property Owner:

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

name _____
street & number _____ telephone _____
city or town _____ state _____ zip code _____

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

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

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Tucson is located within the Sonoran Desert on an alluvial plain. The city is surrounded by the Santa Catalina and Tortolita Mountains on the north, the Santa Rita Mountains to the south, the Rincon Mountains on the east, and the Tucson Mountains on the west. The vast, flat alluvial plain on which Tucson is located was created by the Santa Cruz River, which flows in a winding north–south path through the city and west of the medical center property. Julian Wash is an arroyo that flows roughly northwest to southeast through the historic district. This intermittent watercourse, which is one of five washes in Tucson, fills rapidly after rainfall and provides immediate drainage for the area. The channelized, concrete-lined wash divides the medical center between the administrative building and associated hospital buildings on the south and the personnel residences on the northwest side as well as maintenance buildings in the northeast corner of the medical center property.

The hospital is set within a desert landscape featuring typical desert flora, including palm trees, palmetto, yucca, saguaro, and other types of cactus. Evergreens and other shrubs are also part of the historic district landscape. Brick paved or concrete sidewalks and concrete curbs are located throughout the historic district. The majority of the medical center property has been developed. Large paved parking areas are located northwest and southwest of the administration building (Resource 1, 1928); east-southeast of the clinical and surgical services building (Resource 57, 1983); southeast of the patients building (Resource 30, 1928); and east-southeast of the prosthetics building (Resource T-57, 2008). A parking lot is also located between the domiciliary and quarters building and the nurses' quarters (Resources 5, 1929; and 6, 1928).

The interconnected administration building, infirmary (main) building, the dining hall, and the recreation building (Resources 1, 2, 3, all 1928; and 4, 1929) form the four sides of an interior courtyard (Resource C, circa 1928–1929), the only green space within the historic district. The administration building (Resource 1, 1928) is located at the west end of the courtyard (Resource C, circa 1928–1929), the infirmary (main) building (Resource 2, 1928) is located at the east end, and the dining hall and recreation building (Resources 3, 1928; and 4, 1929) are found on the south and north sides of the courtyard, respectively. This complex makes up the central core and contains the most architecturally decorative buildings of the Tucson VA Hospital Historic District. Three large buildings constructed after the period of significance are located to the east of the infirmary (main) building (Resource 2, 1928). The clinical building (Resource 38, 1958) is attached to the rear (east elevation) of the infirmary (main) building's (Resource 2) central block. The clinical building (Resource 38, 1958) and the clinical and surgical services building (Resource 57, 1983), which are connected to one another, are located east of the four central core buildings. The clinical building (Resource 38, 1958) is connected to the rear of the infirmary (main) building (Resource 2, 1928) by a three-story section, and the clinical and surgical services building (Resource 57, 1983) is an addition to the south side of the clinical building (Resource 38, 1958). The clinical and surgical services building (Resource 57, 1983) is located in close proximity to the rear southeast portion of the infirmary (main) building (Resource 2, 1928). The ambulatory care building (Resource 50, 1978) is an addition to the east elevation of the clinical building (Resource 38, 1958). The behavioral science building (Resource 67, 1996) is connected to the northwest portion of the infirmary (main) building (Resource 2, 1928) by a short, single-story, narrow corridor. A long corridor that extends from the southeast corner of the administration building (Resource 1/1A, 1928) joins the patients' building (Resource 30, 1928) to the courtyard complex. The patients' building (Resource 30, 1928) exhibits extensive architectural detailing, such as a central tower, polychromatic rafter tails, and arcaded walkways and porches that have been enclosed. The recreation building (Resource 4, 1929) also exhibits elaborate architectural detailing, with the south elevation (facing the courtyard) containing a stage filled with large, wood panel doors and a tower adjacent to the stage. The facade (north) elevation of the recreation building (Resource 4, 1929) has an elaborate, stucco door surround. The infirmary (main) building (Resource 2, 1928) is the largest of the historic district buildings

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dating to the period of significance and exhibits numerous stylistic elements, including a six-story, dome-roofed tower, metal balconets, and former porches that have been enclosed with windows and stucco. The other buildings encompassing the central courtyard utilize numerous stylistic elements, but generally on a more modest level than the infirmary (main) building (Resource 2, 1928).

Small offices, specialty clinics and temporary buildings (Resources 28, 1992; 29, 1992; 37, 1953; 40, 1962; 58, 1976; 74, 2002; T-26, 1976; T-38, 2003; T-38B 2004; T-57, 2008; and A, circa 1980s–2000s) are located around the periphery of the central core group of buildings within the historic district. Smaller parking lots are located between buildings and along some of the historic district's roadways. The buildings within the central core group, including those constructed after the period of significance, are unified visually through the use of similar exterior materials (stucco, terra cotta tile roofs, wood eave elements), as well as details such as low-pitched gable roofs with deeply overhanging eaves, small sculptural elements, and similar building massing, whereas the temporary buildings are painted to match the stucco cladding of the permanent buildings. The temporary buildings and the majority of buildings constructed after the period of significance have flat roofs, which differentiates them from buildings dating to the period of significance. The central block of the patients' building (Resource 30, 1928) also has a flat roof that provides access to offices located in the third story of the gable-roof ends of the building. The air conditioning building (Resource 40, 1962) is a utilitarian building located south of the central core cluster of buildings. Many of the late-twentieth-century and early-twenty-first-century buildings lack the detailing of the buildings dating to the period of significance. Although attempts have been made to replicate some of the materials (e.g., stucco, terra cotta tiles), Mission-style detailing and elements characteristic of the buildings dating to the period of significance are not present. Many of the medical buildings constructed after the period of significance exhibit a thoroughly modern appearance, with flat roofs, fixed windows, and cast-in-place concrete pillars.

The main entrance drive (Resource D, circa 1928) extends west from the front of the administration building (Resource 1/1A, 1928), encompassing the landscaped flag pole area (Resource F, circa 1928). The western portion of the main entrance drive (Resource D, circa 1928) has been reconfigured to curve to the north of the gate house (Resource 19, 1928). Originally the main entrance drive (Resource D, circa 1928) continued through the gate posts to the immediate south of the gate house (Resource 19, 1928). The main entrance drive has been altered to align with Veterans Boulevard on the opposite side of South Sixth Avenue. To the south of the main entrance drive (Resource D, circa 1928) is the largest, remaining portion of residual open landscape (Resource E, circa 1928) within the historic district and the medical center campus. The residual open landscape (Resource E, circa 1928) includes sandy ground, saguaro cactus, and other native plants. To the north of the main entrance drive (Resource D, circa 1928) are large parking lots and the two-story outpatient mental health building (Resource 90, 2008).

The residential buildings are located on the north side of Julian Wash in the northwest corner of the historic district. Between 1928 and 1929, the quarters were constructed in two rows with three buildings located on either side of (north or south), and facing onto, Merchant Marine Road. The medical officer-in-charge's residence (Resource 7, 1928) and two officer's residences (Resources 8 and 9, both 1928) are located on the north side of the road. Three officer's residences (Resources 11, 12, and 13, all 1929) are located on the south side of the road. The designs of the buildings on the north side of the road mirror the designs on the south side, except for the medical officer-in-charge's residence (Resource 7, 1928), which is more elaborate. Most of the quarters have been renovated for rehabilitation services or other medical use. Resources 8 and 11 serve as blind rehabilitation independent living quarters and, thus, retain their original use. The two-story nurses' quarters (Resource 6, 1928) is located on the east end of Merchant Marine Road and is oriented to the west. The building now serves as research space. A similar building, designated as the domiciliary and

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quarters building (Resource 5, 1929), also originally served as on-campus housing. The building, currently utilized for facilities management offices and for child care, is located east of the nurses' quarters (Resource 6, 1928) and faces south to Army Run and the main patient buildings. While these buildings have undergone renovation for various uses, the buildings retain their overall historical appearance, and historic materials (stucco and terra cotta tiles) are intact, as are their characteristic porches and entrance details. One residential quarters garage (Resource 22, 1930), located north of the quarters and accessed by the northern extension of Air Force Loop, was constructed in 1930 for use by the residences.

Four noncontributing resources are located within the historic district on the north side of Julian Wash. The pump house and pit (Resource 26, 1964) is located northwest of the domiciliary and quarters building (Resource 5, 1929), next to the parking lot. The recreation shelter (Resource 71, circa 1990s) is located next to the tennis and shuffleboard courts, south of the nurses' quarters (Resource 6, 1928). Two other noncontributing resources with larger footprints are also located near the residential buildings. The engineering projects building (Resource T-5A, 1994) is located directly north of the pump house and pit (Resource 26, 1964) and the clinical support building (Resource 77, 2007) is located north of the domiciliary and quarters building next to the engineering projects building (Resource T-5A, 1994). A large parking lot is situated between the nurses' quarters (Resource 6, 1928) and the domiciliary and quarters building (Resource 5, 1929).

The buildings surrounding the courtyard were purportedly designed by Tucson-based architect Roy Place, who designed many buildings on the University of Arizona campus,¹ and by the Construction Division of the Veterans Bureau. The historic district buildings dating to the period of significance are executed in the Spanish Colonial Revival/Mission Revival style.² The architectural style was selected due to the local historical associations with the architecture of Spanish settlers, in particular the Franciscan priests who founded the Mission San Xavier del Bac—a National Historic Landmark and icon of Spanish Colonial Mission architecture that lies about 6 miles southwest of the historic district. This early eighteenth-century mission provided architectural inspiration not only in the decorative program for the new Tucson veterans hospital, but also influenced the layout of the buildings, which reflects the cloistered nature of the mission. Use of the Spanish Colonial Revival style represents a regional stylistic adaptation that was utilized in several examples of Second Generation Veterans Hospitals, mainly in the southeast and southwest portions of the country.³ The hospital buildings reflect Spanish Colonial Revival and Mission Revival stylistic elements including towers with domed roofs; articulated door surrounds; deeply recessed punched window openings; overhanging eaves with exposed wooden rafter tails that have been painted red, yellow, and blue; decorative quatrefoil openings; arcaded walkways and colonnades; curvilinear roof parapets; metal grillwork over window openings; and projecting metal balconies. The buildings also exhibit the use of typical stylistic materials, such as half-round terra cotta roof tiles (often referred to as Mission tiles) and stucco-clad

¹ Anne M. Nequette and R. Brooks Jeffery, *A Guide to Tucson Architecture* (Tucson, AZ: University of Arizona Press, 2002): 242, 257.

² Roy Place, 1887–1950, was well-known for his sophisticated Spanish Colonial Revival and Mission style designs. Together with partner Joseph Lyman (1919–1924), he designed over twenty buildings in Tucson, including the Pima County Courthouse, and is widely credited with giving the downtown its architectural character. From 1924–1940, Place worked as the architect for the University of Arizona, also in Tucson. James F. Cooper, *Places in the Sun*. (Tucson: Westernlore Press, 1989). Electronic version accessed online at <http://parentseyes.arizona.edu/placesinthesun/> on 6 June 2010.

³ Gjore J. Mollenhoff and Karen R. Tupek, *Veterans Administration Medical Center (Tucson, Arizona) Determination of Eligibility* (Veterans Administration, 1980), located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

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exterior walls that are tinted with a pink hue. Additional factors taken into consideration in the design of the Tucson VA Hospital Historic District buildings included sun protection (light and shade), as well as the building's place within nature. Some decorative elements also reflected influence from the Moorish style, which is typically seen in Spanish Colonial architecture. The most notable alteration to the buildings is the replacement of original windows with modern one-over-one metal sashes or fixed pane windows and the enclosing of former porches.

Individual Resource Inventory

The dates of construction and details regarding the former use of the following buildings are from the previous Determination of Eligibility form dated 1980 and documentation provided by the facility's Office of Facilities Management.⁴ The numerical designations of the resources were assigned at the time of their construction by the VA. The letter and numerical designation for resources, such as Resource T-26 (research offices, 1976), was assigned by the VA, with the letter "T" usually denoting a building or structure that was originally considered temporary rather than a permanent building. Historical brochures on the medical center produced for the thirtieth and fiftieth anniversaries of the Tucson VA Hospital provided information on original designations of buildings and buildings that have been added or demolished within the historic district.⁵ Resources that were present during the period of significance and that retain integrity are considered contributing. Minor resources or infrastructure elements were not included in the resource count, as they are not substantial in size and scale.

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

⁴ Gjore J. Mollenhoff and Karen R. Tupek, Veterans Administration Medical Center (Tucson, Arizona) Determination of Eligibility (Veterans Administration, 1980), located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.; United States Department of Veterans Affairs, files of the Office of Facilities Management, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

⁵ United States Veterans Administration, "A Wing and A Prayer: 1928–1958," 30th Anniversary Commemorative pamphlet, 1958; United States Veterans Administration, "History of VA Medical Center Tucson" (circa 1978), located in the files of the United States Department of Veterans Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.; United States Veterans Administration, *Veterans Administration Hospital, Tucson, Arizona, 1928–1978, 50th Anniversary* (Tucson: Veterans Administration, 1978); United States Department of Veterans Affairs, "Southern Arizona VA Health Care System: History," located on the World Wide Web on the Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona website at <http://www.tucson.va.gov/about/History.asp>, accessed 7 June 2010.

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Resource #	Date of Construction	Contributing (C)/ Noncontributing (NC)	Historic or Current Name/Use
1/1A	1928	C	Administration Building
2	1928	C	Infirmery (Main) Building
3	1928	C	Dining Hall
4	1929	C	Recreation Building
5	1929	C	Domiciliary and Quarters Building
6	1928	C	Nurses' Quarters
7	1928	C	Medical Officer in Charge's Quarters
8	1928	C	Officer's Residence
9	1928	C	Officer's Residence
11	1929	C	Officer's Residence
12	1929	C	Officer's Residence
13	1929	C	Officer's Residence
19	1928	C	Gate House and Gate Posts
20	Circa 1950s–1970s	NC	Flag Pole
22	1930	C	Residential Quarters Garage
26	1964	NC	Pump House and Pit
28	1992	NC	Computerized Tomography Scanner Building
29	1992	NC	Magnetic Resonance Imaging Building
30	1928	C	Patients Building
37	1953	NC	Oxygen Storage Building
38/50/57	1958/1978/1983	NC	Clinical Building/Ambulatory Care Building/Clinical and Surgical Services A/C and Mechanical Equipment Building
40	1962	NC	Service Officers Building
58	1976	NC	Behavioral Science Building
67	1996	NC	Recreation Shelter
71	Circa 1990s	NC	Audiology Building
74	2002	NC	Clinical Support Building
77	2007	NC	Outpatient Mental Health Building
90	2008	NC	Engineering Projects Building
T-5A	1994	NC	Research Offices
T-26	1976	NC	Administrative Office Building
T-38	2003	NC	Administrative Office Building
T-38B	2004	NC	Prosthetics Building
T-57	2008	NC	Electric Generator Building
A	Circa 1980s–2000s	NC	Connecting Corridor
B	Circa 1930–1940s	C	Courtyard
C	Circa 1928–1929	C	Main Entrance Drive
D	Circa 1928	C	Residual Open Landscape
E	Circa 1928	C	Landscaped Flag Pole Area
F	Circa 1928	C	

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Resource 1/1A. Administration Building. 1928. *Contributing building.*

The administration building (Resource 1/1A, 1928) serves as the western portion of a four-building, interconnected complex at the heart of the historic district. The design and layout of these original 1920s-era buildings reflect the influence of the Mission style, including an interior courtyard surrounded by a colonnade. The infirmary, dining hall, and recreation building (Resources 2, 3, and 4) make up the other resources surrounding the interior courtyard. The administration building (Resource 1, 1928) faces west onto Veterans Way and originally served as the main entrance to the facility. While still a major focal point, the majority of daily hospital traffic occurs elsewhere within the medical center's property. Shrubs and trees have been planted along the facade (west) elevation of the building. The paved entrance drive, Veterans Way, approaches the building from the west and then curves to the north and south. Concrete bollards are located along the road edge in front of the administration building (Resource 1/1A, 1928).

This one-story building is covered by a side-facing gable roof that is clad with round terra cotta tiles; the administration building (Resource 1/1A, 1928) is set on a poured concrete foundation and is clad with a stucco finish. As with other buildings within the historic district, the roof features wide overhanging eaves that are detailed with exposed wooden rafter tails which have been shaped on the end and painted yellow, red, and blue. The nine-bay facade (west) consists of a centrally located, projecting entrance bay that is flanked by four window openings to either side. The end window bays are larger than the others, but all currently have replacement metal windows that replicate the original ten-pane casements. The windows, which are set within simple punched and recessed openings, are fronted by highly decorative wrought-iron grilles (or *rejas*) or balcony railings with twisted iron balusters and scroll-shaped iron supports. The projecting entrance bay is covered by a front-facing gable roof and features one of the more elaborate door surrounds, which combines classical and Mission-style elements found within the historic district. The round-arched two-leaf doorway, which at present holds replacement metal and glass doors, is framed by engaged Ionic columns that carry oversized scrolls above. A broken classical pediment that rests atop the scrolls is further enhanced by a large shield motif draped with festoons. A secondary door surround of relatively modest appearance is set within the larger frame and consists of engaged Tuscan pilasters with round arched molding above. The arched transom above the door is fronted by an elaborately scrolled iron grille. The door opening also is flanked by metal wall lanterns and by windows that are fronted by iron grilles. A quatrefoil vent is located in the end of the front gable. The entrance is accessed by a set of tile-covered steps. The entire facade is largely obscured by the evergreens planted in front of it. Other plantings include a saguaro cactus and yucca plants.

