

**NATIONAL HISTORIC PRESERVATION ACT (NHPA)
SECTION 106 REPORT: INITIATION,
IDENTIFICATION AND ASSESSMENT OF
HISTORIC PROPERTIES for BUILDING I SEISMIC
UPGRADE & CLINICAL EXPANSION at the
VA SIERRA NEVADA HEALTH CARE SYSTEM
RENO, NEVADA**

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Executive Summary

The Department of Veterans Affairs (VA) Ioannis A. Lougaris Sierra Nevada Health Care System, Reno, Nevada, (VASNHCS Reno) is comprised of several buildings that vary in both age and size. While there has been much construction at the campus over the last several decades, the early buildings date from 1939 and 1947 with most of the later construction dating from the 1980s to the present.

The VA proposes to undertake a project consisting of seismic upgrades of Building I and a Clinical Expansion at VASNHCS Reno. Quimby McCoy Preservation Architecture, LLP was retained to assist SKW - Page and VASNHCS with consultation efforts, including identification of historic properties and assessment of adverse effects, under Section 106 of the National Historic Preservation Act (NHPA). This section of the NHPA requires Federal agencies to take into account the effects of their undertakings on historic properties and afford the Advisory Council an opportunity to comment on such undertakings.

Specifically, the goal of this report is to address the first three steps of the Section 106 process:

- Initiation of the consultation process, including establishing the proposed undertaking, identifying potential consultation parties and assisting with a plan to involve local governments, tribal organizations and the public.
- Identification of historic properties including determining the area of potential effect (APE), identification of potential historic properties, evaluation of their significance and recommendations of properties considered eligible for listing in the National Register of Historic Places, and
- Assessment of Adverse Effects to historic properties.

Recommendations

Initiation of Section 106 process

Efforts remaining to be completed in this step are outlined in Chapter I and include formal Initiation of the Section 106 process with the Nevada State Historic Preservation Office (SHPO) and coordination with other stakeholders. This report identifies potential consulting parties and recommends these be contacted and invited to a meeting where information about the proposed undertaking will be shared and input solicited; this meeting is scheduled to occur in mid 2015.

Identification of Historic Properties

A survey of the VASNHCS Reno site included architectural resources within the recommended Area of Effect (APE), and reviewed each architectural property for eligibility for the National Register for Historic Places (NRHP), either individually or as part of a district. Based on this survey, Quimby McCoy Preservation Architecture, LLP, recommends the following:

Building IA, Building I, one site object (concrete flagpole base and flagpole), and one structure (entry drive) are eligible for the NRHP as a historic district based on Criterion C - Architecture, representing the characteristics of a 'type, period and method of construction' and Criterion B - Significant Persons, with a period of significance of 1939 to 1962.

In addition, Building 1A is recommended as individually eligible for inclusion in the NRHP based on Criterion A - History for Health/Medicine and for Politics and Government, Criterion B - Significant Persons, and Criterion C – Architecture, representing the characteristics of a ‘type, period and method of construction’ with a period of significance of 1939 to 1962.

Table 1. VASNHCS Resources Recommended Eligible for NRHP (District and Individual)

NV SHPO Number	VA Building Number	Original Name	Date of Construction	NRHP Eligibility
TBD	Building 1A	VA Hospital	1939	Contributing to District and Individually Eligible
TBD	NA	Entry drive	1939	Contributing to District
TBD	NA	Concrete flagpole base and flagpole	c. 1945	Contributing to District
TBD	Building 1	VA Hospital [attached addition to Building 1A]	1947	Contributing to District

In addition to architectural properties, a Phase I Archaeological Survey was conducted in the recommended archeology APE, to determine if there were any archeological resources (which could be significant under NRHP Criterion D) within this area. This Phase I Survey found no evidence of archaeological resources located in this area. With this result, the site is not considered eligible for National Register Criterion D - Archaeology.

Assessment of Adverse Effects

The proposed undertaking - Building 1 Seismic upgrade and Clinical Expansion - requires the removal of the south and center wings at Building 1 (constructed in 1947); the south wing originally housed patient wards and the center wing housed the auditorium and kitchen. The demolition of these two wings of Building 1, a building that is considered eligible for listing in the National Register of Historic Places, is an adverse effect.

Additionally, the proposed undertaking will be visible from selected areas of the adjacent, Wells Neighborhood Historic District, which has been found eligible for listing in the National Register of Historic Places. The proposed undertaking is also visible from selected areas of the neighborhoods to the south-east and southwest of the VASNHCS site - which are not considered eligible for listing in the National Register of Historic Places. These views from these adjacent residential neighborhoods and associated adverse impacts varies from no impact at some areas to more substantial in other locations. In summary, the views of the proposed undertaking from within the recommended Wells Neighborhood Historic District, considered eligible for listing in the National Register of Historic Places, are an adverse visual effect to this recommended historic district.

NATIONAL HISTORIC PRESERVATION ACT (NHPA) SECTION 106 REPORT:
 INITIATION, IDENTIFICATION AND ASSESSMENT OF HISTORIC PROPERTIES at
 BUILDING 1 SEISMIC UPGRADE & CLINICAL EXPANSION
 at the VA SIERRA NEVADA HEALTH CARE SYSTEM, RENO, NEVADA

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Introduction

The VA proposes to undertake a project consisting of a new Clinical Expansion building and provide seismic upgrades to the existing Building I at the VA Sierra Nevada Health Care System (VASNHCS), located in Reno, Nevada. This *National Historic Preservation Act (NHPA) Section 106 Report: Initiation, Identification and Assessment of Historic Properties for Building I Seismic Upgrade & Clinical Expansion at the VA Sierra Nevada Health Care System, Reno* serves to address and provide information regarding the Section 106 consultation process.

The 106 section of the NHPA requires Federal agencies to take into account the effects of their undertakings on historic properties and afford the Advisory Council on Historic Preservation an opportunity to comment on such undertakings.