The centrally located, intersecting entrance bay extends through the depth of the building to the rear (east) elevation facing the courtyard (Resource C, circa 1928–1929). There, a second gable is stacked onto the bay and projects east into the shed-roofed colonnade, which extends to the north and south. The wide, round arched opening in this gable-roofed bay is framed by engaged Tuscan pilasters and a wide molded arch. Modern automatic sliding glass doors have been inserted into the door opening on this side of the building. The colonnade, which extends the width of the elevation, consists of a tile-clad floor and white Tuscan columns that support the terra cotta tiled roof. The roof rafters and beams are exposed beneath the colonnade ceiling. Windows on this elevation, which are set within punched and recessed openings, are also slender ten-pane replacements. Metal lanterns are hung on the walls and also hang from the colonnade ceiling.

Small cross wings measuring one bay wide and five bays deep are located on the south and north ends of the administration building. The north wing is a one-story, stucco-clad wing that is covered by a gable roof set perpendicular to the original building. The north-side entrance into this wing is accessed by a set of concrete and stucco steps; a terra cotta-clad pent roof that is supported by stucco-clad

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brackets extends over the entrance. A similar wing is located on the south end of Resource 1 and connects the building to the addition designated as Resource 1A.

Resource 1A, constructed prior to 1980, is a one-story wing attached to the south elevation of Resource 1 (administration building, 1928). The wing is covered by a flat roof edged with round terra cotta tile coping, is set on a poured concrete foundation, and is clad with a stucco finish. The addition is largely without architectural decoration. The eight-bay facade (west) holds an entrance in the northernmost bay that is accessed by a concrete ramp covered by a cloth awning. Punched window openings on the front (west) and side (south) contain vinyl-clad ten-pane windows. The five-bay side elevation holds a centrally located flush metal door that is flanked by window openings.

Resource 2. Infirmary (Main) Building. 1928. Contributing building.

The infirmary (main) building (Resource 2, 1928) creates the eastern side of the enclosed courtyard (Resource C, circa 1928–1929) at the heart of the historic district. The building, which originally served as the infirmary, reflects an amalgamation of Spanish Colonial Revival/Mission-style and Classical details and elements. The approximately 640 foot long building is divided into three sections, the four-story central section that faces and creates the east side of the courtyard (Resource C, circa 1928–1929), flanked by long, three-story sections that decrease in height to a single-story as they extend from the central block of the building. The mass of the infirmary (main) building (Resource 2, 1928) and its extensive length are broken up by the use of varying building heights, Mission-style parapets, front-gable and flat-roof projections, and porches and balconies, designed to make the building seem as if several additions were added over time. The bell tower, located at the southwestern corner of the central block and rising two levels above the main building, is the most notable element on the building's facade (west) elevation. The tower is topped by a Mission-style parapet and capped by a golden dome that is embellished with such Classical elements as pilasters, urns, and a ball finial. Round-arched windows and slender arched vents are also present.

The building is set on a poured concrete foundation and is clad with a stucco finish. The facade (west) elevation features a projecting, centrally located, three-bay-wide entry projection, which has symmetrically spaced fenestration (with replacement one-over-one windows) and is detailed with full-height rusticated corner pilasters, projecting iron balconettes at the second-floor level window openings, and a wide molded cornice. A Mission-style parapet tops the center section of the building, which obscures the front-facing gable roof of the building. The recessed side sections are topped by stepped parapet walls. The window openings on each level are detailed with different molded surrounds, some of which are classically inspired and others that are Mission inspired. The arcaded entry that extends across the width of the central section of the infirmary (main) building (Resource 2, 1928) is classically embellished with an iron balustrade above and classical pilasters. Modern metal doors are centrally located on the first-floor level. A shed-roof, tile-floored colonnade extends to either side (north and south) of the arcaded porch and is detailed with Tuscan columns, exposed rafter tails, and exposed roof framing. Several of the arched bays are filled with decorative concrete-block screening. The majority of the rear elevation of the building's central block is obscured by the addition of the clinical building (Resource 38, 1958) although some embellished window openings, the roof parapet, and a decorative vent opening are visible.

The long side wings that project north and south of the center section of the infirmary (main) building (Resource 2, 1928) are covered by side-facing gable roofs that are clad with terra cotta tiles. Portions of the side wings also exhibit flat roofs. The extensive length of the wings is broken up by the use of projecting bays that are topped with Mission-style parapets or gable roofs. The south wing is composed of a three-story gable-roof section adjacent to the central block that originally had arched bays, either filled with windows or open porches, along all three floors of the facade. While the arched

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bays remain visible, they have all been filled with replacement single-light or single-light, double-hung sashes. The south wing then steps down to a two-story, flat-roof section with a slight projection along the facade exhibiting a decorative parapet with a centered quatrefoil vent. This section also exhibits a decorative door surround, metal balconets, and windows with replacement single-over-single-light, double-hung sashes. A hip-roof, screen porch is located on the south end of the roof of this section of the south wing. The southern portion of the south wing is a single-story, side-gable section with a flat-roof section along the center of the roof. The facade originally was a screened arcade with arched bays. The arched bays remain visible, but they have been filled with single-light replacement windows. The south elevation has a single-story, hip-roof section with arched bays that have been filled similarly to those of the adjacent section. The first floor of the rear (east) elevation of the south wing originally had an arcade of arched bays filled with screens. The arched bays remain visible but have been filled with stucco pierced by windows. The rear elevation's second floor contained a shed-roof gallery supported by Tuscan columns and exhibiting a balustrade and painted rafter tails. The rafter tails and Tuscan columns remain, but the bays have been filled with stucco pierced by windows.

The north wing is angled approximately twenty degrees to the northeast from the central block of the infirmary (main) building (Resource 2, 1928). The three-story section of the north wing adjacent to the central block originally had an arcade with arched bays along the first and second floors and an open shed-roof gallery supported by wood posts along the top floor. The arched bays and posts remain but the bays have been filled with stucco and windows with replacement sashes. Adjacent to this section along the facade of the north wing is a three-story, side-gable section with a four-story, front-gable, central projection. The projection has a centered entry with a decorative surround and a quatrefoil grill in the gable. Metal balconets and windows with replacement sashes are found along this section. The north wing steps down to a two-story, flat-roof section with an arcade with arched bays along the ground floor. The two-story flat-roof section originally exhibited an open gallery with wood posts supporting a shed-roof along the upper floor. Both the arcade and the gallery have been enclosed like the previous examples. Centered along this section is a two-story, flat-roof portion with a centered balconet, quatrefoil grill along the parapet, and a decorative parapet. The north elevation originally had a flat-roof, two-story porch but the arched bays have been filled with stucco and windows. The north wing's rear (east) elevation has an arcade along the first floor with arched bays. The second floor of the three story section originally was an open gallery with bays exhibiting pilasters and a decorative balustrade. The shed-roof gallery along the third floor is supported by Tuscan columns. The original elements of the galleries remain, such as the pilasters, decorative balustrade, and Tuscan columns, but the bays have been filled with stucco and replacement windows. The two-story section has a similar arcade and gallery.

The south and north wings exhibit Spanish Colonial Revival/Mission-style details, such as metal balconets, an asymmetrical facade, a tower, quatrefoil vent openings, flat roofs, shed-roofs sheathed in terra cotta tiles, and exposed wooden rafter tails with the ends painted in various colors. The walls are further embellished with classical low relief pilasters, columns, and arched bays, indicating the former locations of second- and third-story open porches that have been enclosed with stuccoed walls and windows.

The area behind the building is gravel and sand-surfaced or paved, with some trees and shrubs planted around the building. A network of concrete sidewalks provides access to the numerous entries into the building on the front and rear elevations. A covered outdoor smoking area is located on the west side of the north wing of the building.

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Resource 3. Dining Hall. 1928. *Contributing building.*

This one-story building is set on a poured concrete foundation, clad with a stucco finish, and is covered by an intersecting series of gable, hipped, and shed roofs that are clad with round terra cotta tiles. There is a side-gabled portion with intersecting front-gable entryway to the east, and a section with a front-facing hip roof and rear-facing gable roof to the west. The facade (north) elevation forms the southern side of the interior courtyard (Resource C, circa 1928–1929) at the center of the original hospital complex. The rear and left side (east elevation) of the building are surrounded by paved areas with concrete bollards and are largely composed of loading docks or providing direct access to the kitchen.

The dining hall (Resource 3, 1928) features a projecting, three-bay arched entry porch detailed with Tuscan columns. The shed-roofed porch projects from the front-gabled central portion of the building that is topped by a small hip-roofed tower featuring slender arched openings and a quatrefoil opening. The stacked gable ends are embellished by an arcaded corbelled cornice carrying classical urns. Lower, projecting, hip-roofed, enclosed bays flank the entry porch.

The shed-roofed colonnade, which encircles the interior courtyard (Resource C, circa 1928–1929), projects to the east and west of the entry porch. It features a tiled floor, Tuscan columns, and exposed, roof joists. The overhanging eave of the colonnade is detailed with exposed wooden rafter tails that are shaped and painted red, yellow, and blue. All the original windows and doors, which are set within punched openings, have been replaced on the facade. Vent openings located along the clerestory level of the side wings of the building are filled with decorative concrete screening. Other details on the building include iron grilles at window openings and metal lanterns hung along the colonnade.

The rear (south) elevation, which is less detailed than the facade, holds a five-bay loading dock set on a raised concrete foundation. The various building forms that project from this elevation are topped with shed and gable roofs clad with terra cotta tiles. A shed-roofed colonnade that is raised on a high concrete foundation extends along the left side (east elevation) of the building. Original multi-paned wooden casement windows were noted on this side of the building, although most windows and doors on the building have been replaced.

Resource 4. Recreation Building. 1929. *Contributing building.*

The recreation building (Resource 4, 1929) makes up the north side of the interior courtyard (Resource C, circa 1928–1929) located at the center of the original hospital complex. The building is set on a poured concrete foundation, clad with a stucco finish, and is covered by a series of shed and intersecting gable roofs that are clad with round terra cotta tiles. The building features sections of varying heights and rooflines and is detailed with both Spanish Colonial Revival/Mission-style and Classical elements.

Facing the building from the courtyard, the southern elevation is divided into three sections. To the west is the side-gabled library with a small hip roof projection extending above the east end of its roof. A flat-roof addition containing two conference rooms are located along the north and wraps around to the western elevation of the original side-gabled western library section. This addition has a stucco exterior, no ornamentation, and is painted the same as the original portion of the recreation building. To the east are two adjoining front-gabled sections containing conference rooms. The western section is slightly taller and features an off-center, front-gable projection within the main gable, and the eastern section is lower and has a shallower slope to its roof. The west and east sections are one- and one-and-a-half-stories tall, respectively, and are fronted on the south by the shed-roofed colonnade that encircles the courtyard. The center section of the south elevation consists of a three-part, projecting entrance bay featuring a tall front-gable-roofed center section with lower side-gable-roofed wings. Engaged columns are set within the arched openings of the entrance porch. This leads to the open

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patio area located in the southern portion of the building. The brick-floored patio is highly decorated with a raised stage at the north end that features a broad, arched opening holding decoratively carved wooden doors with wide metal strap hinges. A shed roof supported by arcaded corbelling projects over the stage area. A tall, octagonal tower located at the west end of the stage wing is detailed with scrolls, parapet sidewalls, and a tall cupola.

A side-gabled section frames the patio to the north, and a front-gabled wing containing the chapel projects north of it, serving as a secondary public facade of the building. At the intersection of the front- and side-gabled northern sections, the north elevation of the building holds a projecting entrance bay with a curving exterior wall that leads into the patio area. The most notable element on the north elevation, however, is the chapel entrance. The elaborate entry features a Mission-style surround detailed with paneled pilasters, a full cornice, and a Mission-style parapet above topped by engaged urn finials. The oval window in the tympanum of the parapet is embellished with carved scrolls. The stacked, front-facing gable roofs are clad with terra cotta tiles. The original wood doors are intact. Iron grilles cover the small window openings flanking the entrance. Stepped concrete buttresses delineate the three side bays on both the east and west elevations of the chapel. Each bay holds two arched window openings with a series of decorative vents above. Low concrete walls enclose the entrance ramp on the east side of the chapel. The area is largely paved, although some plantings are located next to the building and within built-in planters.

Resource 5. Domiciliary and Quarters Building. 1929. *Contributing building.*

Located on the north side of Julian Wash, the domiciliary and quarters building is similar in form to the nurses' quarters (Resource 6, 1928). The structure is a two-story building that is set on a poured concrete foundation, clad with a stucco finish, and is covered by a side-facing gable roof clad with round terra cotta tiles. The building, oriented to the south, currently houses facility management, resource management offices, and daycare facilities. The overhanging roof eaves are detailed with exposed, shaped wooden rafter tails on the front and rear elevations that are painted blue, yellow, and red. Like the nurse's quarters (Resource 6, 1928), the long horizontal mass of this building is broken by centrally located, two-story, articulated entrance bays on the north and south elevations that feature Mission-style shaped parapets that front a cross-gable roof. The wide, three-bay parapet section features an arcaded first-floor level with the center arch open and the two end arches filled with screens and containing wooden railings and beaded balusters painted green and red. Concrete steps lead up to the open bay, which is flanked by metal wall lanterns. Basement-level windows flank the front steps. The single-leaf, replacement metal entry door is located along the wall plane of the facade. The second-floor level holds three framed bays that are filled with screens. The bays are fronted by a gallery that is detailed with square wooden pilasters, handrails, beaded balusters, and drop finials. The gallery is topped by a shed roof that is supported by shaped wooden braces and is clad with round terra cotta tiles. A large quatrefoil, louvered vent is located in the parapet. The parapet features scrolls at the sides, a stepped profile, and a flat molding.

The two five-bay sections that extend to either side of the center projecting section hold two levels of screened porches. Each bay is delineated by a square wooden post with decorative brackets at the top and is detailed with wooden handrails and beaded balusters painted green and red. The porches retain their original wooden floors. Recessed door and window openings presently hold replacement horizontal sliding windows and flush metal doors.

The rear (north) elevation is similar to the front (south) elevation, featuring the same centrally located parapet section with an arcaded entrance and double porch wings. Concrete steps lead up to the centrally located entrance; a concrete ramp leads up to the entrance from the east side. Two tall interior stucco chimneys with Mission-style caps pierce the rear (north side) of the roof.

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Two-story stair tower additions flank the ends of the building. These stucco-clad additions are covered by flat roofs with shaped parapet ends. Details on the end additions include flush metal doors, quatrefoil vents in the parapet ends, and large metal rectangular louvered vents.

The domiciliary and quarters building (Resource 5, 1929) is located on the north side of Army Run and east of the nurses' quarters (Resource 6, 1928). Paved parking lots are located to the northeast and west of the building. A frame smoking shelter is located at the southwest corner of the building parcel. Trees and shrubs have been planted in the gravel-surfaced area immediately around the building. A concrete wall at the northwest corner of the building encloses a mechanical yard. A network of concrete sidewalks edged with river stones encircles the building.

Resource 6. Nurses' Quarters. 1928. Contributing building.

Located on the north side of Julian Wash, the nurses' quarters (Resource 6, 1928) is similar in form to the domiciliary and quarters building (Resource 5, 1929). The nurses' quarters currently contains research facilities. This two-story building is set on a high concrete foundation, is clad with a stucco finish, and is covered by a side-facing gable roof that is clad with round terra cotta tiles. The roof is detailed with wide overhanging eaves that feature exposed, shaped rafter tails that are painted red, yellow, and blue. A tall, slender, interior stucco chimney with a Mission-style cap projects from the roof ridge near the center of the building. The long, rectangular mass of the building is broken by a two-story, three-bay-wide parapet facade that is centrally located along both the east and west elevations and that fronts a cross-gable roof. On the facade (west) elevation facing the single-family staff residences, the shaped parapet, executed with Mission-style details, holds three blind, round-arched niches on the first-floor level. Wooden railings with beaded balusters that are painted red and green are set within the north and south niches. These arched bays were originally open. A set of concrete steps with angled sidewalls leads up to the center arch, which is enclosed with stucco. Basement-level windows, which are covered by iron grilles, flank the concrete steps. The three bays of the second-floor level, which are delineated by flat pilasters, are filled with screens. Chamfered wooden posts with railings and beaded balusters are set within each opening. The chamfers of each post have been painted blue, and various elements on the balusters are painted red and green. A shed roof, supported by wooden shaped braces and clad with round terra cotta tiles, extends over the three bays. The parapet of the facade's central projection is detailed with corner scrolls, a flat molding, and three slender, round-topped vents that are filled with concrete lattice-type screening. Tall cedar trees frame the facade, which projects slightly from the rest of the building.

The rear (east) elevation of the building is similar to the facade (west) elevation, but the three-bay center facade differs in details. The first-floor center bay features a recessed door opening with decorative corners and a replacement door. A small window with an iron grille flanks the window on the south, and a standard window opening is located on the north. A standard window to the left (south) of the entry has been enclosed. The second-floor level holds a blind round-arched niche at the center that is detailed with a shield motif and a metal balcony railing. The niche, which originally contained a window, is flanked by metal casement windows. A quatrefoil vent is located in the center of the parapet. The central section on the rear (east) elevation maintains the same wall plane as the rest of the building and so appears recessed from the side porches.

The eight-bay sections that extend to either side of the facade's (west elevation) center projection carry double porches that are accessed by doors on the north and south ends. Wooden stairs on the porch access the second floor. Both porches on the south end and the upper porch on the north end are enclosed with screens that are attached to wooden frames. The lower-level porch on the north section has been enclosed with plate glass windows and solid transoms. Each bay of the porches is framed by wooden chamfered posts with shaped brackets at the top; wooden railings with beaded

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balusters extend between each post. Like the elements on the center facade, the chamfers of the posts are painted blue, and the beaded balusters are painted green and red. The floors of the side porches are wooden, but the second-floor porch set within the center projection is clad with tile. The elevations on the side sections hold paired wooden French doors and metal casement windows of eight panes with two-pane transoms. There are also paired six-pane metal windows with four-pane casement transoms above. These are filled with pebbled glass. Exterior air conditioning units are installed in the transoms above most of the doors. The punched door and window openings are slightly recessed from the wall plane.

A two-story, stucco-clad stair wing extends from the south end of the building. This wing, which appears to have been constructed in the late twentieth century, is covered by a gable roof clad with terra cotta tiles. The enclosed stair is separated from the main building by an open breezeway. The south end wall of the wing features a very large punched opening with a curved metal railing that opens onto the stair landing. A flush metal door is present on the west wall of the wing, and an elevator is located on the east side. Broad concrete steps access the breezeway on the east and west sides.

The north elevation of the building features an elaborately embellished, centrally located doorway on the first-floor level. The round-arched doorway, which holds replacement flush metal doors and a solid transom, is framed by pilasters and a molded arch above. The door is also surrounded by low-relief ornamentation that includes pilasters carrying a full entablature, which is topped by engaged obelisks with ball finials. The entrance bay is flanked by paired ten-pane metal casement windows with two-pane transoms above. The second-floor level holds a centrally located pair of French doors fronted by a shallow balcony with metal railings. The opening is detailed with a wide, flat architrave surround exhibiting a tall plain frieze above. A smaller window opening is located in the western bay of the second floor. A round arched vent is located in the gable end of the elevation.

The area immediately around the building is planted with trees and shrubs and is surfaced with sand and gravel. A network of concrete walkways edged with river stones extends around the building. A concrete block wall with sections of decorative concrete screening, located at the northwest corner of the building, encloses the mechanical equipment yard.

Resource 7. Medical Officer-in-Charge's Residence. 1928. Contributing building.

This one-story dwelling is the most elaborate of the six staff dwellings along Merchant Marine Road. The medical officer-in-charge's residence (Resource 7, 1928) currently houses day programs for patients. Located at the easternmost lot on the north side of the roadway in the northwestern portion of the historic district, the medical officer-in-charge's residence (Resource 7, 1928) is covered by a side-facing hipped roof with a front projecting gable-roof entrance wing and hip-roof and gable-roof wings extending to the rear (north). The building is set on a poured concrete foundation and is clad with a stucco finish. The roofs are clad with round terra cotta tiles and are detailed with open, overhanging eaves that feature exposed wooden rafter tails that have been shaped and are painted blue, yellow, and red. The gable ends of the dwelling also are detailed with projecting roof beams often seen in Pueblo style architecture.

The facade (south elevation) of the front-facing gable wing consists of a centrally located, exterior stucco chimney that projects through the peak of the roof eave. The chimney is flanked by punched window openings that hold six-over-six replacement sashes. Four small, square vent holes flank the chimney stack near the top of the wall at the gable peak. A recessed entry bay is located in the easternmost bay of the facade's front facing gable section; a rounded arch opens onto a tile-floor porch from which the round-arched entrance is accessed. The original wooden, round-arched plank door is intact. A round-arched opening on the east side of the porch accesses a small patio that is enclosed by a low stucco wall on the south and east sides. The three eastern bays of the facade of the main, hip-

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roofed section of the house have two six-over-six windows and a pair of ten-pane casements with a large wooden lintel above. The six-over-six windows are fronted by metal grilles (or *rejas*) that are painted bright blue, yellow, and red. The tall arched window on the west end of the facade is set within an opening framed by short, twisted pilasters and is fronted by a curved metal railing set on a stucco base. An interior stucco chimney is located on the west side of the dwelling.

At the rear (north) elevation, tall stucco walls and metal gates enclose a concrete patio area located to the north and west of the eastern hip-roofed wing. The rear elevation of the center section of the dwelling features a stepped parapet wall with an oval, louvered vent at the top. The elevation holds a centrally located entrance that is flanked by three ten-paned windows. The entire rear elevation of the main block of the building is protected by a framed, cloth awning. A secondary entrance located at the north end of the west wing is accessed via arched openings on the north and east sides. A decorative quatrefoil, louvered vent opening is located in the gable end of the west wing. A basement-level entrance also is present on the west wing. The east wing holds multiple sets of twelve-pane replacement windows on the east, west, and south sides.

Although there are trees and shrubs planted around the dwelling, no lawn is present. Rather, the area is surfaced with gravel. Paved sidewalks are present on each side of the house lot, and the courtyard sidewalk and rear entrance sidewalk extend to paved parking spaces on the north side of the property.

Resource 8. Officer's Residence. 1928. Contributing building.

The officer's residence (Resource 8, 1928) is located to the west of the medical-officer-in-charge's residence (Resource 7, 1928) in the northwest portion of the historic district. This residence, which faces south, is located on the north side of Merchant Marine Road and is the middle of the three dwellings on that side of the road. The Southwest Blind Rehab Independent Living program is currently located within this building. This one-story dwelling, oriented to the south, consists of a three-part facade that features a side-gable-roof center section flanked by front-facing, slightly projecting gable wings. The roofs are clad with round terra cotta tiles and are detailed with overhanging eaves with exposed wooden rafter tails and projecting roof beams in the gable ends of the wings. The entrance, which is set within a recessed porch located in the west projecting wing, is accessed through a wide opening with decoratively shaped corners. A pair of wooden French doors is located on the north wall of the tile-floored porch, and a single-leaf, multi-pane wooden door with an exterior screen is located on the eastern wall. Spanish Colonial Revival/Mission-style embellishments exhibited on the dwelling include slender round-arch vent openings in the gable ends and a tapered stucco exterior chimney with a metal tie rod that is centrally located on the facade and that breaks the roof eave edge. An interior stucco chimney is located on the west side of the dwelling. Windows are modern six-over-six sash and multi-pane casement replacements. Most window openings are simple punched openings, but the casement window located in the south gable end of the east wing is also detailed with a wide wooden lintel. The dwelling is set on a poured concrete foundation and is clad with a stucco finish.

The officer's residence (Resource 8, 1928) is U-shaped in plan with the side wings extending to the north. A paved courtyard located between the flanking rear wings is partially enclosed by low stucco walls with a metal gate between them. The rear elevation of the center section of the dwelling consists of a flush metal door that is located in the easternmost bay and that is accessed by a concrete ramp. A triple set of six-over-six windows is located to the west. Similar sets of windows are located on the west, east, and north sides of the east wing. A secondary entrance is located on the north of the west wing; the door is accessed through round-arched openings on the north and east sides. A basement-level entrance also is present at the north end of the west wing. Decorative quatrefoil openings are present in the rear gable ends of both the east and west wings.

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Although there are trees and shrubs planted around the dwelling, no lawn is present. Rather, the area is surfaced with gravel. A small area of grass is located beneath the orange tree, which is located east of the dwelling. Paved sidewalks edged with large cobbles or river stones are present on each side of the house lot, and the courtyard sidewalk extends to paved parking spaces on the north side of the property.

Resource 9. Officer's Residence. 1928. Contributing building.

Located to the west of another officer's residence (Resource 8, 1928) on the north side of Merchant Marine Road, this one-story officer's residence (Resource 9, 1928) is composed of a three-part facade that features a side-gable-roofed center section flanked by front-facing projecting gable wings. In its form, materials, and detailing, this officer's residence (Resource 9, 1928) is nearly identical to the previously described officer's residence (Resource 8, 1928). The High Blood Pressure Care Coordination Home TeleHealth Offices are currently contained in Resource 9.

Resource 11. Officer's Residence. 1929. Contributing building.

This resource is located across from the medical-officer-in-charge's residence (Resource 7, 1928). The officer's residence (Resource 11, 1929) is the mirror image of the officer's residences identified as Resources 8 and 9, with only a few minor variations. This residence, which faces north, is located on the south side of Merchant Marine Road and is the easternmost of the three dwellings on that side of the road. The Southwest Blind Rehab Independent Living program is located within this resource. This one-story officer's residence (Resource 11, 1929), located in the northwest portion of the historic district, consists of a three-part facade that features a side-gable-roofed center section flanked by front-facing projecting gable wings. The roofs are clad with round terra cotta tiles and are detailed with overhanging eaves exhibiting exposed wooden rafter tails and projecting roof beams at the gable ends of the wings. The entrance, which is set within a recessed porch located in the west projecting wing, is accessed through a wide opening with decoratively shaped corners. A pair of wooden French doors is located on the south wall of the tile-floored porch, and a single-leaf, multi-pane wooden door with an exterior screen is located on the western wall. The dwelling is set on a poured concrete foundation and is clad with a stucco finish. Mission-style embellishments exhibited on the dwelling include small round-arch vent openings in the gable ends and a tapered stucco exterior chimney with a metal tie rod that is centrally located on the facade and that breaks the roof eave edge. An interior stucco chimney is located on the west side of the dwelling. Windows are modern six-over-six sash and multi-pane casement replacements that are protected by metal awnings or sun baffles above.

The dwelling is U-shaped in plan, and the side wings extend to the south. The wings form a courtyard in the center that is partially enclosed by low stucco walls on the south end. At present, a concrete access ramp leads through the courtyard to a centrally located flush metal door at the rear of the center section of the dwelling. The door is flanked by sets of six-over-six windows that in essence make a window wall. A secondary entrance is located on the south of the west wing; the door is accessed through round-arched openings on the south and east sides. A basement-level entrance also is present at the south end of the west wing. The east wing, which is wider than the west wing, holds numerous six-over-six windows on the south, east, and west sides; this space may have originally been a screened porch. Decorative quatrefoil openings are present in the rear gable ends of both wings.

Although there are palm and orange trees and shrubs planted around the dwelling, no lawn is present. Rather, the area is surfaced with gravel. A small area of grass is located beneath the orange tree, which is located east of the dwelling. Paved sidewalks edged with large cobbles or river stones are present on each side of the house lot.

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Resource 12. Officer's Residence. 1929. Contributing building.

Located to the west of the officer's residence identified as Resource 11 on the south side of Merchant Marine Road, this one-story dwelling consists of a three-part facade that features a side-gable-roofed center section flanked by front-facing projecting gable wings. In its form, materials, and detailing, this officer's residence (Resource 12, 1929) is nearly identical to Resource 11, except that the rear door is located in the eastern bay of the central portion of the building rather than in the center. The home based primary care program is contained in Resource 12.

Resource 13. Officer's Residence. 1929. Contributing building.

Located to the west of the officer's residence identified as Resource 12 on the south side of Merchant Marine Road, this one-story dwelling consists of a three-part facade that features a side-gable-roofed center section flanked by front-facing projecting gable wings. This officer's residence (Resource 13, 1929) is located in the northwest portion of the historic district. In its form, materials, and detailing, this officer's residence (Resource 13, 1929) is nearly identical to Resource 11. The vocational rehabilitation program currently occupies Resource 13.

Resource 19. Gate House and Main Entrance Gateposts. 1928. Contributing building.

The gate house (Resource 19, 1928) is located at the west entrance into the medical center complex off of South Sixth Avenue. This resource is located in the southeast portion of the historic district along the west boundary of the historic district. Metal gates and fencing set between tall stucco piers with corbelled caps mark the vehicular entrance via Veterans Boulevard; there is also a pedestrian entrance through the fence on the south side of the gate house, which is marked by an engaged square stucco pier with a scroll cap and a plain square pier that bears a bronze plaque with a quote by Abraham Lincoln. Another bronze plaque, located on the next pier to the south, bears the Veterans Administration's seal.

The gate house is a one-story building that is covered by a side-facing gable roof clad with round terra cotta tiles and detailed with overhanging side eaves, flush end eaves, and exposed wooden rafter tails that are shaped. The different facets of the rafter tails have been painted in red, yellow, and blue. The three-bay facade, which is oriented to the south, consists of a centrally located entrance bay that holds a modern metal door that is accessed by two concrete steps. The wide stucco door surround is topped by molded shoulders. The entrance is flanked by small punched openings that hold six-pane metal windows. The north elevation holds centrally located, paired ten-pane steel casement windows that are flanked by smaller six-pane windows. The east and west end bays also hold paired casements and a slender arched vent opening in the gable ends. The building sits on a poured concrete foundation that is articulated and is clad with a stucco finish that is tinted pink. The area immediately around the building is landscaped with desert plants and surfaced with gravel. Modern lighting fixtures have been attached to the exterior of the building. The gate house is located at the southwest corner of the intersection of the main entrance drive (Resource D, circa 1928) and Navy Way.

The present main entrance gateposts into the Tucson VA Hospital Historic District are located on the west side of the historic district along South Sixth Avenue. The gate house (Resource 19, 1928) is associated with this entrance. The gates consist of square stucco-clad pillars with iron fencing between them. Three of the square posts are slightly shorter, exhibiting crown molding detail at the top, and two of the posts are slightly taller, exhibiting a slightly raised, smooth band around the top of each post. The vehicular main entrance drive, Veterans Way, is marked by a gate house, a large metal gate, stucco-clad piers, and a metal fence; the decorative metal fence gives way to a tall chain-link fence that encircles the remainder of the medical center's property.

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Resource 20. Flag Pole. Circa 1950s–1970s. Noncontributing object.

The flag pole within the historic district is located west of Resource 1 (administration building) within the landscaped median (Resource F, circa 1928) of the main entrance drive (Resource D, circa 1928), also known as Veterans Boulevard. The flag pole features a flute-shaped metal base set on a raised, octagonal-shaped, tile-clad pad. The area around the flag pole features concrete sidewalks and gravel surfaces and is landscaped with palm trees, palmettos, and other plantings. This flag pole appears to be a replacement for the original that was located on or near this location. Early photographs indicate that a much more substantial base was associated with the original flag pole.

Resource 22. Residential Quarters Garage. 1930. Contributing building.

This one-story, six-bay garage is set on a poured concrete foundation and is clad with a stucco finish. The residential quarters garage (Resource 22, 1930), located north of the six dwellings on Merchant Marine Road in the northwest portion of the historic district, faces south onto Air Force Loop. The residential quarters garage (Resource 22, 1930) is covered by a side-facing gable roof that is clad with round terra cotta tiles and detailed with overhanging eaves exhibiting exposed rafter tails that are shaped and painted yellow and red. The six garage bays, which open on the south side of the building, are enclosed by replacement (vinyl) overhead doors. The east and west end elevations hold two six-over-six replacement windows with concrete sills and a small, round window opening in the gable end. The original six window openings on the rear (north) have been filled with stucco. A paved apron extends in front of the building, which is set back from the road edge.

Resource 26. Pump House and Pit. 1964. Noncontributing building.

This small, one-story building is located north of the domiciliary and quarters building (Resource 5, 1929) in the northeast portion of the historic district. The building is set on a concrete foundation, is clad with a stucco finish, and is covered by a gable roof of round terra cotta tiles with overhanging eaves that are detailed with exposed wooden rafter tails that are shaped and painted. A large vent opening is present in the north and south ends of the building, and a flush metal door is located on the west side. The pump house (Resource 26, 1964) faces west onto a paved parking lot and is surrounded by a gravel surface.

Resource 28. Computerized Tomography Scanner Building. 1992. Noncontributing building.

Located to the east of the infirmary (main) building (Resource 2, 1928) between the magnetic resonance imaging building (Resource 29, 1992) and the clinical building (Resource 38, 1958), the computerized tomography scanner building (Resource 28, 1992) is a one-story, flat-roof building with a single door in its north elevation accessed by a concrete ramp. The building has no other windows or entrances. It appears to be clad in stucco and features a simple molded cornice beneath its metal coping.

Resource 29. Magnetic Resonance Imaging Building. 1992. Noncontributing building.

Located to the east of the infirmary (main) building (Resource 2, 1928) and west of the computerized tomography scanner building (Resource 28, 1992), the magnetic resonance imaging building (Resource 29, 1992) is a one-story, flat-roof building with a single door in its north elevation accessed by a concrete ramp. The building has no other windows or entrances. It appears to be clad in stucco and features a simple molded cornice beneath its metal roof cap.

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Resource 30. Patients' Building. 1928. Contributing building.