Specifically, this report addresses the first three steps of the Section 106 process:

- Initiation of the consultation process, including establishing the proposed undertaking, identifying potential consultation parties and assisting with a plan to involve local governments, tribal organizations and the public.
- Identification of historic properties including determining the area of potential effect (APE), identification of potential historic properties, evaluation of their significance and recommendations of properties considered eligible for listing in the National Register of Historic Places, and
- Assessment of Adverse Effects, including applying the criteria of adverse effect to historic properties.

Recommendations for these three steps are provided herein, to support VASNHCS Reno in its consultation with the Nevada State Historic Preservation Office (SHPO) and other stakeholders.

Report Background and Areas of Potential Effect

Two proposed Areas of Potential Effect (APE) were established for this undertaking - a smaller APE for archeological resources includes the areas of the direct ground disturbance plus temporary staging areas; this is approximately 1.33 acres in size.

The APE for architectural resources is comprised of areas from which the Clinical Expansion could visually impact the surrounding neighborhoods. This APE is bounded roughly by the line at the west side of the properties on west side of Wilson Street between Wonder Street and Roberts Street, a line at the north side of the properties on Robert Street between Wilson Ave and Kirman Avenue, a line behind the east properties on the east side of Wilkerson Avenue between Thoma Street and Wonder Avenue, and a line at the south side of the properties on the south side of Wonder Street between Wilson Avenue and Wilkinson Avenue and is approximately 22.52 acres in size; refer to Figure 1.

The survey of architectural properties was conducted by Marcel Quimby, FAIA of Quimby McCoy Preservation Architecture, LLP. Ms. Quimby meets the Secretary of the Interior's Professional Qualification Standards for Historic Architecture and Historic Preservation.

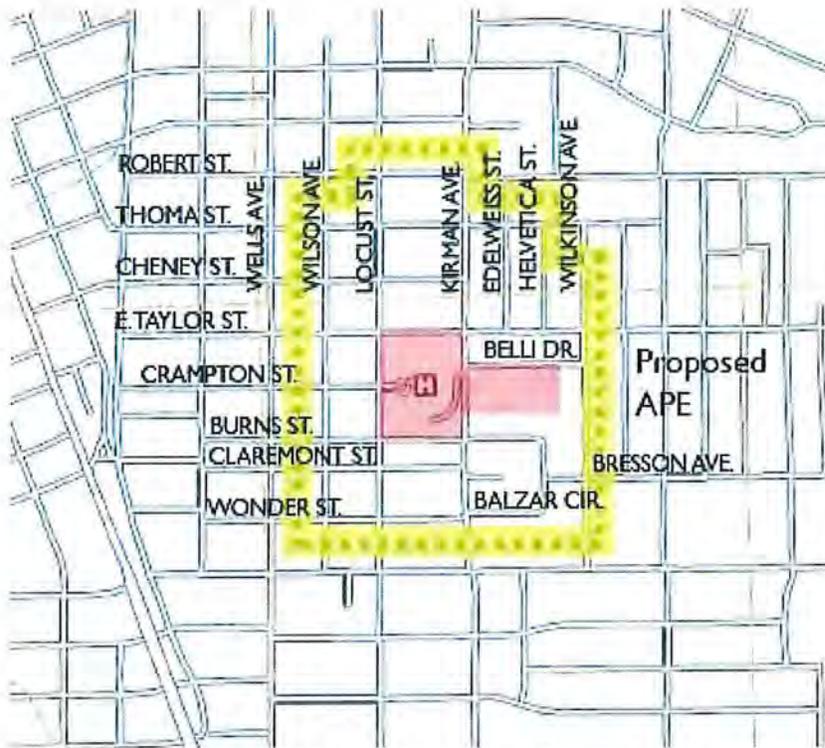


Figure 1 - Area of Potential Effect for Architectural Resources

Initiation of Section 106 Process

The initiation efforts for the Section 106 process are outlined in Chapter 1, including Project Understanding which describes the evolution of the proposed undertaking - the Building 1 Seismic Upgrade and Clinical Expansion - during the Pre-Design and Schematic Design phases. In response to correspondence received from the Nevada SHPO (letter dated January 21, 2015) and subsequent discussions held with the SHPO on April 1 and July 23, 2015, additional information has been included in this report that addresses the proposed Area of Potential Effect (APE), and impacts that the proposed undertaking will have upon the site and adjacent neighborhoods.

This chapter also includes a formal Initiation of the Section 106 process and addresses coordination with other stakeholders. This report identifies potential consulting parties and recommends these be contacted and invited to a public meeting where information about the proposed undertaking will be shared and input solicited; this meeting is scheduled for August 5, 2015.

Identification of Historic Properties

A survey of the VASNHCS Reno site included architectural resources within the recommended Area of Potential Effect (APE), and reviewed each architectural property for eligibility for the National Register for Historic Places (NRHP), either individually or as part of a district; Refer to Chapter 2 - Identification of Historic Properties for additional information. Based on this survey, Quimby McCoy Preservation Architecture, LLP, recommends the following:

Building IA, Building I, one site object (concrete flagpole base and flagpole), and one structure (entry drive) are eligible for the NRHP as a historic district based on Criterion C - Architecture, representing the characteristics of a 'type, period and method of construction' and Criterion B - Significant Persons, with a period of significance of 1939 to 1962.

In addition, Building IA is recommended as individually eligible for inclusion in the NRHP based on Criterion A - History for Health/Medicine and for Politics and Government, Criterion B - Significant Persons, and Criterion C - Architecture, representing the characteristics of a 'type, period and method of construction' with a period of significance of 1939 to 1962.

A Phase I archeological survey of the VASNHCS Reno was conducted by Western Cultural Resources Management, Inc, in June 2015; this found no evidence of archaeological resources. With this result, the archaeological APE site is not considered eligible for National Register Criterion D - Archaeology. Refer to Chapter 2 - Identification of Historic Properties for additional information.

The results of this archaeology survey will be issued as a separate document to the Nevada State Historic Preservation Office.

Assessment of Adverse Effects

Any effects on historic properties listed or determined to be eligible for inclusion in the National Register of Historic Places must be reviewed for compliance with Section 106 using the rules and regulations found in 36 CFR Part 800.5 regarding criteria of effect and adverse effect. Section 106 of the National Historic Preservation Act of 1966 (NHPA) requires Federal agencies to take into account the effect of their undertakings on historic properties and afford the Advisory Council on Historic Preservation a reasonable opportunity to comment. The historic review process mandated by Section 106 is outlined in regulations issued by ACHP. Revised regulations, "Protection of Historic Properties" became effective January 11, 2001. Refer to chapter 3 - Assessment of Adverse Effect for additional information.

The responsible Federal Agency first determines whether it has an undertaking that is the type of activity that could affect historic properties. Historic properties are properties that are included in the National Register of Historic Places (NRHP) or that are eligible by meeting the criteria for listing in the National Register. According to the Section 106 regulations, the final step in the process is to assess effect(s) that a project may have on any historic properties in the APE. There are three possible findings of effect: 1) no historic properties affected; 2) no adverse effect and 3) adverse effect.

The proposed undertaking - Building I Seismic upgrade and Clinical Expansion at the site - requires the removal of south and center wings at Building I (constructed in 1947); the south wing originally housed patient wards and the center wing housed the auditorium and kitchen. The demolition of these two wings of Building I, a building that is considered eligible for listing in the National Register of Historic Places, and the adverse visual impact from areas within the recommended Wells Neighborhood Historic District, a neighborhood determined to be eligible for listing in the National Register of Historic Places, is considered an adverse effect.

Resolution of Adverse Effects

Given the finding of an adverse effect, the Advisory Council on Historic Preservation has been notified. Continued consultation will be needed to resolve the adverse effect. The design team's efforts to date to avoid and minimize this effect will likely need to be supplemented with negotiated mitigation measures. It is anticipated that consultation will be concluded through execution of a Memorandum of Agreement among VASNHCS, SHPO and other parties, as appropriate.

I. Initiation of Section 106 Process

Initiation of the consultation process includes establishing the proposed undertaking and the identification of potential consultation parties, assistance with such consultation and developing a plan to involve local governments, tribal organizations and the public. This goal of this chapter is to provide information about the Initiation of Section 106 to the Nevada State Historic Preservation Office (SHPO) for their review and determination.

Proposed Undertaking

The proposed undertaking at VA Sierra Nevada Health Care System Reno, Nevada includes a Clinical Expansion at the existing facility and seismic upgrade to Building I. The proposed Clinical Expansion is programmed to provide 139,231 square feet of space in a five-story building to accommodate several departments including Ambulatory Care (PACT), Dental, Compensation and Pensions and Audiology.¹ The south and central wings of Building I would be removed and the proposed five-story Clinical Expansion is proposed to be constructed to the east of Building I and would be approximately the same height as Building I; refer to *Pre-Design* and *Schematic Design Phases* following. Numerous departments will be impacted and benefit from this proposed expansion as new space will be provided for these or they will be relocated to a larger space vacated by other departments. New space will be provided for Patient Admissions and Testing, Surgical Services, Veterans Services Offices, Geriatrics and Extended Care, Laboratory and Pathology Services, Research and Medical Service and other groups. This proposed new Clinical Expansion will change the site of the VA Sierra Nevada Health Care System in Reno, and affect one or more of the existing buildings at the campus. The Appendix contains graphic representations of this proposed undertaking.

Seismic upgrades to Building I will comply with current building and life safety regulations; these upgrades will occur in the interior of the building and will not be visible from the exterior. Building I - currently with 98,395 square feet - will be renovated in conjunction with these upgrades and the building reconfigured to utilize space with appropriate departments.

Overview of Design of the Undertaking

As the Clinical Expansion is a large addition to the VASNHSC and the design of the building has evolved in response to the existing campus, and continues to evolve, this brief overview describes the goals and design process for the undertaking to date.

Pre-Design Phase

The SKW - PSP Joint Venture team evaluated the existing campus and identified a variety of options for the location of the proposed Clinical Expansion that ranged from demolition of one or more existing buildings at the site, location of the Clinical Expansion building in or around the original entry drive from Locust Street and new construction east of Building I, facing Kirman Avenue. Several major design issues were addressed in these options including the desire for a strong relationship and proximity to existing departments for ease of access by patients, functionality of the proposed expansion building, location of the expansion and opportunities for a new entrance and image, coordination with existing

¹ Building I Seismic Upgrade and Clinical Expansion Schematic Design I Submittal, SKW-PSP Joint Venture, May 2014.

infrastructure and utilities, the desire to limit demolition of existing buildings and security of the building and its occupants. Refer to Figure 2.

These options were explored in more detail, and one option selected for further refinement - which located the Clinical Expansion at the east side of the campus, behind and parallel to Building I and faces Kirman Avenue. This option was selected as it best met the design issues described above and could provide a new entrance (and improved image) to the hospital along Kirman Avenue. The historic entrance through Building IA faces the circular drive from Locust Street and served as the campus's main entrance from 1939 until 1999 when the main entrance was relocated to Kirman Avenue at the base of the new Bed Tower Building (Building 12). This proposed new entrance of the Clinical Expansion would replace this newer (1999) entrance and minimize potential effects to Buildings I and IA - a desire of the VA Reno station. Three variations of this option for the location of the Clinical Expansion (A, B and C) were developed and presented to the Veterans Affairs Central Office (VACO) on December 19, 2013. Each option included a full, occupied basement level which allowed the building to be one story less in height and be only slightly higher than Building I. Option C was selected as the preferred option with the request that the Clinical Expansion be located closer to Building I and outside the required 50' setback from Kirman Avenue to avoid construction within the blast zone. This option met the design goals in that it minimized the visibility of the Clinical Expansion from within the hospital campus and from the adjacent neighborhoods, and that it complemented the historic buildings at the site.