Resource 30, located south-southwest of the dining hall (Resource 3, 1928) in the southern portion of the historic district, is a long, linear building featuring varying heights and rooflines with elaborate detailing exhibiting Spanish Colonial Revival/Mission-style embellishments. The patients' building (Resource 30, 1928) currently contains the Southwest Blind Rehabilitation Center. The building, which faces southeast, features a five-story tower that rises from the center of the building mass and is flanked by two-story, side-gabled wings with three-story, front-gabled sections with Spanish Colonial Revival/Mission-style parapet walls located at each end. The building is set on a concrete foundation and is clad with a stucco finish, and the roofs are clad with round terra cotta tiles. The roofs have exposed wooden rafter tails under the overhanging eaves. The central and side-gable wing sections include a flat roof that serves as a terrace and provides access to the offices in the three-story front gable sections of the building. Original windows and doors have been replaced, but the windows and doors are set within the original recessed and arched openings. The main entrance, located below the tower, is contained in a three-story, one-bay, front-gable projection with a semi-circular parapet flanked by urn finials. The front of the entry projection is defined by engaged pilasters, and the side elevations feature corbelling below the eaves. The bays of the first-floor level of the facade are set within a low relief arched arcade, and the second-floor bays are delineated by Tuscan columns forming an enclosed colonnade. While currently enclosed with stucco walls and windows with single- or multiple-light sashes, the first- and second-floor bays were originally open arcades and galleries. The three-story, front-gable sections include former arched openings and window openings partially filled with stucco and replacement window sashes. Mission-style details exhibited by the patients' building (Resource 30, 1928) include quatrefoil vent openings, metal balconets, corbelled arcading, and shaped parapet end walls. Blind arched openings are present, and decorative concrete screening fills some wall openings. The rear (northwest) elevation features similar massing to the facade, but the first floor does not feature an arcade and the second floor is not defined by a gallery that extends the length of the building. Instead, both floors of the rear elevation feature simple punch windows with replacement double-hung sashes. Near the southwest end of the northwest (rear) elevation is a four-bay arched arcade along the first floor and a four-bay, shed-roof former gallery supported by wood posts. Both the former arcade and gallery are filled with stucco and modern windows, although the former bays remain visible. A courtyard located on the northwest (rear) elevation of the building near the southwest end is enclosed by low concrete walls. A three-story, hip-roof stair and/or elevator tower addition is located on the northeast elevation (right side) of the patients' building (Resource 30, 1928).

Resource 30 is connected to the administration building (Resource 1/1A, 1928) by a one-story, partially enclosed corridor (Resource B, circa 1930–1940s) that features an exterior stucco finish, a terra cotta-tiled gable roof, and arched openings filled with decorative metal screens. The rear (northwest) elevation of the patients' building (Resource 30, 1928) is heavily landscaped with grassy areas, trees, and shrubs. The facade (southeast) elevation faces onto a paved parking lot with gravel surfaces next to the building. Concrete sidewalks edged by river stones encircle the building and access the various entrances. The large, centrally located entrance on the facade of the building is denoted by a cloth awning and entrance canopy that extends out over the concrete sidewalk.

Resource 37. Oxygen Storage Building. 1953. Noncontributing building.

Located between the infirmary (main) building and the dining hall (Resources 2 and 3, both 1928), the oxygen storage building (Resource 37, 1953) is a small, one-story, gable-roof building. The building is set on a raised concrete foundation and is clad with a stucco finish, and the roof is clad with round terra cotta tiles. The overhanging roof eaves are detailed with exposed rafter tails that are shaped and painted blue, red, and yellow. The east elevation holds an entrance that is covered by a metal wire

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mesh door and is accessed by a raised concrete ramp. Punched windows filled with paired, small, four-pane wood casement sashes set high on the walls are found on the west, south, and east (facade) elevations. The area immediately around the building is paved.

Resource 38/50/57. Clinical Building/Ambulatory Care Building/Clinical and Surgical Services Building. 1958/1978/1983. *Noncontributing building.*

Three buildings have been constructed to the east of the rear (east) elevation of the infirmary (main) building (Resource 2, 1928), and these resources are considered separate buildings by the medical center. The rear of the infirmary (main) building's (Resource 2, 1928) central block is connected to the 1958 clinical building (Resource 38), which is set on a poured concrete foundation, clad with a stucco finish, and covered by a terra cotta tile roof. The clinical building (Resource 38) is comprised of two sections, a one-story, gable-roofed section to the east connected to a large, three-story, flat-roof section with an irregular footprint to the west. This flat roof section is then connected to the rear of the central block of the infirmary (main) building (Resource 2, 1928). The three-story, flat-roof portion of the clinical building (Resource 38) has minimal decorative details other than the stucco exterior and simple cornice. This portion of the building has replacement single-light and two-light windows. The single-story, eastern portion of the clinical building (Resource 38, 1958) includes details such as Mission-style parapet ends, a gable-roof sheathed in terra cotta tiles, overhanging eaves, and a stucco exterior. Concrete walls with panels of decorative concrete screening enclose the mechanical yard at the rear of the building. A single-story, flat-on-hip-roof addition has been constructed on the northwest portion of the single-story, gable-roof section of the clinical building (Resource 38, 1958). This addition has a stucco exterior and windows similar to those found throughout the building.

The ambulatory care building (Resource 50, 1978) has been constructed onto the east elevation of the clinical building (Resource 38, 1958). It is a two-story, flat-roof building set on a poured concrete foundation. Its structure is articulated by exposed concrete, including concrete columns, and the walls are clad in stucco. A sweeping stuccoed entrance canopy with curving concave sides extends from the southeastern corner of the building. This entrance canopy appears to be a later addition. The parapet-walled end of the entrance canopy extends over the circular driveway, and an open colonnade extends from the driveway to the entrance doors and ambulance entrance located to the south. Fixed pane windows are set within deeply recessed openings that are detailed with concrete surrounds with splayed sills. The east side of the building features a projecting second-floor level that is supported by round concrete pillars. A curved stair enclosure also projects from the east elevation. The north elevation also has an entrance that features a concrete canopy with four arches supported by concrete columns. The canopy is adjacent to a circular drive. The building elevations are detailed with concrete stringcourses and cornice. The exterior materials utilized for the ambulatory care building (Resource 50, 1978) are not suggestive of the Spanish Colonial Revival/Mission Revival buildings within the historic district dating to the period of significance.

The clinical and surgical service building (Resource 57, 1983) is connected on its north elevation to the clinical building (Resource 38, 1958) and along its west elevation by a raised, enclosed corridor that extends to the south elevation of the clinical building (Resource 38, 1958) near its connection with the rear, central block of the infirmary (main) building (Resource 2, 1928). A raised corridor also connects the second floor of the clinical and surgical service building's (Resource 57, 1983) west elevation to the second floor of the infirmary (main) building's (Resource 2, 1928) east elevation. The clinical and surgical service building (Resource 57, 1983) is a two-story, flat-roof, rectangular building with a projection along the east elevation. The building has a poured concrete foundation and is clad with a stucco finish. The exterior walls feature concrete details, including banding around the cornice line, the stringcourse, and between the building bays. Fixed-pane windows are deeply recessed within concrete

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surrounds with splayed sills. A loading dock is located on the east elevation along the northeast portion of the clinical and surgical service building (Resource 57, 1983). The exterior materials utilized for the clinical and surgical service building (Resource 57, 1983) are not suggestive of the Spanish Colonial Revival/Mission Revival buildings within the historic district dating to the period of significance.

Resource 40. Air Conditioning and Mechanical Equipment Building. 1962. *Noncontributing building.*

Located at the northeast corner of the patients' building (Resource 30, 1928), this one-story building is of concrete block construction with brick wall coping and brick detailing around the door and window openings. The three-bay building is covered by a flat roof. Flush metal doors are located on the facade (east) elevation. Two windows to the left of the entry have eight-light metal awning windows. A taller wing located on the north end of the building holds air conditioning equipment and features concrete block walls with screened openings and projecting metal exhaust pipes. Tall concrete piers with fencing between them enclose additional mechanical equipment on the south end of the building.

This utilitarian building is located south of the dining hall (Resource 3, 1928). The area around the building is paved and gravel surfaced. Concrete sidewalks are found to the south and east of the air conditioning and mechanical equipment building (Resource 40, 1962).

Resource 58. Service Officers Building. 1976. *Noncontributing building.*

Situated at the east end of the recreation building (Resource 4, 1929), the service officers building (Resource 58, 1976) is a one-story, asymmetrical, gable-roofed building that features a steeply pitched front-gable roof at the northeast corner entrance. The building is clad with a stucco finish and is set on a raised concrete foundation. A frame porch extends along the east side of the building and connects it to the adjacent colonnade surrounding the courtyard (Resource C, circa 1928–1929). A set of splayed concrete steps leads up to the single-leaf entrance filled with a modern metal frame glass door at the northeast corner of the building. There are no window openings on the building. A single-leaf entry also opens onto the colonnade surrounding the courtyard (Resource C, circa 1928–1929) from the south elevation of the service officers building (Resource 58, 1976). The service officers building (Resource 58, 1976) is set within a brick- and concrete-paved area, although some shrubs are planted near the building. The building is located to the east of the recreation building (Resource 4, 1929) and west of the infirmary (main) building (Resource 2, 1928).

Resource 67. Behavioral Science Building. 1996. *Noncontributing building.*

This resource, located northeast of the recreation building (Resource 4, 1929) and west of the north end of the infirmary (main) building (Resource 2, 1928), is attached to the north wing of the infirmary by a small, narrow corridor. The behavioral science building (Resource 67, 1996) is a one-story, flat-roof, L-shaped building clad with a stucco finish and is set on a poured concrete foundation. The building features sections of varying height with flat-, hip-, and shed-roofed elements. Entry into the building is via a three-bay, shed-roof porch located on the south elevation. The porch roof is clad with terra cotta tiles and is supported by round concrete pillars set on a concrete half-wall with spans of decorative concrete screening. The nine-bay left side (west elevation) has seven windows with paired one-over-one windows set within tile-clad panels and two windows near the northwest corner with one-over-one windows. Similar window bays are located on the north elevation. The quarter-round atrium, located at the southeast interior corner of the L-shaped building, features an aluminum-frame roof and wall openings that are filled with decorative concrete screening. The gravel surfaced area around the building is planted with trees and shrubs. Concrete sidewalks encircle the building, which is located on the south side of Julian Wash and east of Marine Corps Trail.

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Resource 71. Recreation Shelter. Circa 1990s. *Noncontributing structure.*

The recreation shelter and its associated courts are located north of Julian Wash and south of Air Force Loop. The shelter lies southeast of the staff residences (Resources 7–9, all 1928; and 11–13, all 1929) along Merchant Marine Road. This one-story, gable-roof, steel-frame structure is open on the east end and is partially enclosed on the west end. The structure is set on a wide poured concrete pad foundation and the roof is clad with round terra cotta tiles. The interior features wooden frame roof rafters; fluorescent lighting baffles hang from the rafters. The enclosed west end bays, which are separated by an open central passage, are clad with a stucco finish. Flush metal doors are located on the rear (west) of each of the enclosed bays. A hard-surfaced basketball court and tennis courts are located to the west of the structure. Shuffleboard courts are located south of the recreation shelter (Resource 71, circa 1990s), and a horseshoe pit (sand surface) is located to the east. The immediate area around the recreation shelter and the courts is open lawn with concrete and brick-paved sidewalks. Gravel surfaces, river rocks, and a row of palm trees are located along the south edge of the lot.

Resource 74. Audiology Building. 2002. *Noncontributing building.*

Located at the north end of the clinical building (Resource 38, 1958), this one-story, flat-roof building is clad with a stucco finish and is set on a poured concrete foundation. The single-light sash windows are set within punched openings. A short, gable-roof corridor connects the audiology building (Resource 74, 2002) to the north end of the clinical building (Resource 38, 1958). The area around this building is paved, and there are no plantings.

Resource 77. Clinical Support Building. 2007. *Noncontributing building.*

The clinical support building (Resource 77, 2001), which is located north of the domiciliary and quarters building (Resource 5, 1929) in the northeast corner of the historic district, faces east onto a paved parking lot. This one-story, seven-bay building is covered by a low-pitched, metal-clad gable roof, and it is clad with a stucco finish. The building is supported by a poured concrete foundation. The building lacks architectural distinction and is void of decorative elements. The punched window openings hold two-pane slider windows with darkly tinted glass. The flush metal entrance door on the seven-bay facade (east) elevation is accessed by a set of metal steps. The south elevation has five window openings, and the blank north elevation holds three large mechanical units. The rear (west) elevation has a secondary entrance accessed by a metal ramp and five window openings. A few trees and shrubs are planted in the gravel surface around the building. Concrete sidewalks lead up to the building entries.

Resource 90. Outpatient Mental Health Building. 2008. *Noncontributing building.*

This large outpatient mental health building (Resource 90, 2008) is located in the west-northwest portion of the historic district. Julian Wash is located north of the building, and a large paved parking area is located to the south and to the east. Concrete sidewalks provide access to the facade (south) and side (east and west) elevations of the building, and the gravel-surfaced area around the building is planted with small trees and shrubs. Open-sided, smoking and non-smoking pavilions are located on the east and west ends of the building.

This large one-story building is composed of a long side-gable roof section with a front-facing gable projection centrally located along the south elevation. Single-story, flat-roof sections shorter than the gable-roof portion of the building project from the southwest portion of the building and along the entire rear (north) elevation. The building is clad with a stucco finish, and the gable roofs are sheathed with terra cotta tiles. Windows are square fixed panes set at an elevated height. Many of the windows along

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the facade (south) and side elevations are protected by metal sun screens. The projecting gable-roofed canopy that extends over the entrance walkway is supported by square concrete supports. Similar gable-roof entrance porches are located on the sides (east and west elevations) of the building. The one-story, flat-roof section on the north side of the building features similar windows, flush metal doors, and a patio sheltered by a shed roof and enclosed with concrete walls with a wooden gate on the north side.

Resource T-5A. Engineering Projects Building. 1994. *Noncontributing building.*

This small, one-story, five-bay, gable-roof, double-wide, metal modular building is located north of the domiciliary and quarters building (Resource 5, 1929). Oriented to the south, the building faces the pump house and pit (Resource 26, 1964) and is found in the northeastern portion of the historic district. A paved parking lot is located to the west of the engineering projects building (Resource T-5A, 1994). The roof and exterior walls of the building are clad with metal. The south elevation has an entrance that is accessed by a metal ramp and porch; a flat, metal roof extends over the porch. Four horizontal sliding windows with metal sun screen awnings are also located on the facade (south side) of the building. The north elevation has three similar windows with awnings. The flush metal door on the west end of the building is accessed by a set of metal steps and a metal stoop.

Resource T-26. Research Offices. 1976. *Noncontributing building.*

This small, one-story, eight-bay (d/w/d/w/w/d/w/w) building is located on the southwest side of the clinical building (Resource 38, 1958) and north of the infirmary (main) building (Resource 2, 1928). The low-pitched, side-facing gable roof is sheathed with standing-seam metal and the exterior walls are clad with a stucco finish. The south elevation has three flush metal entrance doors and one-over-one metal sash windows. The entrances are accessed by metal steps with small metal landings. The area around the building is paved or has sidewalks.

Resource T-38. Administrative Office Building. 2003. *Noncontributing building.*

The administrative office building (Resource T-38) consists of a single-story, prefabricated building. This temporary building is located between the infirmary (main) building (Resource 2, 1928) and the audiology building (Resource 74, 2002). The administrative office building (Resource T-38, 2003) is a one-story building covered by a low-pitched gable roof. It is clad with vertical board siding. Windows are filled with paired, single-light horizontal sliding sashes. Flush metal entrance doors accessed by metal ramps and steps are located on the east and west sides. The area around the building is paved.

Resource T-38B. Administrative Office Building. 2004. *Noncontributing building.*

The administrative office building (Resource T-38B, 2004) is a single-story, prefabricated building. This temporary building is located between the infirmary (main) building (Resource 2, 1928) and the clinical building (Resource 38, 1958). The administrative office building (Resource T-38B, 2004) is a one-story, four-bay, metal-clad, modular building covered by a low-pitched side-facing gable roof sheathed in standing-seam metal. Windows are covered by dark screens and appear to contain one-over-one metal sashes. Flush metal entrance doors are located on the east and west elevations. The area around this building is paved.

Resource T-57. Prosthetics Building. 2008. *Noncontributing building.*

This specialty clinic is located east of clinical and surgical services building (Resource 57, 1983) and west of Coast Guard Avenue in the southeastern portion of the historic district. This one-story, eight-bay building is covered by a low-pitched, side-facing, gable roof. The building is clad with a stucco

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finish and is set on a poured concrete foundation. The roof is sheathed in metal. The eight-bay east elevation has a flush metal door in the southernmost bay; the remaining bays have windows with paired single-light horizontal sliding sashes. The north and west elevations also exhibit window openings. A secondary entrance is located on the west elevation. The area around the building is gravel surfaced with concrete sidewalks located to the west and south of the building.

Resource A. Electric Generator Building. Circa 1980s–2000s. Noncontributing building.