The SKW - PSP Joint Venture team refined this option with the Clinical Expansion separated from Building I with a narrow interior light well that provides light into Building I and the upper floors of the Clinical Expansion; this preferred option was renamed 'Option 3A'. This location provides a close relationship between the Clinical Expansion, Building I and the remainder of the campus and provides a new public entry for the campus on Kirman Avenue. To accomplish this option, the existing south and central wings of Building I will be removed and the expansion screens the east facade (rear) of Building I. As the front facade of the expansion is outside the blast zone, this facade can be glazed and provide a transparent appearance to the public.

The location and design of the expansion is intended to provide a welcoming, safe, and comfortable environment, and be a physical representation of high-quality care, as well as increase the ease of navigation within the facility.

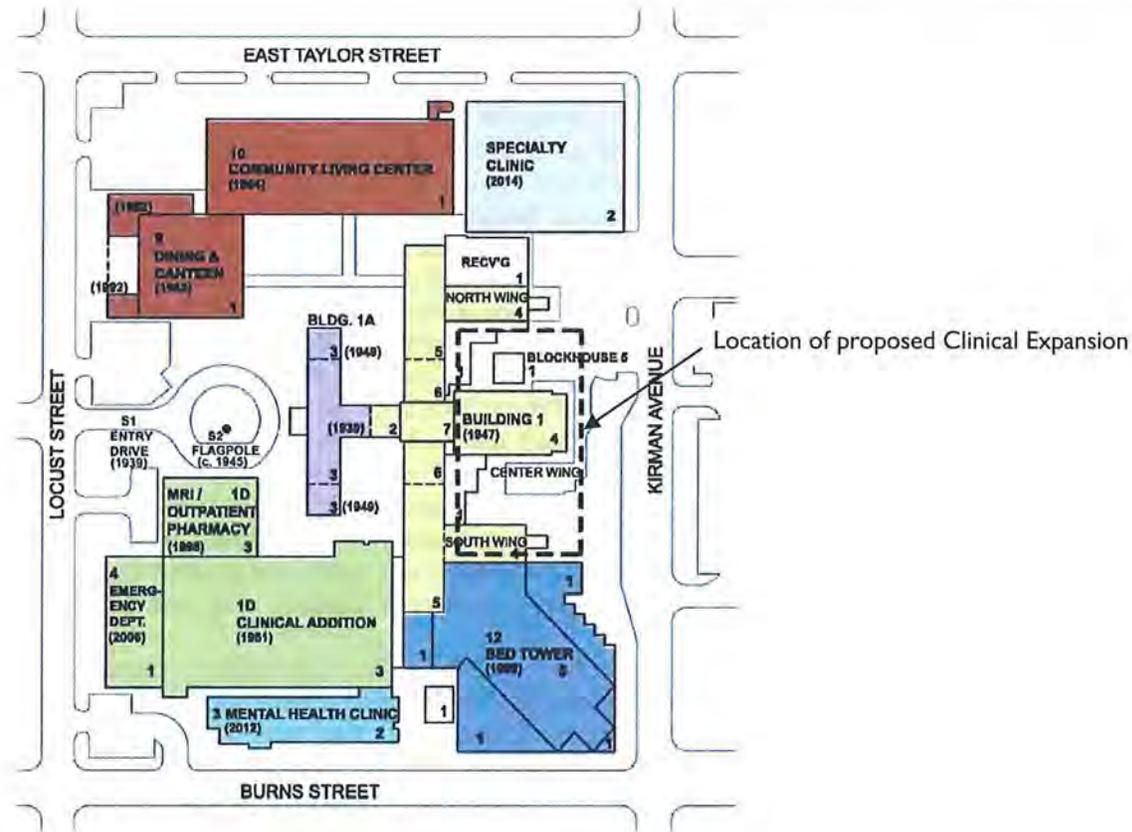


Figure 2. Site plan of VASNHCs Reno showing approximate location of proposed Clinical Expansion building. Source: VASNHCs Reno.

Schematic Design Phase

During the Schematic Design phase (SD), Option 3A was refined with the five-story Clinical Expansion separated from Building 1 by a linear lightwell that opens to both buildings at levels 2 thru 5, providing natural light into both buildings. The distribution of major clinical and administrative services for Building 1 and the Clinical Expansion are arranged by floor to provide adjacency to the existing Hospital medical and support services. Directly related to each other, the Administrative functions of the project are located in Building 1 and the clinical functions of the project are located in the new construction. The clinical functions are located in the new Clinical Expansion in order to take advantage of the higher floor to floor heights that will be provided in this new building. In response to concerns about the height of the hospital raised in the pre-design phases, a full-floor, occupied basement level was incorporated into the design, providing a six-story building that is only five floors above grade.

The design goals of the expansion is twofold - this Clinical Expansion is to not be visible from the historic entrance to the hospital at Locust Street and from within the historic circular drive, thus retaining the historic appearance of Building 1 and 1A from within this historic area. The second design goal was - similar to the design of Building 1 in 1947 that complemented the design of the original Building 1 - that the design of the Clinical Expansion is to complement the design of the adjacent historic Buildings 1A and 1.

Sightline Study

In response to comments from the Nevada SHPO in the letter of January 21, 2015, a sightline study of the visual effects of the Clinical Expansion from the surrounding neighborhoods was conducted to fully understand its impact on the VASNHCS and on the surrounding neighborhoods, including the Wells Neighborhood that has been recommended as eligible for listing in the National Register of Historic Places.² This sightline study was conducted from the opposite side of the public right-of-way on the adjacent streets.

As the Clinical Expansion is adjacent to and 'tucked next to' Building IA and adjacent to the Bed Tower (Building 12), it is somewhat visible from the neighborhoods to the south and only the higher elevator penthouse will be visible from the west and north. The expansion, including the front facade of the proposed Clinical Expansion and its elevator penthouse, will be visible from the neighborhoods to the north and from the east - where the expansion's front facade faces the neighborhood. A narrative with visual images of this sightline study is included in the Appendix. Refer to Figure 3.

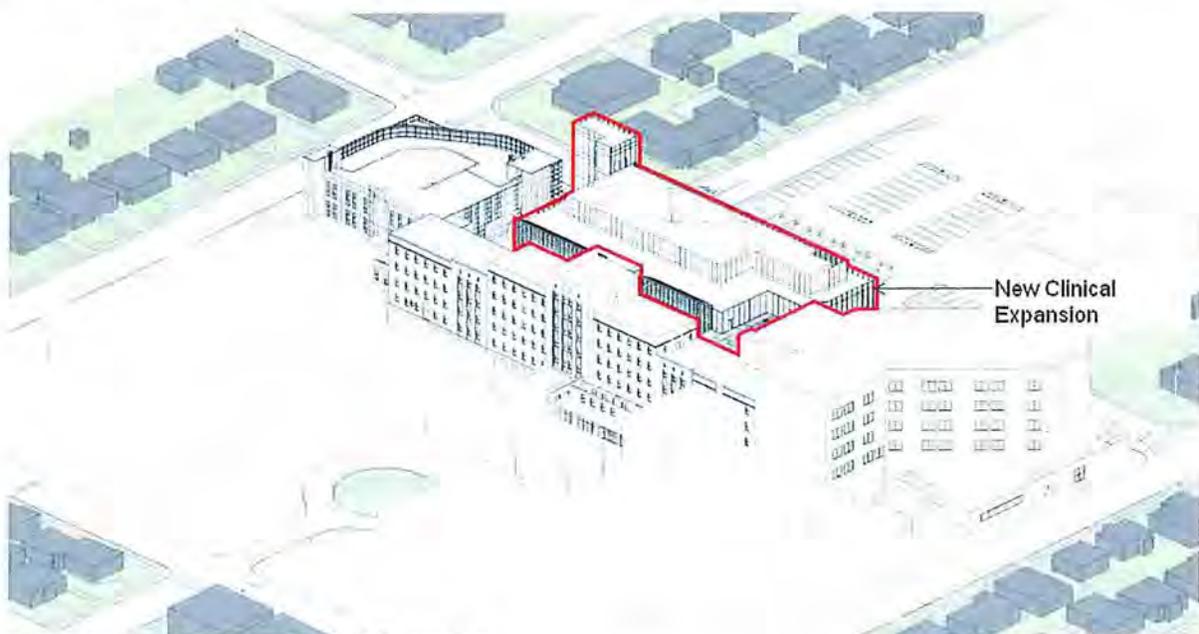


Figure 3 - Aerial view of Clinical Expansion

Recent Modifications

In response to comments from the Nevada SHPO in their letter of January 21, 2015 and sightline study conducted by the SKW - PSP design team, the height of the Clinical Expansion was revisited in February 2015 and two modifications were made to further reduce the height of the building:

1. The elevator penthouse at the front (public) facade at the northwest corner of the Clinical Expansion faces Kirman Avenue and serves the five floors of the building and the mechanical penthouse; an elevator machine room is required to serve the upper (penthouse) floor. The design team was able to reduce the height of this elevator penthouse by approximately 8' in height, reducing its visibility from several viewpoints within the hospital and the neighborhood. Refer to the Sightline Study in the Appendix.

² Ross-Hauer, JoEllen and Sigler, Jennifer A Historic Context for the Wells Neighborhood, Reno, Nevada, unpublished manuscript, July 2014.

2. The sloping skylight that connected Building I and the Clinical Expansion was re-orientated such that it sloped from a low point at Building I to a high point at the Clinical Expansion. This served to push the massing of the skylight further away from the face of Building I, thus minimizing the visual impact of this skylight.

These modifications to the Clinical Expansion minimize the impact of the expansions' visibility from East Taylor, Locust and Burns Streets as seen above and beyond Buildings I and IA. The appearance of the building from each of these public streets was reviewed, with the recognition that the largest impact of the expansion was viewed from the west and adjacent to the primary facades of Buildings I and IA. The relationship between Buildings I and IA and the expansion was explored in three dimensions with sightline studies viewed from these streets during the SD phase.

These modifications were presented, along with the sightline study to the SHPO on April 1, 2015, and revisited July 23, 2015. The SHPO concurred that these modifications reduced the visual impact of the Clinical Expansion to the maximum impact possible.

However, during subsequent development of the design, details of the mechanical penthouse screens on Building IA (which screen the mechanical equipment that is located on the roof of Building I) were reviewed. This perimeter screen wall had been presented as eight feet in height during the February 2015 meeting. During recent design efforts, it was determined necessary to increase this screen wall an additional four feet in height to fully screen the large equipment that will be located in this penthouse area. This was discussed with the Nevada SHPO, SKW - Page team and VASNHCS July 23, 2015. This increased height was found to be acceptable to the Nevada SHPO but the material, color and finish of this screen wall will be further addressed with the Nevada SHPO during the Design Development and later phases of the project.

Coordination with Other Reviews

The SKW - PSP team is currently conducting an environmental review in conjunction with the National Environmental Policy Act. No other reviews in conjunction with protection of Native American lands have been conducted.

Identification of Appropriate SHPO

The Nevada State Historic Office is the appropriate state historic preservation office (SHPO), and was contacted in November 2013. They have since been updated in early planning and schematic design efforts and have visited and reviewed the VASNHCS Reno site and buildings.