This is a single-story, flat-roof utility building housing an electric generator (Resource A, circa 1980s–2000s). It is situated east of clinical and surgical services (Resource 57, 1983) and north of the prosthetics building (Resource T-57, 2008) in the southeastern portion of the historic district. The building exhibits a paneled stucco exterior. Double metal doors are found on the facade (north) elevation, a small rectangular window is found on the east elevation, and a single-leaf metal door and rectangular vent are found on the rear (south) elevation. Mechanical elements are situated in a small area directly west of the building and feature pipes running into the building. The mechanical elements are found within a small area bound by stucco walls and a metal entry gate.

Resource B. Connecting Corridor. Circa 1930s–1940s. Contributing structure.

The historic connecting corridor (Resource B, circa 1930s–1940s) within the Tucson VA Hospital Historic District is situated in the southern portion of the historic district, connecting the administration building (Resource 1/1A, 1928) and the patients' building (Resource 30, 1928). It is a single-story, gable-roof, stucco exterior corridor featuring an off-centered, gable-roof section slightly larger in both footprint and height. Pilasters with angled tops are found along the exterior walls of the corridor. The roof of the structure is covered in terra cotta tile and exhibits exposed rafter tails. Arched openings are found at regular intervals along the corridor. These openings are filled with metal screens exhibiting vertical bars in the lower portion and simulated fanlights in the upper portions. A slightly recessed portion beneath each opening allows for a decorative, simulated pilaster topped with crown molding to flank each of the openings. A larger opening with a similar grate is found on both sides of the larger section. This larger section was originally open to allow passage of vehicular traffic through the connecting corridor (Resource B, circa 1930s–1940s).

Resource C. Courtyard. Circa 1928–1929. Contributing site.

The courtyard (Resource C) is situated within the central core group of buildings and is bound primarily by the administration building (Resource 1/1A, 1928), dining hall (Resource 3, 1928), infirmary (main) building (Resource 2, 1928), and the recreation building (Resource 4, 1929). The courtyard serves as the only expansive green lawn area within the historic district. A colonnade, providing shelter for an outside walkway along the inside elevation of each of the surrounding buildings, surrounds the exterior of the courtyard. A tile floor is found within the colonnade. A landscaped area runs around the exterior of the courtyard immediately adjacent to the colonnade walkway, and a concrete sidewalk borders the courtyard exterior immediately adjacent to the landscaped area. The entire area within the concrete sidewalk is grass, with the exception of a modern fountain that was installed in the center of the courtyard in 2003. A concrete and tile pathway leads between the sidewalk and the fountain on the north and south sides, and a circular concrete and tile pathway encircles the base of the fountain. Several benches and small planters are found on the circular path. A number of short concrete pathways connecting the sidewalk to the colonnade walkway are found around the courtyard. Each pathway is flanked by iron railings. Small and large vegetation are found in the courtyard, including flower bushes, small and large shrubbery, and both short and very tall palm trees.

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Resource D. Main Entrance Drive. Circa 1928. Contributing site.

The main entrance drive (Resource D, circa 1928) extends from the main entry of the administration building (Resource 1/1A, 1928) to the west, encompassing the landscaped flag pole area (Resource F, circa 1928), and continuing to the west. The historic portion of the main entrance drive ends approximately 150 feet east of the gate house and entrance gate posts (Resource 19, 1928). The main entrance drive was altered between 1957 and 1980 to align the main entrance drive with Veterans Boulevard on the west side of South Sixth Avenue, as the modified drive intersects South Sixth Avenue north of the gate house (Resource 19) rather than to the south of the building as it originally was designed. Sidewalks are found either between the rows of palm trees and evergreens that flank the drive or to the outside of the trees. The original portion of the paved main entrance drive (Resource D, circa 1928) continues to serve as the formal entry to the Tucson VA Hospital Historic District from South Sixth Avenue.

Resource E. Residual Open Landscape. Circa 1928. Contributing site.

An area to the south of the main entrance drive (Resource D, circa 1928) and bordered to the south and west by parking lots is the remaining example of the original landscape of the Tucson VA Hospital Historic District. This residual open landscape (Resource E, circa 1928) contains elements such as native plants, saguaro cactus, and sandy ground. Upon the completion of the majority of the hospital in 1928–1929, formal landscaping was only located along the main entrance drive (Resource D, circa 1928), in the central courtyard (Resource C, circa 1928–1929), and near the staff residential buildings and the central hospital buildings (Resources 1–4). The remainder of the site was left in its natural state with native plants and the sandy surface reflecting the open, stark desert landscape. Resource E, located along the original main entrance and to the historic front of the original hospital complex, is nearly the last residual open landscape remaining within the medical center property. Resource E complements the Spanish Colonial Revival/Mission-style buildings constructed during the period of significance within the Tucson VA Hospital Historic District.

Resource F. Landscaped Flag Pole Area. Circa 1928. Contributing site.

The landscaped flag pole area (Resource F, circa 1928) is an oval area, approximately 150 feet in length, located to the west of the administration building (Resource 1/1A, 1928) and surrounded by the main entrance drive (Resource D, circa 1928). This area that surrounded the original flag pole and its current replacement (Resource 20, circa 1950s–1970s) is visible in early photographs of the hospital complex. The area around the flag pole features concrete sidewalks and gravel surfaces and is landscaped with palm trees, palmettos, and other plantings. Benches and memorial plaques are also present within the median. One of the plaques identifies the area as the “Avenue of Flags,” which was dedicated in 1980 in memory of those who served our country in the military. In 1999, a plaque honoring POWs was erected. A large wooden eagle sculpture, “Winged Freedom,” is located at the west end of the median and was carved out of a storm-damaged tree in 1998.

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A temporary facility in the city had been established to care for veterans returning from World War I seeking relief from tuberculosis in the arid climate of the Southwest. This previously established sanatorium was on the grounds of a defunct amusement park located 5 miles north of the city on North Oracle Road. Accounts vary as to what parties were responsible for the enterprise, though it is clear that community efforts were crucial in the facility's organization. The park's dance halls and other buildings were modified to house the veterans, and new buildings were constructed with funds from a U.S. War Department grant obtained through the assistance of a local congressman.⁶ The first patients were admitted to the hospital, which was designated Veterans Hospital number 51, in March 1920.⁷

The first doctor of the temporary hospital at Pastime Park and local supporters of the facility began to raise awareness that a permanent tuberculosis hospital for veterans was necessary to properly meet the needs of the growing number of patients being served in Tucson. In 1922, by order of the President of the United States, the United States Public Health Service transferred control of the Pastime Park facility to the Veterans Bureau which had been created in August 1921. Support for a permanent facility continued to grow and by the mid-1920s planning had begun for a new hospital in Tucson to serve veterans suffering from tuberculosis. The United States Congress appropriated nearly \$1.5 million for the new facility. The location selected for the new hospital complex was a 117-acre tract located south of downtown Tucson. Ownership of the property was transferred to the federal government in late 1926. Although unclear, it appears the land was donated to the Veterans Bureau by the Tucson Chamber of Commerce.⁸

Construction of the hospital began on October 4, 1927.⁹ Local firms involved in the construction effort included the J. Knox Corbett Lumber Company, the Tucson Pressed Brick Company, the Mulcahy Lumber Company, the O'Malley Lumber Company, and the Southwest Sash and Door Company. The dedication of the hospital occurred almost exactly one year later.¹⁰

⁶ United States Veterans Administration, "A Wing and A Prayer: 1928-1958," 30th Anniversary Commemorative pamphlet, 1958, 3, located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C. Pastime Park was turned over to the Public Health Service on March 15, 1920, and operated solely as a facility for veterans.

⁷ Howard Welty, "Facility Now in 18th Year," *Arizona Daily Star*, October 13, 1938; "First Contingent Arrives at Government Sanatorium at Pastime Park, Seeking Health," *Tucson Citizen*, March 28, 1920; United States Department of Veterans Affairs, files of the Medical Media Department, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona; United States Department of Veterans Affairs, "Southern Arizona VA Health Care System: History," Tucson Veterans Affairs Medical Center Web Site, accessed online at <http://www.tucson.va.gov/about/History.asp> on 7 June 2010.

⁸ Leslie Ernenwein, "Tucson's VA Hospital Got Start in Saloon, Dance Hall," *Tucson Daily Citizen*, July 28, 1960; Samuel H. James, Jr., "History of the Veterans Administration Hospital, Tucson, Ariz.," *Southwest Veteran*, May 12, 1934; Robinson E. Adkins, *Medical Care of Veterans* (Washington, DC: U.S. Government Printing Office, 1967): 408; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

⁹ United States Department of Veterans Affairs, "Southern Arizona VA Health Care System: History." Tucson VA Medical Center Web Site. Accessed online at <http://www.tucson.va.gov/about/History.asp> on 7 June 2010.

¹⁰ United States Veterans Administration, "A Wing and A Prayer: 1928-1958," 30th Anniversary Commemorative pamphlet, 1958, 4, located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C. One history notes that the hospital property was owned by local businessman Albert Steinfeld. "Hospital Is Turned Over to Director," *Arizona Daily Star*, August 19, 1928; Samuel H. James, Jr., "History of the Veterans Administration Hospital, Tucson, Ariz.," *Southwest Veteran*, May 12, 1934; "Tucson Pleased with News of Signing Contracts for New Veterans Hospital," *Tucson Citizen*, September 17, 1927; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona; United States

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The hospital's dedication was attended by General Frank T. Hines, director of the Veterans Bureau, the mayor of Tucson, and several local and state dignitaries as well as thousands of residents from the area. In the dedication speech, the new facility was celebrated as "second to none," and the federal government was praised for providing a "palatial home," rather than a cold institutional setting, for its veterans.¹¹

In 1931, in the midst of the Great Depression, a 98-bed tuberculosis ward (Resource 30, 1928) was constructed at a cost of \$280,000.¹² This construction provided desperately needed employment for the region. Even after its opening, the hospital continued to provide employment and financial support through the wages and supplies purchased for the operation of the hospital. By the close of World War II in 1945, the hospital had nineteen doctors, one clinical director, and three dentists.¹³ The Tucson VA Hospital Historic District continues to serve as a local landmark.

Health and Medicine

The Tucson VA Hospital Historic District is eligible under Criterion A in the areas of Health and Medicine at the state level of significance because of the role the Tucson VA Hospital played in the mission of the federal government through the Veterans Bureau and later the VA to provide quality health care to the nation's veterans, primarily those who served in World War I and World War II. Thousands of veterans, from Arizona and surrounding states received subsidized tuberculosis care during the period of significance that they may not have received if the federal government had not provided such treatment for them. The hospital was praised at its dedication as being "second to none," and for being a "palatial home," rather than a cold institutional setting.¹⁴ When it opened on August 18, 1928, the hospital had a capacity of 260 beds. In 1931, a ninety-eight-bed tuberculosis ward (Resource 30, 1928) was completed.¹⁵ During the fiscal year that ended June 30, 1931, the hospital had performed 587 surgical operations. At the end of June 1931, a total of 211 patients were being treated in the Tucson VA Hospital, including: 177 tuberculosis patients, two neuropsychiatric patients, and 32 general medical and surgical patients.¹⁶ For the fiscal year 1932 the hospital had 644 admissions, with 166 (or 25 percent) as first time admissions. The average number of days a patient remained admitted to the Tucson VA Hospital during fiscal year 1932 was 153.5 days. There were 352 surgical operations

Department of Veterans Affairs, files of the Office of Facilities Management, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

¹¹ "Hospital Is Turned Over to Director," *Arizona Daily Star*, August 19, 1928.

¹² "Hospital Is Turned Over to Director," *Arizona Daily Star*, August 19, 1928; "Hospital Opens with Big Fete," *Arizona Daily Star*, October 14, 1928; "Public Is Invited to Reception," *Southwest Veteran*, May 12, 1934; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona; Howard Welty, "Facility Now in 18th Year," *Arizona Daily Star*, October 13, 1938.

¹³ *Historical Overview Part I: From Tents in a Run Down Amusement Park to the Modern Institution Providing Care for Thousands of America's Veterans*, located in the files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

¹⁴ "Hospital Is Turned Over to Director," *Arizona Daily Star*, August 19, 1928.

¹⁵ "Hospital Is Turned Over to Director," *Arizona Daily Star*, August 19, 1928; "Hospital Opens with Big Fete," *Arizona Daily Star*, October 14, 1928; "Public Is Invited to Reception," *Southwest Veteran*, May 12, 1934; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona; Howard Welty, "Facility Now in 18th Year," *Arizona Daily Star*, October 13, 1938.

¹⁶ *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1931* (Washington, D.C.: U.S. Government Printing Office, 1931): 79.

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performed at the hospital during fiscal year 1932. Of the 326 patients remaining in the hospital on June 30, 1932, a total of 252 patients were being treated for tuberculosis, six for neuropsychiatric illnesses, and sixty-eight for general medical and surgical care.¹⁷ At the end of June 1933 the Tucson VA Hospital had a capacity of 358 beds.¹⁸

The hospital participated in the most progressive methods of treatment for tuberculosis. In 1936 the Tucson VA Hospital was one of six centers created at veterans hospitals for "special surgical treatment of pulmonary tuberculosis."¹⁹ The 1936 annual report of the Veterans Administration states: "Consultants of national reputation in this modern field of surgery have been engaged, on a part-time basis, to organize and develop this service, and to assist in the training of younger physicians, full time, who show an aptitude for chest surgery."²⁰ Several forms of surgical "collapse therapy" began to be practiced as a type of treatment for pulmonary tuberculosis at the Tucson VA Hospital and eight other VA hospitals serving as chest surgery centers in fiscal year 1938.²¹ The capacity of the Tucson VA Hospital remained at 358 beds from 1933 through 1943 but increased to 428 beds by June 1944.²² Streptomycin, the first successful drug used for the treatment of tuberculosis, was administered to patients starting in July 1947. The first removal of a lung as a treatment for tuberculosis at the facility was performed in 1949. Hundreds of tuberculosis patients were able to return to a normal life, where previously they would have most likely spent in a sanatorium. With the change in treatment methods, the facility and therefore the buildings became more focused on general medical and surgical care. The Tucson VA Hospital continued to serve as a tuberculosis hospital throughout the period of significance.²³ The Tucson VA Hospital Historic District continues to serve as a physical reminder of medical care provided by the federal government through the Veterans Bureau and VA to veterans throughout the period of significance.

Areas of Significance: Criterion C

Architecture

The Tucson VA Hospital Historic District is eligible under Criterion C in the area of Architecture at the state level of significance because it is an excellent example of a fully realized Period II tuberculosis Second Generation Veterans Hospital. The Tucson VA Hospital Historic District was the last Second Generation Veterans Hospital constructed specifically as a tuberculosis hospital, and it is the only surviving Period II example that continuously served primarily as a tuberculosis hospital throughout its period of significance. The Tucson VA Hospital Historic District was constructed in the Spanish Colonial Revival/Mission Revival architectural style. This architecturally popular style was based on local building traditions and the use of stucco exteriors, asymmetrical facades, varying roof heights, clay-tiled roofs,

¹⁷ *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1932* (Washington, D.C.: U.S. Government Printing Office, 1932): 85, 87.

¹⁸ *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1933* (Washington, D.C.: U.S. Government Printing Office, 1933): 74.

¹⁹ *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1936* (Washington, D.C.: U.S. Government Printing Office, 1936): 2.

²⁰ *Ibid.*

²¹ *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1938* (Washington, D.C.: U.S. Government Printing Office, 1938): 4.

²² *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1944* (Washington, D.C.: U.S. Government Printing Office, 1944): 118.

²³ "VA Hospital Is Designated for General Use," *Arizona Daily Star*, July 21, 1959.

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arcades, galleries, round arches, curvilinear parapets, metal grilles, metal balconettes, a dominant tower, and a central courtyard created by the buildings reflect a high level of architectural design. This architectural style is historically tied to the area, as the cloisters and courtyard created by the buildings are reminiscent of Mission San Xavier del Bac, a Spanish mission constructed in the eighteenth century and located approximately 10 miles south of Tucson. The standardized designs for tuberculosis Second Generation Veterans Hospitals were creatively adapted for use in the southwest desert landscape of Tucson. The designs of the core buildings surrounding the courtyard are attributed to Roy Place, a Tucson-based architect who formed a partnership and assisted with designs of a number of buildings on the University of Arizona campus in the 1920s. After the dissolution of the partnership in 1924, Place continued to design public buildings in Tucson, including additional buildings within the University of Arizona campus.²⁴ The monumental infirmary (main) building (Resource 2, 1928) is located in the central core surrounding the courtyard (Resource C, circa 1928–1929) along with the administration, dining, and recreation buildings (Resources 1, 3, both 1928; and 4, 1929). The infirmary (main) building (Resource 2, 1928) was designed to suggest rows of buildings that expanded over time and reflects the elongated building form typical of missions in the southwest. The Tucson VA Hospital Historic District is also eligible under Criterion C in the area of Architecture through the significance of its design, as the numerous porches originally present along the facade and rear elevations of the patient treatment buildings were utilized as the primary treatment for tuberculosis, allowing the patients exposure to fresh air and sunlight. Both the infirmary (main) building (Resource 2, 1928) and Resource 30, the patients' building, exhibit the former open galleries along the upper stories of the building that offered sun and fresh air to recuperating tuberculosis patients. The patients' building, (Resource 30, 1928) also reflects the elongated building form of the infirmary (main) building although the facade is nearly symmetrical. The domiciliary and quarters building (Resource 5, 1929) and the nurses' quarters (Resource 6, 1928), with their double, polychromatic wooden porches also reflect the high level of architectural style exhibited by the infirmary (main) building (Resource 2, 1928) and Resource 30, the patients' building.

Integrity

As a historic district eligible under both Criteria A and C, the Tucson VA Hospital Historic District should retain a high degree of integrity of the resources' physical characteristics, including materials, workmanship, and design, and more ephemeral characteristics related to the historic district as a whole, such as location, setting, association, and feeling. Design refers to both the individual resources and the historic district as a whole. Although the resources within the historic district do not have to be individually exceptional, the resources and the historic district as a whole have to continue to reflect the spatial patterns and associations of the hospital campus dating to the period of significance. To retain integrity under Criterion A, the individual resources must retain those character-defining features that are necessary to convey their role in the mission of the federal government, through the Veterans Bureau and later the VA, to provide tuberculosis medical care to veterans throughout the state. These features are often found in the overall form, massing, and scale of the buildings and their relationship to

²⁴ University of Arizona, "Places in the Sun." Through Our Parents' Eyes: History and Culture of Southern Arizona. Accessed Online at <http://parentseyes.arizona.edu/placesinthesun/royPlace.php> on May 18, 2011; University of Arizona, "Appendix 5: List of Historic Buildings." The University of Arizona Comprehensive Campus Plan, 2003. Accessed Online at <http://www.cfp.arizona.edu/files/Appendix%205.pdf> on May 18, 2011; Anne M. Nequette and R. Brooks Jeffery, *A Guide to Tucson Architecture* (Tucson, AZ: University of Arizona Press, 2002): 242, 257.

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one another within the historic district. To retain integrity under Criterion C, the individual resources must retain those character-defining features identified with the design of the specific building type and hospital sub-type as defined in the MPDF. This includes those features required under Criterion A, as well as noteworthy stylistic details and historical materials.

The Tucson VA Hospital Historic District continues to serve as a medical facility and retains much of its appearance dating to the period of significance when the contributing resources were constructed and utilized. The hospital is situated at its original location. Several additions and buildings have been constructed after the period of significance, but they do not seriously compromise the integrity of the buildings.

Changes to the buildings include replacement windows, replacement doors, enclosed porches, and additions. A variety of replacement windows are found on the resources within the historic district. Windows that contain replacement casement or fixed sashes are found on the administration building (Resource 1, 1928), dining hall, (Resource 3, 1928), and patients' building (Resource 30, 1928) and replacement one-over-one, double-hung windows are found on the infirmary (main) building (Resource 2, 1928). A variety of replacement window sashes are found on the residential buildings and the residential garage. Replacement doors are found on many of the buildings within the historic district that date to the period of significance. These replacement windows and doors diminish the integrity of design, materials, and workmanship of the resources because they do not reflect the divided light sashes originally installed. Arcades and galleries enclosed with stucco and windows with four-light or single-light fixed sashes are found on the infirmary (main) building (Resource 2, 1928) and similar former openings enclosed with stucco and casement or fixed windows are found on the patients' building (Resource 30, 1928). While they have been altered, the former locations of the arcades and galleries are clearly visible. Stairwell additions are found on the side elevations of the domiciliary and quarters building (Resource 5, 1929) and the nurses' quarters (Resource 6, 1928). Although the replacement windows, doors, enclosed arcades/galleries, and stairwell additions all diminish the characteristics of design, materials, and workmanship, they do not significantly diminish these characteristics of the buildings, and the resources continue to contribute to the significance of the historic district. While none of these individual changes substantially diminish integrity, these modifications can cumulatively impact the integrity of the resources and the historic district as a whole. Even with these cumulative modifications, the resources continue to contribute to the Tucson VA Hospital Historic District. The interiors of the buildings appear to have lost integrity due to alterations made over time to adapt to changing uses and standards in medical care.

Additions and the construction of buildings after the period of significance also diminish the integrity of design and setting of the historic district. However, many of the additions are small and accommodate accessibility to the buildings, such as elevator shafts and ramps. Many of the noncontributing buildings are smaller offices or temporary buildings constructed after the period of significance, such as the pump house and pit (Resource 26, 1964), the recreation shelter (Resource 71, circa 1990s), the electric generator building (Resource A, circa 1980s–2000s), the research offices (Resource T-26, 1976), and the administrative office buildings (Resources T-38, 2003; and T-38B, 2004). However, several additions with large footprints and massing have occurred to the east (rear) elevation of the infirmary (main) building (Resource 2, 1928) and are considered separate buildings by the Office of Facilities Management of the Southern Arizona Veterans Affairs Health Care System in Tucson, Arizona. The central portion of the infirmary (main) building's (Resource 2, 1928) rear elevation is connected to the three-story, flat-roof portion of the 1958 clinical building (Resource 38). The eastern portion of the clinical building (Resource 38, 1958) is a single-story, gable-roof section that extends parallel to the infirmary (main) building (Resource 2, 1928). The gable roof of the single-story section of the clinical building (Resource 38, 1958) is sheathed in clay tiles, and the gable ends exhibit decorative

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parapets similar to historic district buildings dating to the period of significance. The two-story, flat-roof, ambulatory care building (Resource 50), built in 1978, is attached to a portion of the single-story east elevation of the clinical building (Resource 38, 1958). Constructed with exposed concrete, and concrete aggregate panels, the ambulatory care building (Resource 50, 1978), with its asymmetrical fenestration and modern building materials, is easily identified for its construction in the last quarter of the twentieth century. The clinical and surgical services building (Resource 57), constructed in 1983, is connected on its west elevation by a raised corridor to the second floor of the infirmary (main) building (Resource 2, 1928), and the north end of the clinical and surgical services building (Resource 57, 1983) adjoins the south elevation of the clinical building (Resource 38, 1958). The two story, flat-roof clinical and surgical services building (Resource 57, 1983) exhibits similar construction as the clinical building (Resource 50, 1978), with exposed concrete and stucco panels, and clearly dates to the last quarter of the twentieth century. Since these three buildings (clinical building [Resource 38, 1958]; ambulatory care building [Resource 50, 1978]; and clinical and surgical services building [Resource 57, 1983]) adjoin one another by means other than corridors and were constructed after the period of significance, they are considered a single resource. The infirmary (main) building (Resource 2, 1928) and clinical building (Resource 38, 1958) are connected by a three story section of the later building, but the massing and design of the later building clearly indicates its construction after the period of significance and therefore is considered a separate resource for this nomination. Although the footprints of the three additional buildings constructed after the period of significance are considerable and diminish integrity of design and setting, the three additions are located to the rear of the infirmary (main) building (Resource 2, 1928). Their three-, two-, and single-story massing does not overwhelm or dominate the building (Resource 2, 1928) dating to the period of significance. The proximity of the additions of the clinical building (Resource 38, 1958) and the clinical and surgical services building (Resource 57, 1983), and the placement of the computerized tomography scanner building (Resource 28, 1992) and the magnetic resonance imaging building (Resource 29, 1992) obscures portions of the rear (east) elevation of the infirmary (main) building (Resource 2, 1928). The majority of the facade and side elevations of the infirmary (main) building remain unobstructed from view, although the behavioral science building (Resource 67, 1996) obscures a portion of the northwestern facade elevation of the infirmary (main) building (Resource 2, 1928). The enclosing of the arcades and galleries of the infirmary (main) building (Resource 2, 1928) with stucco and unsympathetic windows also diminishes integrity of design and materials, but the original building continues to exhibit its massing, the majority of its decorative elements, and the locations of the former arcade and gallery openings remain visible. With its unique design among Period II Second Generation Veterans Hospitals, utilizing the Spanish Colonial Revival/Mission Revival architectural style with an arcaded courtyard, the infirmary (main) building (Resource 2, 1928) continues to retain integrity and contribute to the historic district.

Other additions to the historic district with large footprints include the behavioral science building, located northeast of the recreation building (Resource 4, 1929). The single-story behavioral science building (Resource 67, 1996) is attached to the north section of the infirmary (main) building (Resource 2, 1928) by a short, narrow corridor. The majority of the behavioral science building (Resource 67, 1996) has a flat roof, and its massing and materials indicate it was constructed in the last decades of the twentieth century. The behavioral science building (Resource 67, 1996) is located outside the central core and away from the courtyard (Resource C), but its location does obscure a portion of the infirmary (main) building's (Resource 2, 1928) northwest facade. A flat-roof addition on the south elevation of the administration building (Resource 1, 1928) was constructed in 1994. The addition clearly dates to after the period of significance, as it has little ornamentation other than the clay tiles along the edge of the roofline and its stucco exterior. The massing and stucco exterior are sympathetic to the design of the original portion of the building. The recreation building (Resource 4, 1929) also has

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a single-story, flat-roof addition along the northwest elevation. This addition, located away from the courtyard (Resource C), appears to contain conference rooms. The recreation building (Resource 4, 1929) addition, as with the addition to the administration building (Resource 1, 1928), clearly dates to the later decades of the twentieth century with its massing and exterior exhibiting a stucco finish. The outpatient mental health building (Resource 90) was constructed in 2008 to the north of the main entrance drive and south of Julian Wash. The impact of this large, single-story building with varying roof heights within the historic district is mitigated by its location, distanced from the contributing central core and residential buildings, and the exterior with its stucco finish, elongated massing, and gable roof sheathed in clay tiles. Parking lots have been constructed within the Tucson VA Hospital Historic District, with the largest located to the south and southeast of the outpatient mental health building (Resource 90, 2008). Other parking lots that have been enlarged or created within the historic district are located to the west of the residual open landscape (Resource E, circa 1928), between the domiciliary and quarters building (Resource 5, 1929) and nurses' quarters (Resource 6, 1928), and east of the patients' building (Resource 30, 1928). While these paved areas impact the design and setting of the historic district, they continue to provide the open spatial arrangements dating to the period of significance. The construction of the large resources to the east of the infirmary (main) building (Resource 2, 1928) sought to mitigate the impact to the historic core by placing the buildings to the rear of the infirmary (main) building (Resource 2) and utilizing designs that were sympathetic in scale and massing to the existing buildings. The buildings constructed after the period of significance located to the rear of the infirmary (main) building (Resource 2, 1928), although they have large footprints, are not visible from the courtyard (Resource C, circa 1928–1929) or from the main entrance drive (Resource D, circa 1928). These three buildings (Resources 38, 50, and 57) are differentiated from buildings constructed during the period of significance through the use of various exterior materials, massing, and differing architectural styles. This combination of revivalist influence and more utilitarian designs have created a more architecturally diverse historic district.

The internal circulation system of the historic district has been modified since the period of significance. The main entrance drive (Resource E, circa 1928) originally extended from the facade (west) elevation of the administration building (Resource 1, 1928) to the west, passing south of the gate house (Resource 19, 1928) and intersecting South Sixth Avenue. The main entrance drive has been reconfigured to intersect South Sixth Avenue to the north of the gate house (Resource 19, 1928), then curve to the southeast and it extends to the east and joins the original portion of the main entrance drive (Resource E, circa 1928). A drive also extended through the connecting corridor (Resource B, circa 1930–1940s) to provide access to the rear of the dining hall (Resource 3, 1928), but the former drive no longer passes through the connecting corridor between the administration building (Resource 1, 1928) and the patients' building (Resource 30, 1928). Navy Way, extending along a portion of the historic district's southern boundary, appears to have been added after the period of significance to provide access to the additions to the rear of the infirmary (main) building (Resource 2, 1928).

Although the cumulative effect of modifications, such as the construction of additions, buildings, and parking lots after the period of significance, the use of replacement materials such as windows and doors, and minor reconfigurations of the internal circulation system diminishes the integrity of design and setting, the historic district continues to reflect the hospital much as it did during the period of significance. The evolution of the historic district does not reach the point to render it no longer eligible for listing in the National Register of Historic Places. The historic district retains the majority of resources erected during the period of significance and also maintains integrity of location, setting, design, materials, workmanship, association, and feeling to convey its significance. The Tucson VA Hospital Historic District continues to convey its sense of time and place as a veterans hospital built during the period of significance and its connection to other veterans hospitals of this typology. The

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Tucson VA Hospital Historic District is an excellent example of a Period II tuberculosis Second Generation Veterans Hospital.

Historical Narrative

The Tucson Veterans Administration (VA) Hospital Historic District evolved out of a temporary facility in the city that was established to care for veterans returning from World War I. In the wake of the First World War, hundreds of veterans suffering from tuberculosis flooded into Tucson seeking relief in the arid climate of the Southwest. Many were destitute, and a tent city developed north of the University of Arizona campus.²⁵

In response to the situation, a temporary sanatorium was established on the grounds of a defunct amusement park located five miles north of the city on North Oracle Road. Accounts vary as to what parties were responsible for the enterprise, though it is clear that community efforts were crucial in the facility's organization. The park's dance halls and other buildings were retrofitted to house the veterans, and new buildings were constructed with funds from a U.S. War Department emergency grant, which was obtained through the assistance of Congressman Carl T. Hayden.²⁶ The facility became known as Veterans Hospital number 51.²⁷ The first patients were admitted to the makeshift facility on March 15, 1920.²⁸

Through the efforts of Dr. Neill MacArtan, the first director of the temporary facility, and local booster Orville McPherson, attention was focused on the need for a proper hospital for veterans in the Tucson area. Administration of the hospital at Pastime Park was transferred from the United States Public Health Service to the recently formed Veterans Bureau in 1922. By 1925, plans were underway to construct a permanent veterans hospital in Tucson. Congress appropriated \$1,450,000 for the new facility, and in November 1926, a 117-acre tract located on South Sixth Avenue was deeded to the federal government by Catherine and Fritz Hesse. Further details of the transaction are not well documented; however, some reports indicate that the property was secured by the Tucson Chamber of Commerce and subsequently donated to the Veterans Bureau.²⁹

²⁵ Leslie Ernenwein, "Tucson's VA Hospital Got Start in Saloon, Dance Hall," *Tucson Daily Citizen*, July 28, 1960; Don Robinson, "VA Hospital Marks Birthday," *Arizona Daily Star*, July 1960; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

²⁶ United States Veterans Administration, "A Wing and A Prayer: 1928-1958," 30th Anniversary Commemorative pamphlet, 1958, 3, 30th Anniversary Commemorative pamphlet, 1958, 3, located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C. Pastime Park was turned over to the Public Health Service on March 15, 1920, and operated solely as a facility for veterans.

²⁷ United States Department of Veterans Affairs, "Southern Arizona VA Health Care System: History," Tucson Veterans Affairs Medical Center Web Site, accessed online at <http://www.tucson.va.gov/about/History.asp> on 7 June 2010.

²⁸ Howard Welty, "Facility Now in 18th Year," *Arizona Daily Star*, October 13, 1938; "First Contingent Arrives at Government Sanatorium at Pastime Park, Seeking Health," *Tucson Citizen*, March 28, 1920; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

²⁹ Leslie Ernenwein, "Tucson's VA Hospital Got Start in Saloon, Dance Hall," *Tucson Daily Citizen*, July 28, 1960; Samuel H. James, Jr., "History of the Veterans Administration Hospital, Tucson, Ariz.," *Southwest Veteran*, May 12, 1934; Robinson E. Adkins, *Medical Care of Veterans* (Washington, DC: U.S. Government Printing Office, 1967): 408; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

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The new hospital was to be built in the Spanish Colonial Revival/Mission architectural style as an adaptation of the nearby Mission San Xavier del Bac, located approximately 10 miles south of Tucson. According to information from the Department of Medical Media of the Southern Arizona Veterans Affairs Health Care System, the designs for the hospital had been drawn by Tucson architect Roy Place by May 1927. In the 2002 *A Guide to Tucson Architecture* by Anne M. Nequette and R. Brooks Jeffery, the Tucson VA Hospital is attributed to Roy Place.³⁰ Normally the designs for Second Generation Veterans Hospitals were created by the Veterans Bureau's Construction Division. An early elevation drawing of the infirmary building (Resource 2, 1928) indicates that it was designed by J.E. Miller (and possibly W.H. Renolds). An early elevation drawing of the administration building (Resource 1, 1928) also indicates it was designed by J.E. Miller. Other reviewed early elevations only indicate the names or initials of the persons who drew the architectural drawings. The general construction contract was awarded to the Sumner Sollitt Company of Chicago, which submitted a bid of \$787,134. The contract called for the completion of all work within 325 days. Subcontracts went to P.E. Thomas of Ogden, Utah (plumbing and heating); H.T. Foley of Miami, Florida (electrical work); Kimball Brothers of Council Bluffs, Iowa (elevators); the York Products Company of Los Angeles (ice and refrigeration plants); and the Webber Company of Chicago (chimney work). Local firms involved in the construction effort included the J. Knox Corbett Lumber Company, the Tucson Pressed Brick Company, the Mulcahy Lumber Company, the O'Malley Lumber Company, and the Southwest Sash and Door Company. Construction of the hospital began on October 4, 1927, and formal opening ceremonies were held almost exactly one year later.³¹

On August 18, 1928, the new tuberculosis hospital at Tucson was turned over to the Veterans Bureau. Thousands reportedly attended the official dedication of the hospital on October 13, 1928, at which General Frank T. Hines, director of the Veterans Bureau, delivered the keynote address. Six days later, patients were transferred from the Pastime Park facility to the new 260-bed hospital via ambulances. Buildings comprising the Tucson VA Hospital campus in 1928 included the administration building (Resource 1, 1928), the infirmary (main) building (Resource 2, 1928), the dining hall (Resource 3, 1928), a nurses' quarters (Resource 6, 1928), the medical officer in charge's residence (Resource 7, 1928), officer's residences (Resources 8 and 9, both 1928), the laundry and maintenance building, the boiler house, a gate house (Resource 19, 1928), an oil house, and an elevated water tank. A recreation building (Resource 4, 1929), additional officers' quarters (Resources 11–13, 1929), a warehouse, and a garage were completed in 1929. In 1931, a 98-bed tuberculosis ward (Resource 30) was constructed at a cost of \$280,000.³²

³⁰ Anne M. Nequette and R. Brooks Jeffery, *A Guide to Tucson Architecture* (Tucson, AZ: University of Arizona Press, 2002): 242.