Section 106 Consultation Process

The involvement of the public, local government and Indian Tribal organizations in the consultation process is a critical component of the Section 106 process. With this Initiation, consulting parties have been identified and include the following:

Nevada State Historic Preservation Office (SHPO)

City of Reno

City of Sparks

Washoe County

Local and statewide preservation organizations including:

Historic Reno Preservation Society

Nevada Architectural History Alliance
Nevada Historical Society
Preserve Nevada

Local Veterans' service organizations including the Veterans of Foreign Wars

Local Indian Tribal organizations including:

Pyramid Lake Paiute Tribe of the Pyramid Lake Reservation, Nevada

Reno-Sparks Indian Colony, Nevada

Washoe Tribe of Nevada and California

Residents within the adjacent neighborhoods

West of Wells Neighborhood Group

Wells Avenue Merchants and Property Owners Association

Other Indian Tribal organizations within Nevada that should be considered for consultation on the undertaking include:

Fort McDermitt Paiute and Shoshone Tribes of the Fort McDermitt Indian Reservation, Nevada and Oregon

Paiute-Shoshone Tribe of the Fallon Reservation and Colony, Nevada

Walker River Paiute Tribe of the Walker River Reservation, Nevada

Yerington Paiute Tribe of the Yerington Colony and Campbell Ranch, Yerington, Nevada

The Advisory Council on Historic Preservation has been contacted and invited to consult on this undertaking; they have advised the VASNHCS that they will be a consulting party.

The VASNHCS Reno plans to involve the above parties in consultation regarding the proposed undertaking, with contact made to these parties in early 2015. Consultation efforts will include inviting these parties to a meeting to share information about the proposed undertaking as part of the Section 106 process and solicit input; this is scheduled for August 5, 2015.

2. Identification of Historic Properties

As noted previously, the goals of Step 2 of the Section 106 process - identification of historic properties - is to determine the scope of identification efforts, identify historic properties and their context and historic significance and identify undocumented architectural resources that may be eligible for listing on the National Register of Historic Places. These resources shall be documented and evaluated according to the National Register of Historic Places criteria for significance and integrity.

Establishing the Historic Resources Study Area and Area of Potential Effect (APE)

For the purposes of identifying previously documented historic properties, an expanded Historic Resources Study Area of 2,640 ft (0.5 mi) in all directions was investigated. This area is largely residential in nature and developed following the establishment of the VASNHCS campus. This study area was reviewed in the field to establish the APE; refer to Figure 4.

A project-specific architectural APE was established in accordance with 36 CFR Part 800.16 (d) which defines an APE as:

"The geographic area or areas within which an undertaking may directly or indirectly cause alterations in the character or use of historic properties, if any such properties exist. The area of potential effects is influenced by the scale and nature of an undertaking and may be different for different kinds of effects caused by the undertaking."

APE for Archaeological Resources

Two APEs were established for this undertaking. The APE for archeological resources includes the area of the direct ground disturbance plus temporary staging areas. This archeological APE comprises the area of the proposed undertaking and adjacent open areas within the site that will be used for staging during construction. The archeological APE is approximately 1.33 acres in size; refer to Figure 5.

The APE for architectural resources was drawn to ensure identification of National Register of Historic Places (NRHP) eligible resources that may be directly, indirectly, or cumulatively affected by the proposed undertaking.

A Phase I archeological survey of the VASNHCS Reno was conducted by Western Cultural Resources Management, Inc, in June 2015; this found no evidence of archaeological resources. With this result, the archaeological APE site is not considered eligible for National Register Criterion D - Archaeology. Refer to Chapter 2 - Identification of Historic Properties for additional information.

APE for Architectural Resources

This APE is comprised of the area of direct ground disturbances, temporary staging areas and areas of the adjacent residential neighborhoods from which the proposed Clinical Expansion will have a visual impact.

The architectural APE is inclusive of 22.52 acres (0.035 sq mile) and bounded roughly by the line at the west side of the properties on west side of Wilson Street between Wonder Street and Roberts Street, a line at the north side of the properties on Robert Street between Wilson Ave and Kirman Avenue, a line behind the east properties on the east side of Kirman Street between Thoma Street and Bresson

Avenue, and a line at the south side of the south properties on the south side of Wonder Street between Wilson Avenue and Wilkinson Avenue; refer to Figure 6.



Figure 4. Historic Resources Study Area. Source: USGS 7.5 Minute Quadrangle, Reno, 2012.