³¹ United States Veterans Administration, "A Wing and A Prayer: 1928-1958," 30th Anniversary Commemorative pamphlet, 1958, 4, located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C. One history notes that the hospital property was owned by local businessman Albert Steinfeld. United States Department of Veterans Affairs, "Southern Arizona VA Health Care System: History," Tucson VA Medical Center Web Site, accessed online at <http://www.tucson.va.gov/about/History.asp> on 7 June 2010; "Hospital Is Turned Over to Director," *Arizona Daily Star*, August 19, 1928; Samuel H. James, Jr., "History of the Veterans Administration Hospital, Tucson, Ariz.," *Southwest Veteran*, May 12, 1934; "Tucson Pleased with News of Signing Contracts for New Veterans Hospital," *Tucson Citizen*, September 17, 1927; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona; United States Department of Veterans Affairs, files of the Office of Facilities Management, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

³² "Hospital Is Turned Over to Director," *Arizona Daily Star*, August 19, 1928; "Hospital Opens with Big Fete,"

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The Tucson VA Hospital had a capacity of 358 beds at the end of June in 1933.³³ Centers for the surgical treatment of pulmonary tuberculosis were created at six VA hospitals in 1936, including the Tucson VA Hospital.³⁴ Several forms of surgical "collapse therapy" began to be practiced as a type of treatment for pulmonary tuberculosis at the Tucson VA Hospital and eight other VA hospitals, serving as chest surgery centers in fiscal year 1938.³⁵ The capacity of the Tucson VA Hospital remained at 358 beds from 1933 through 1943 but increased to 428 beds by June 1944.³⁶

As care and treatment for tuberculosis improved following World War II, the emphasis of the hospital slowly started to change towards general medical and surgical care. In 1945, the hospital had nineteen doctors, one clinical director and three dentists.³⁷ At the end of June 1946, the Tucson VA Hospital had ninety-three beds available for general medical and surgical patients and 326 beds for tuberculosis patients.³⁸ Capacity was slightly lowered to 411 beds by mid-1948, with 290 beds for tuberculosis patients, 116 general medical and surgical patient beds, and five beds for other purposes.³⁹ Streptomycin, the first successful drug used for the treatment of tuberculosis, was administered to patients starting in July 1947, and the first removal of a lung was performed in 1949.⁴⁰ The Tucson VA Hospital's capacity in mid-1950 was 408 beds, including 280 for tuberculosis patients, eight for neuropsychiatric patients, and 120 for general medical and surgical patients.⁴¹ The total number of beds had decreased slightly at the end of June 1955, with the Tucson VA Hospital having a capacity of 402 beds. The beds were divided into the following categories for patients: 243 tuberculosis; sixteen for psychiatric or neuropsychiatric; and 143 general medical and surgical patients.⁴² By the time of the hospital's 30th anniversary in 1958, 208 beds were designated for general medical and surgical patients, 181 for tuberculosis patients, and eighteen for neuropsychiatric care.⁴³

Arizona Daily Star, October 14, 1928; "Public Is Invited to Reception," *Southwest Veteran*, May 12, 1934; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona; Howard Welty, "Facility Now in 18th Year," *Arizona Daily Star*, October 13, 1938.

³³ *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1933* (Washington, D.C.: U.S. Government Printing Office, 1933): 74.

³⁴ *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1936* (Washington, D.C.: U.S. Government Printing Office, 1936): 2.

³⁵ *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1938* (Washington, D.C.: U.S. Government Printing Office, 1938): 4.

³⁶ *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1944* (Washington, D.C.: U.S. Government Printing Office, 1944): 118.

³⁷ Historical Overview Part I: From Tents in a Run Down Amusement Park to the Modern Institution Providing Care for Thousands of America's Veterans, scrapbook located in the files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

³⁸ *Administrator of Veterans Affairs Annual Report for the Fiscal Year Ended June 30, 1946* (Washington, D.C.: U.S. Government Printing Office, 1947): 98.

³⁹ *Administrator of Veterans Affairs Annual Report for the Fiscal Year Ending June 30, 1948* (Washington, D.C.: U.S. Government Printing Office, 1949): 114.

⁴⁰ United States Veterans Administration, "A Wing and A Prayer: 1928-1958," 30th Anniversary Commemorative pamphlet, 1958, 5, located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

⁴¹ *Administrator of Veterans Affairs Annual Report for the Fiscal Year Ending June 30, 1950* (Washington, D.C.: U.S. Government Printing Office, 1951): 138.

⁴² *Administrator of Veterans Affairs Annual Report for Fiscal Year Ended June 30, 1955* (Washington, D.C.: U.S. Government Printing Office, 1956): 157.

⁴³ United States Veterans Administration, "A Wing and A Prayer: 1928-1958," 30th Anniversary Commemorative

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A new clinical wing housing updated x-ray, sterilization, laboratory, and surgical facilities was dedicated on October 26, 1958. Funded with a \$2,000,000 allocation approved by President Dwight D. Eisenhower in 1955 and erected by the Ashton Construction Company of Tucson and the Mardian Construction Company of Phoenix, the new wing was the first phase of a three-tier modernization of the hospital.⁴⁴ The second phase was completed in June 1962 at a cost of approximately \$1,584,621 and included construction of an air-conditioning plant and rehabilitation of the infirmary building (Resource 2, 1928). The third phase of the project was completed for \$1,368,122 and included remodeling and air-conditioning of the tuberculosis wards, remodeling the administrative building (Resource 1, 1928), renovation of another building for a medical library, and remodeling of the patients' library and dining room. The second and third phases were completed by Kay Cee Construction of Skokie, Illinois.⁴⁵

Improvements in the treatment of tuberculosis and the resultant decline of the disease led to the redesignation of the Tucson facility as a general medical and surgical institution in July 1959. At that time, less than half of the hospital's 350 patients were being treated for tuberculosis.⁴⁶ Research had become an institutional priority, and the following November plans were announced for a research laboratory to be installed in the basement of the clinical wing by the M.J. Lang Construction Company. The \$200,000 research unit was completed in September 1960. Four Ph.D. investigators were on staff by 1963, and in 1967, the Tucson VA Hospital established a formal affiliation with the University of Arizona Medical School.⁴⁷

Overcrowding became a problem at the Tucson facility by June 1974. At that time, 329 beds were designated for medical, surgical, and psychiatric patients; 41 beds were allocated for nursing home patients; and 72 beds were allocated for domiciliary use. Despite an increase in the total number of beds, patients were reportedly being examined in the halls of the hospital due to space constraints. A 32,000 square-foot ambulatory care clinic containing 27 specialty clinics and 43 examination treatment rooms was constructed to alleviate overcrowding at the hospital. Dedicated on January 21, 1978, the \$2,300,000 structure (Resource 50, Ambulatory Care Building) was recognized by the American Concrete Institute as an outstanding example of concrete architecture.⁴⁸

In September 1982 a contract was expected to be signed to authorize the construction of a two-story, 90,000 square-foot clinical addition (Resource 57, Clinical and Surgical Services Addition). The \$11.17 million addition, to be sited east of the southern portion of the infirmary (main) building (Resource 2, 1928), was to be constructed by L.G. Lefler Inc. The addition was designed by Finical and Dombrowski,

pamphlet, 1958, 5, located in the files of the United States Department of Veteran Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

⁴⁴ "Opening of New Wing Will Mark VA Hospital Birthday," *Tucson Daily Citizen*, September 27, 1957; "Vet Hospital to Be Best in Southwest," *Arizona Daily Star*, March 6, 1958; "Hospital Plans Dedication Rite," *Arizona Daily Star*, October 26, 1958.

⁴⁵ Bob Thomas, "New Facilities Ready at Veterans Hospital," *Arizona Daily Star*, June 16, 1962; Dominic Crolla, "Story of Tucson VA Hospital: Saloon to Modern 402-Bed Medical Facility," *Arizona Register*, June 19, 1964.

⁴⁶ "VA Hospital Is Designated for General Use," *Arizona Daily Star*, July 21, 1959.

⁴⁷ John Riddick, "VA Hospital Lets Contract for Research Laboratory," *Tucson Daily Citizen*, November 9, 1959; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona; *Veterans Administration Hospital, Tucson, Arizona, 1928-1978, 50th Anniversary* (Tucson: Veterans Administration, 1978).

⁴⁸ John Riddick, "VA Hospital Lets Contract for Research Laboratory," *Tucson Daily Citizen*, November 9, 1959; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona; *Veterans Administration Hospital, Tucson, Arizona, 1928-1978, 50th Anniversary* (Tucson: Veterans Administration, 1978); Betty Beard, "Expansion to Aid Jammed VA Hospital," *Arizona Daily Star*, June 4, 1974.

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Engineers and Architects and also Friedman, Keim, and McFerron, Architects and Planners. The addition was expected to include a dental clinic and facilities related to surgical and radiology services.⁴⁹

A two-story, 83,000 square-foot ambulatory care addition opened in November 2003. Dedicated the following January by Anthony J. Principi, secretary of the Department of Veterans Affairs, the \$25.2 million building houses primary care, women's health, eye clinics, an outpatient pharmacy, and diagnostics and radiology facilities.⁵⁰ In March 2007, construction of a \$12.5-million outpatient mental health center began on the Tucson campus. The 36,000 square-foot facility (Resource 90) was completed in 2008.⁵¹

⁴⁹ "Lefler Is Low Bidder on Project for VA," *Tucson Citizen*, August 31, 1982; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

⁵⁰ Regina Ford, "New VA Ambulatory Wing Opens," *Green Valley News & Sun*, January 28, 2004.

⁵¹ Sheryl Kornman, "VA to Build \$12.5M Mental Health Center," *Tucson Citizen*, May 3, 2007; United States Department of Veterans Affairs, files of the Department of Medical Media, Southern Arizona Veterans Affairs Health Care System, Tucson, Arizona.