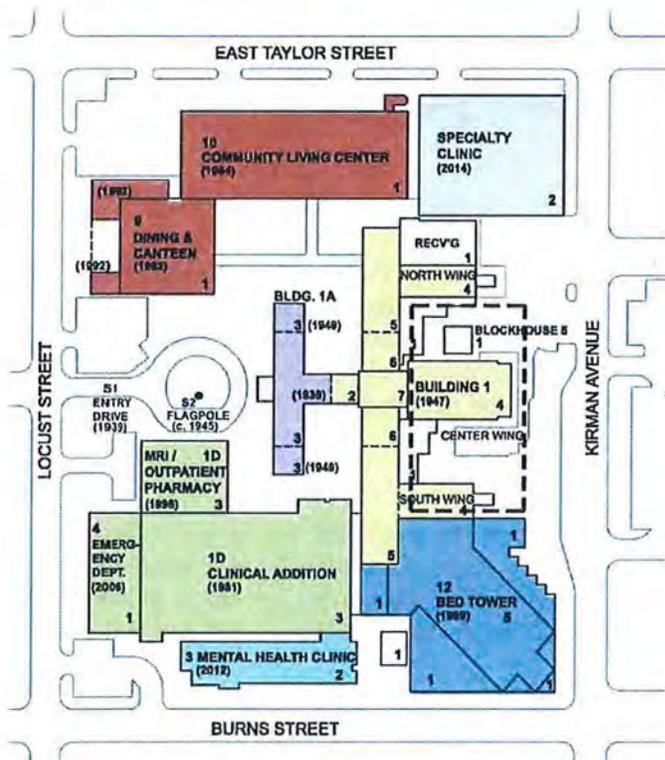


Figure 5. APE for archeology resources. Source: VASNHCs Reno

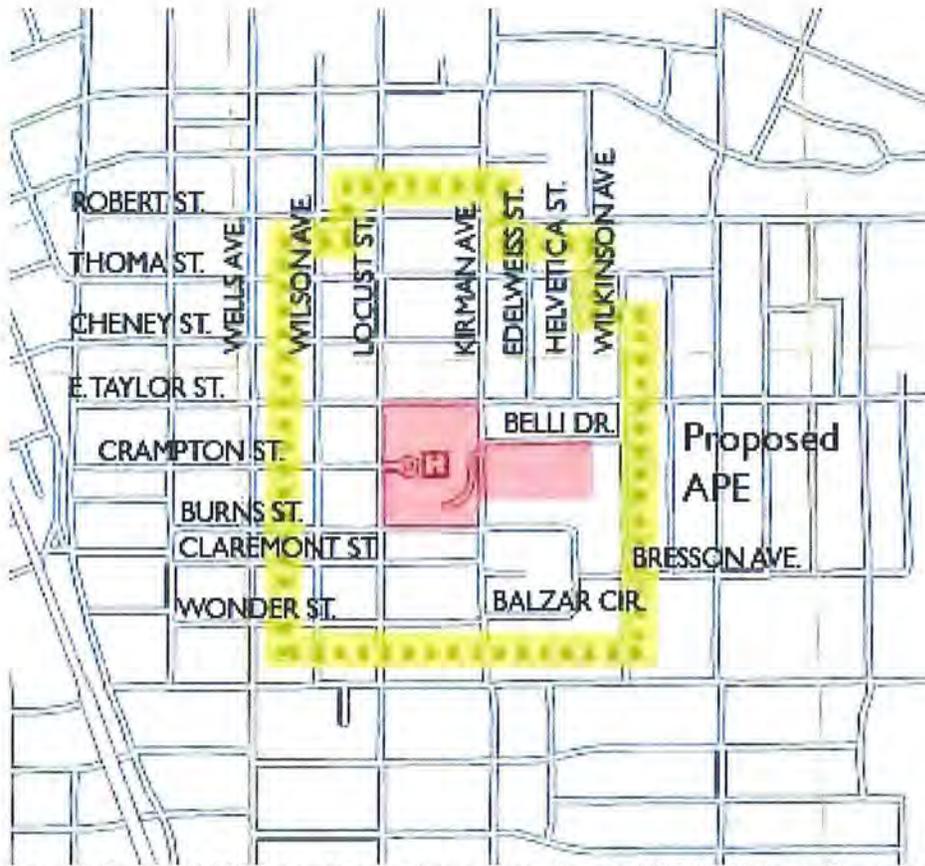


Figure 6. Proposed APE for architectural resources. Source: USGS 7.5 Minute Quadrangle, Reno, 2012.

Direct and Indirect Effects

Direct Effects

The area of direct impact of the Clinical Expansion includes those areas of the surrounding neighborhoods from which the Clinical Building is visible, with the effect of this varying from no impact where the expansion is not visible, minimal impact where the upper portions of the expansion are visible above and beyond other buildings at the hospital in the foreground or where the expansion is obscured by other buildings in the neighborhood or trees, or is several hundred feet away and barely visible, to areas near the hospital from which the Clinical Expansion, its penthouse and particularly the elevator penthouse is visible, and is an adverse effect to those properties.

Other aspects of the design of the expansion that should be evaluated for adverse affect to the surrounding neighborhoods include the exterior materials, noise created during the demolition of the two wings of Building I, construction of the Clinical Expansion, the normal operation of the building following its completion, effects of transportation and parking during construction and during the normal operation of the building following its completion.

In addition to the Visual effects of the Clinical Expansion, non-visual implications were reviewed. While the construction of the Clinical Expansion and Seismic Upgrades to Building I will have an adverse impact on the neighborhood for traffic, parking, noise during construction, this can be managed by the

station and the contractor by requirements that will be finalized during later phases of the design process. This includes regulating the delivery of materials, setting up off-site locations for construction and staff parking, regulating the hours of construction and noise limitations, monitoring the noise levels during construction and hiring security and traffic guards to manage pedestrian, addressing further lack of parking spaces on adjacent public streets which will further reduce the available parking on public roads for patients and visitors (and especially those who are disabled, vehicular and delivery traffic).

Indirect Effects

Indirect effects include possible traffic disruption to nearby schools, additional traffic through the surrounding neighborhoods due to construction activity, or future increase in traffic in the area due to increased patient and staff, clients and visitors to the hospital - which could adversely affect the character of the neighborhood.

As with direct effects, possible indirect effects will be monitored by the station and the contractor during construction and steps taken to mitigate such if they occur.

Historic Context

An important part of the evaluation of potential historic properties is an understanding of the context and history of the site, area and region and evaluation of this context and other historic events that may have impacted the sites' history.

City of Reno and Vicinity

Reno is located along the Truckee River in Washoe County, Nevada within what was the territory of the Washoe Tribe prior to European American arrival. The first settler was Charles W. Fuller who built a dugout and log shelter along the Truckee in 1859 on land that would become Reno. Fuller built a toll bridge leading to Virginia City, Nevada to serve gold prospectors in 1860 and operated it until 1863, when he sold the property to Myron C. Lake. Lake further improved the property by establishing a trading post, gristmill, livery stable, and kiln, and began ranching. He built a hotel there in 1869 and began charging \$1 per head for cattle that were driven across the bridge.^{5, 6, 7}

In 1868 the Central Pacific Railroad crossed the Sierras from Sacramento, California and laid out the town site of Reno, which Central Pacific's Charles Crocker named after General Jesse Lee Reno, a Union officer who was killed at the Battle of Stone Mountain. Myron Lake operated the first depot near the center of the town with the commercial district on either side. He had ensured this by deeding a portion of his land to Crocker, who had reportedly promised to build a depot at Lake's site. A public auction of 200 lots in March of that year spurred the development of houses and businesses in the 160-acre site, with 100 houses reportedly built the first month mostly north of the railroad tracks. A school was opened the following year, employing three teachers. The businesses were supported by the townspeople as well as trade generated by the 1859 Comstock Lode silver discoveries in the Virginia Range. Located mostly along Commercial Row and East 4th Street, they primarily consisted of one-story wood buildings with false fronts, but after devastating fires in 1873 and 1879 the commercial buildings were replaced with brick or stone structures.⁸

⁵ Christensen et al., West 4th Street Enhancement Project Historic Resources Assessment, 2003, pp. 8-11.