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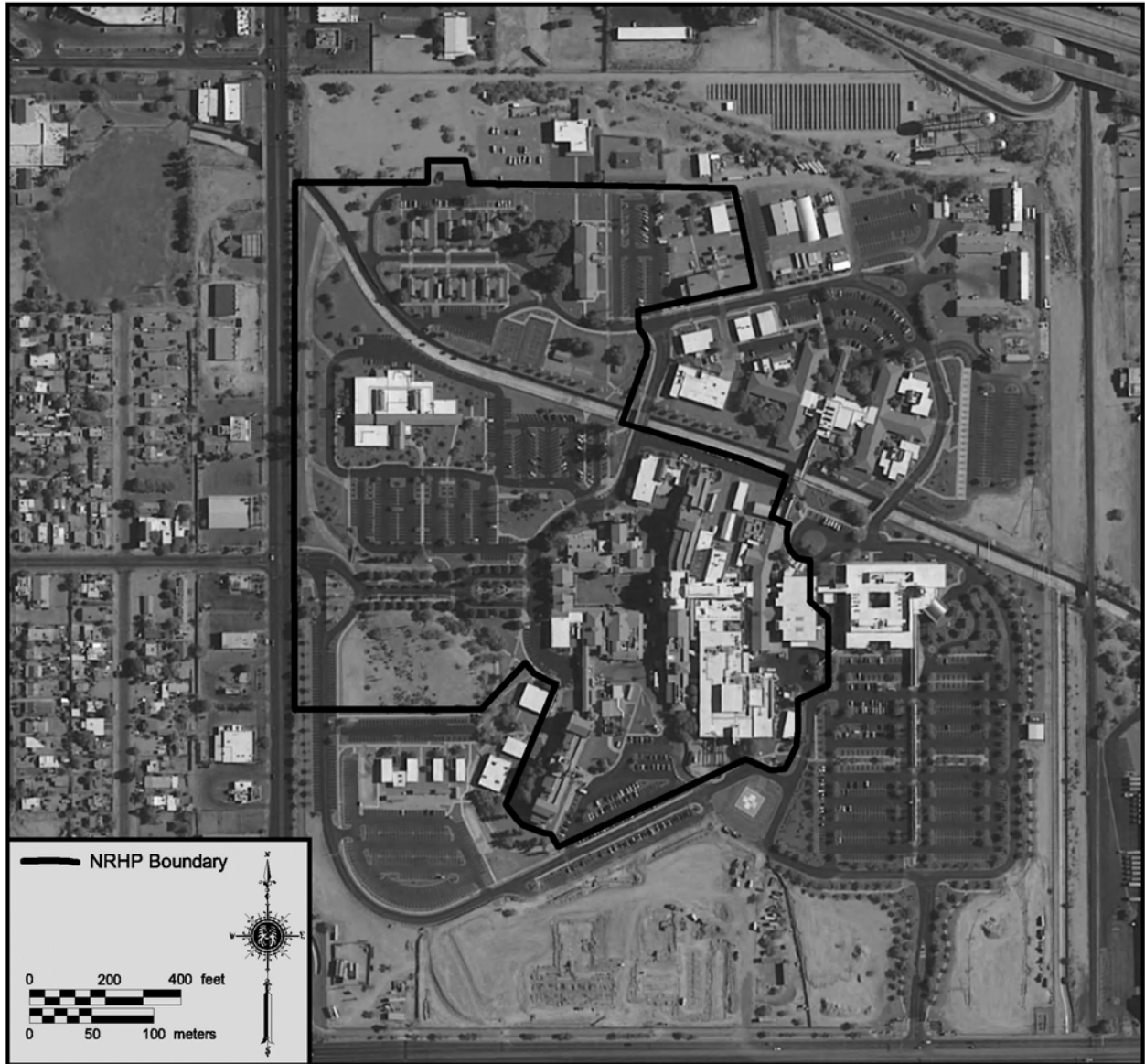
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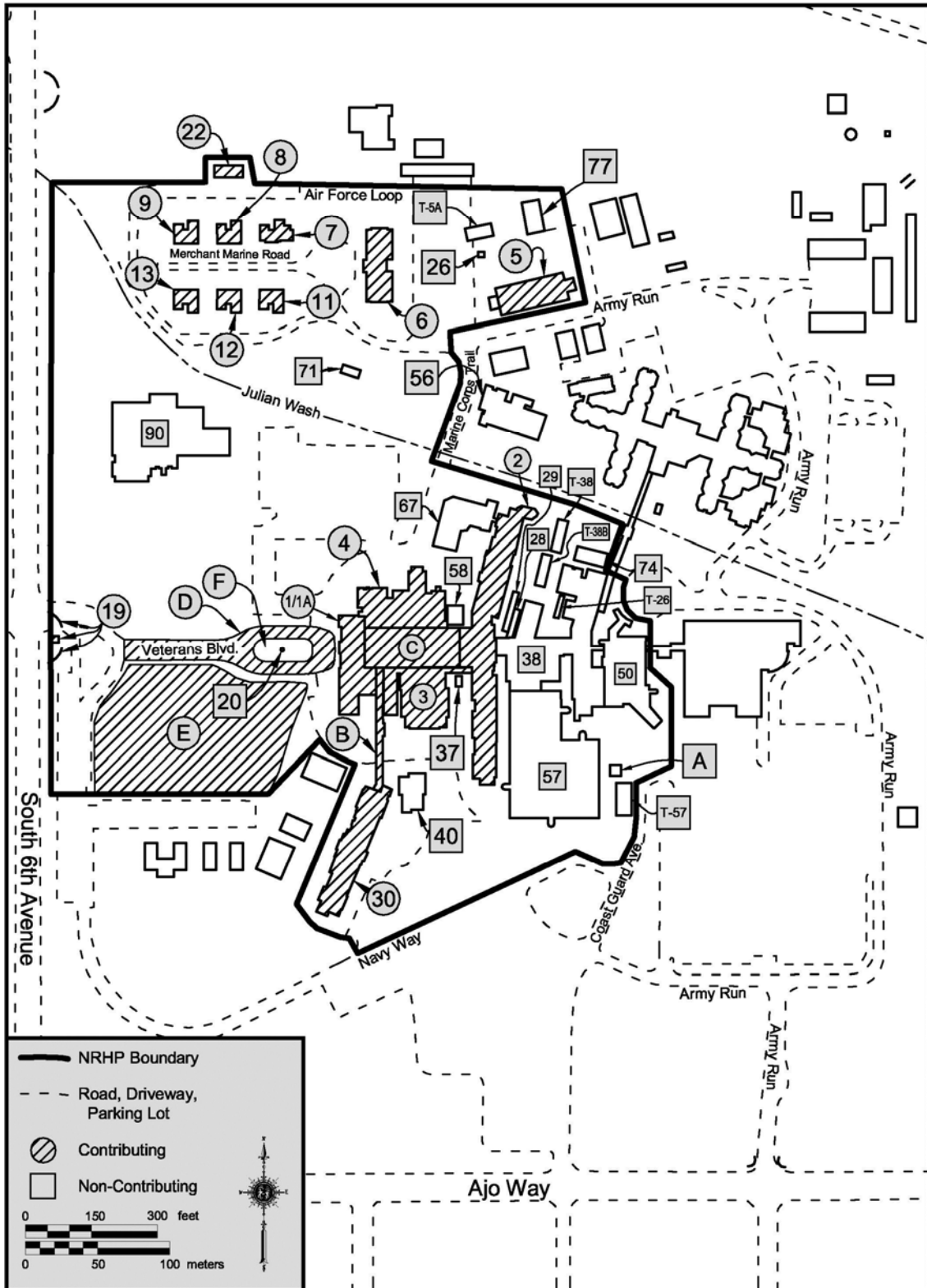
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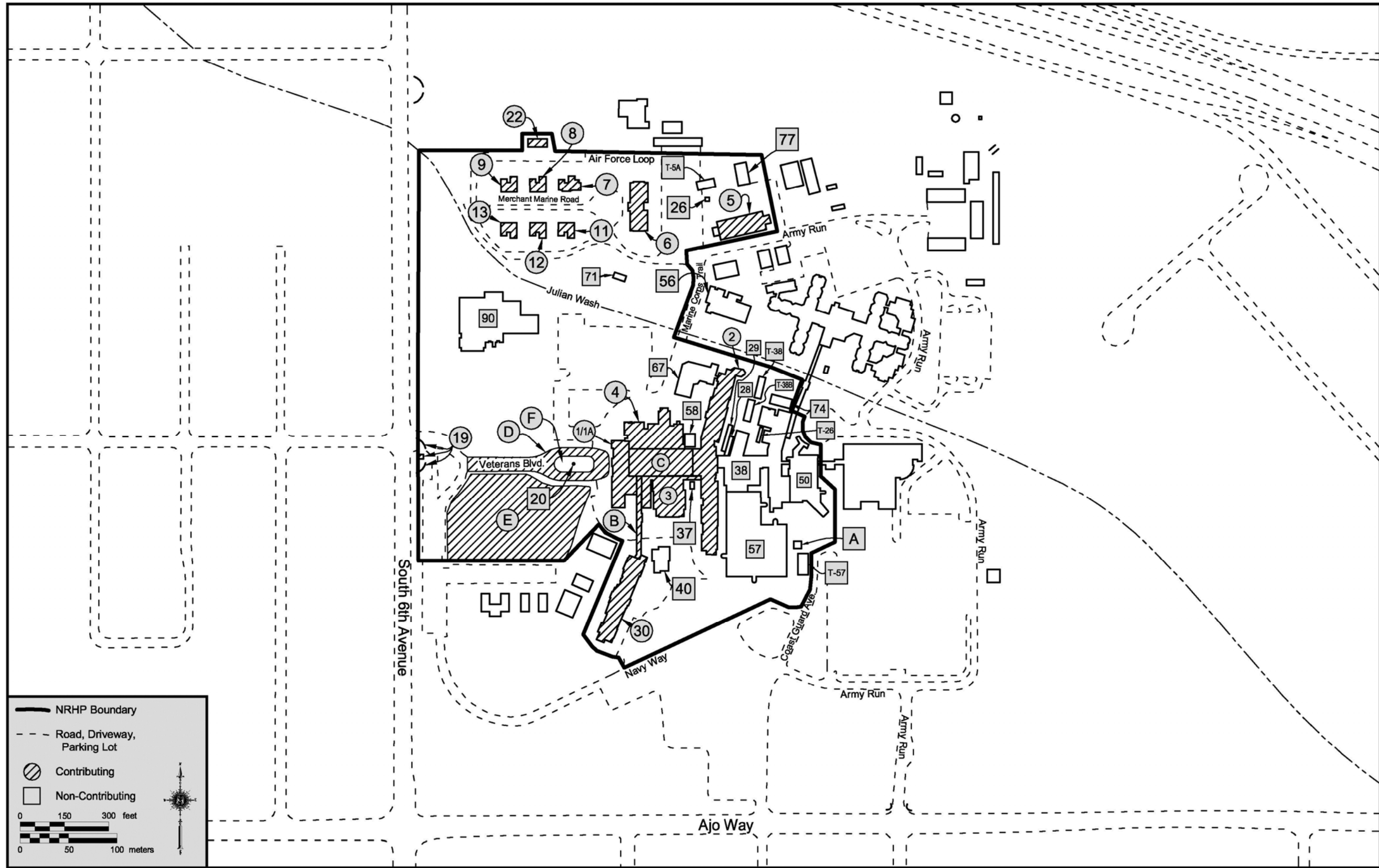
9	<u>12</u> Zone	<u>503347</u> Easting	<u>3560516</u> Northing	18	<u>12</u> Zone	<u>503450</u> Easting	<u>3560183</u> Northing
10	<u>12</u> Zone	<u>503328</u> Easting	<u>3560462</u> Northing	19	<u>12</u> Zone	<u>503427</u> Easting	<u>3560191</u> Northing
11	<u>12</u> Zone	<u>503406</u> Easting	<u>3560419</u> Northing	20	<u>12</u> Zone	<u>503276</u> Easting	<u>3560121</u> Northing
12	<u>12</u> Zone	<u>503448</u> Easting	<u>3560387</u> Northing	21	<u>12</u> Zone	<u>503248</u> Easting	<u>3560138</u> Northing
13	<u>12</u> Zone	<u>503462</u> Easting	<u>3560480</u> Northing	22	<u>12</u> Zone	<u>503234</u> Easting	<u>3560155</u> Northing
14	<u>12</u> Zone	<u>503479</u> Easting	<u>3560352</u> Northing	23	<u>12</u> Zone	<u>503275</u> Easting	<u>3560252</u> Northing
15	<u>12</u> Zone	<u>503494</u> Easting	<u>3560251</u> Northing	24	<u>12</u> Zone	<u>503250</u> Easting	<u>3560269</u> Northing
16	<u>12</u> Zone	<u>503469</u> Easting	<u>3560239</u> Northing	25	<u>12</u> Zone	<u>503215</u> Easting	<u>3560231</u> Northing
17	<u>12</u> Zone	<u>503468</u> Easting	<u>3560201</u> Northing	26	<u>12</u> Zone	<u>503064</u> Easting	<u>3560231</u> Northing



Aerial map showing the National Register of Historic Places historic district boundary.



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



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

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Photograph Continuation Sheet

Name of Property: Tucson Veterans Administration Hospital (same for all photos)
City, County, State: Tucson, Pima County, Arizona (same for all photos)
Photographer: Trent Spurlock (same for all photos)
Photo date: March 27–28, 2010 (same for all photos)
Original Negative: N/A (submitted compact disc, same for all photos)

1. View looking east-northeast to Resources E, 20, 2, and 30 from southeast of Resource 19.
2. View looking northwest to Resource 19.
3. Facade (south) and east elevations of Resource 90. View looking northwest.
4. View looking south-southeast across Julian Wash to Resources 71, 67, 2, 4, 30, and 1.
5. View looking to the west to Resources 11, 12, 13, 9, 8, and 7.
6. View looking north to the facade (south) of Resource 7.
7. View looking east to the facade (west) elevation of Resource 6.
8. View looking southeast to the south portion of the facade (west) elevation of Resource 6.
9. View looking south from east of Resource 6 to Resources 5, 2, 71, 67, 4, 30, and 6.
10. View looking northwest to the facade (southeast) elevation of Resource 5.
11. View looking north to the facade (south) elevation of Resource 67.
12. Facade (north), and west elevations of Resource 4. View looking south-southeast.
13. View looking northeast to the facade (northwest) elevation of the northern section of Resource 2.
14. View to the east along Resource D to Resources F, 1, and 2.
15. Facade (west) elevation main entrance to Resource 1. View looking east.
16. View within the courtyard (Resource C) looking east to Resources 4, 58, 2, and 3.
17. View adjacent to Resource 1 and the courtyard (Resource C) looking southeast along the colonnade to Resource 3.
18. View to the west within the courtyard (Resource C) to Resources 3, 1, and 4.

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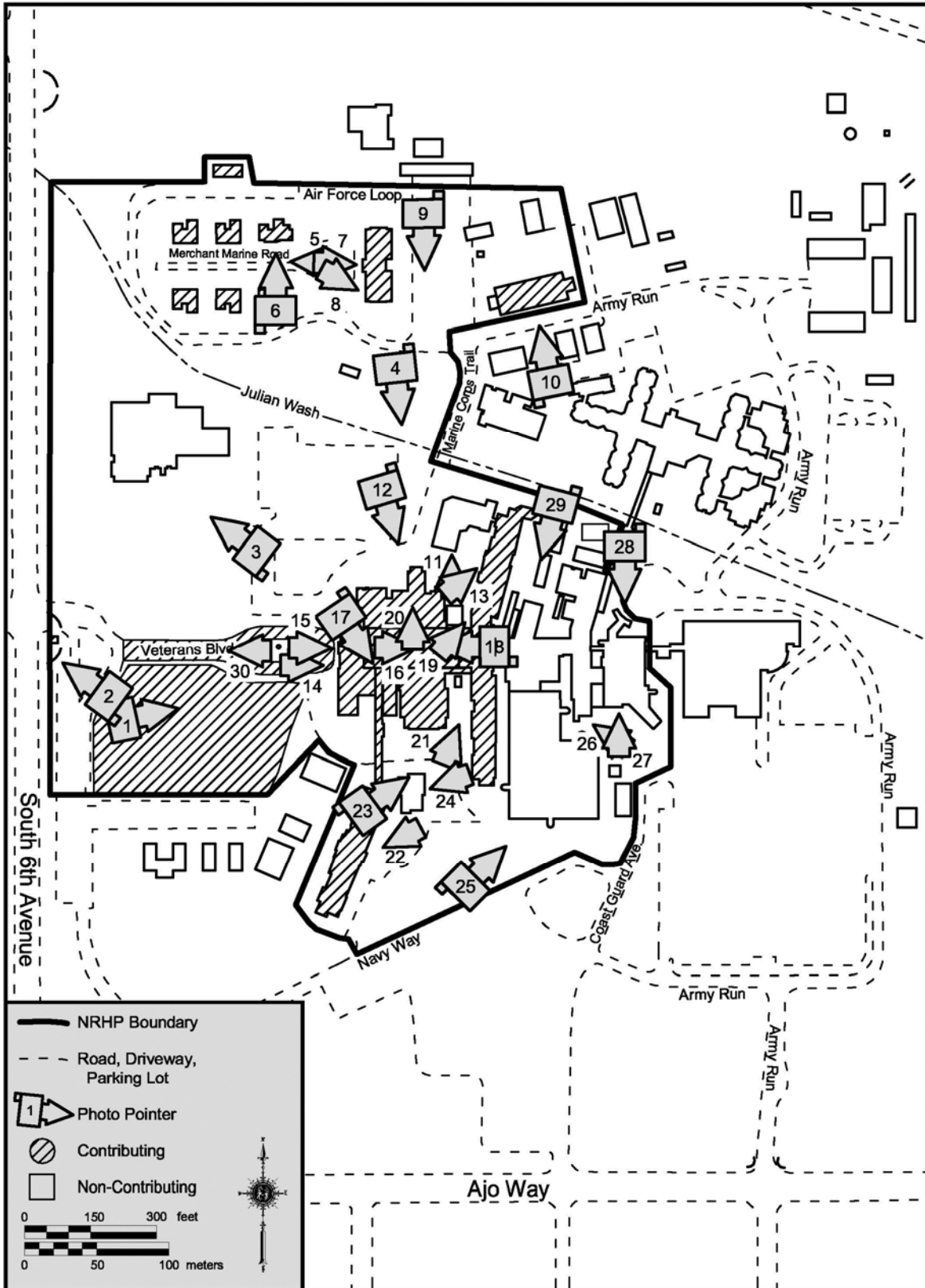
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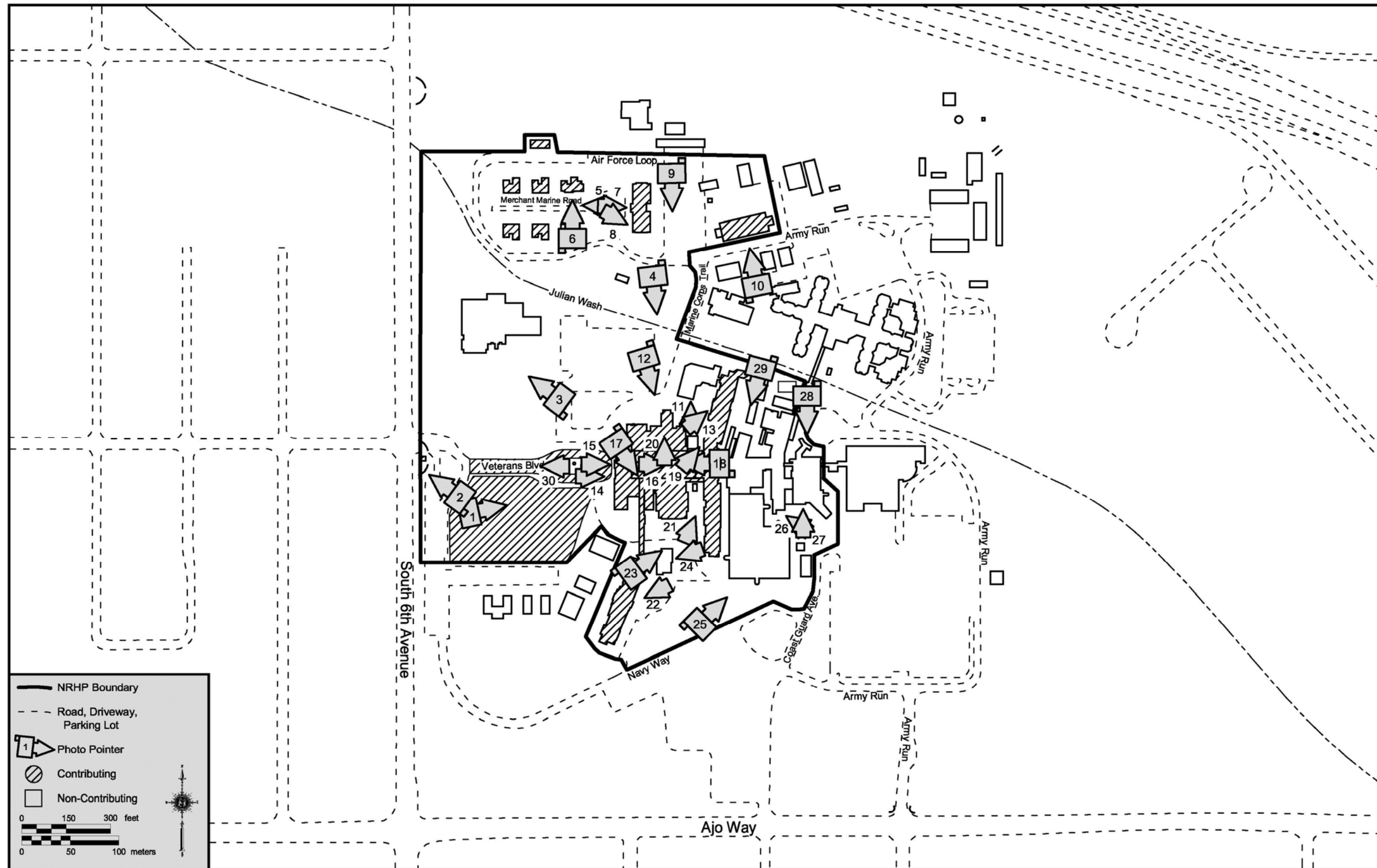
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19. View to the northeast within the courtyard (Resource C) to Resource 58 and facade (east) elevation of Resource 2.
20. View to the north-northwest to the south elevation of Resource 4.
21. View to the northeast to Resource 37 and facade (west) elevation of Resource 2.
22. Facade (southeast) elevation of Resource 30. View looking southwest.
23. View looking northeast from the roof of Resource 30 to Resources 40, 2, and 57.
24. Facade (east) elevation of Resource 40. View looking to the west-southwest.
25. View looking to the northeast to Resources 2 and 57.
26. View looking northwest to Resources 57, 38, and 2.
27. View looking north to the south elevation of Resource 50.
28. View looking south to the north elevation of Resource 50.
29. View looking southwest to Resources 38, 28, and 2.
30. View looking west from Resource F along Resource D (main entrance drive).



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



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