⁶ Writers Program of the WPA Nevada, The WPA Guide to 1930s Nevada, 1940 [1991 reprint], pp. 144-150.

⁷ City of Reno, Reno: A Brief History, <http://www.reno.gov/government/departments/community-development-department/historic>, accessed August 6, 2014.

⁸ Ibid.

In 1871 the Washoe County seat was moved from Washoe City to Reno. The town became a crossroads for the western United States and was an important link between San Francisco, California and Virginia City, Nevada and the Comstock mines when the Virginia and Truckee Railroad were completed in 1872. This railroad replaced the freight mule teams that previously brought silver bullion from the mines into Reno, and was successful until the decline of production in the Comstock after 1874. The town was incorporated in 1879. For the next decade Reno remained mostly a distribution center, but after strikes at Tonopah, Nevada in 1900 and at Goldfield in 1902 the town entered a boom due to its location along the Central Pacific. By 1900 the population of Reno exceeded that of Virginia City and it became a city in 1901. Two years later municipal services including water, utility lines, and flood control were introduced, along with taxing functions, public education, and a formal legal and political system. Between 1900 and 1910, Reno's population increased from 4,500 to 11,000. By 1930 it had reached 18,000 and was up to 21,300 by the time that the first building of the Veterans Hospital was complete.^{9, 10} Figure 7 shows the growth of Reno from 1868 through 1928. Figure 8 shows the city as it appeared in 1907. Figure 9 shows the city ca. 1940.

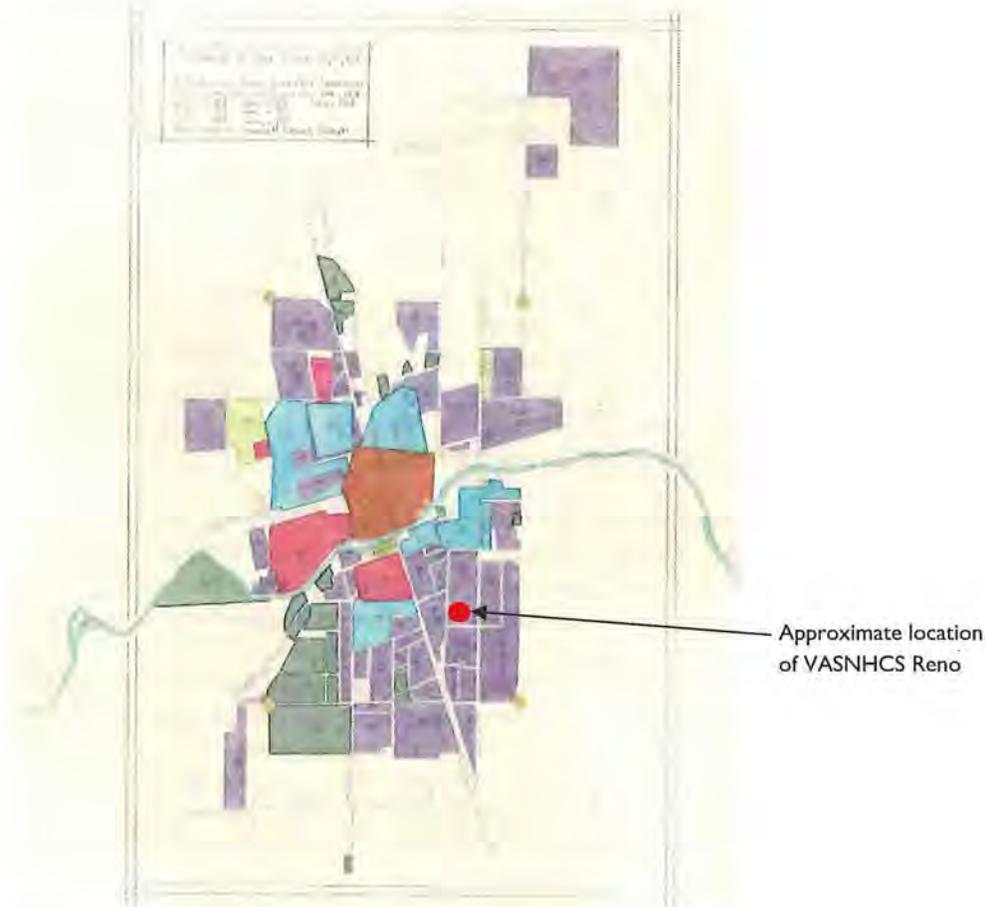


Figure 7. Glasee and Kershaw, Growth of Reno, 1868 to 1928, 1978, Source: City of Reno.

⁹ Christensen et al., West 4th Street Enhancement Project Historic Resources Assessment, 2003, pp. 8-11.

¹⁰ Writers Program of the WPA Nevada, The WPA Guide to 1930s Nevada, 1940 [1991 reprint], pp. 144-150.



Figure 8. Sierra Engineering Company, Birdseye View of Reno, 1907 (VASNHCS location not shown). Source: City of Reno.



Figure 9. Map of Reno, c. 1940. Source: Writers Program of the WPA Nevada, The WPA Guide to 1930s Nevada, 1940 [1991 reprint], pp. 144-150.

When the original Veterans Hospital in Reno was completed, the city boasted two newspapers, an airport, bus stations, 89 hotels, two general hospitals and one mental hospital in addition to the VA hospital; golf, baseball, tennis, and swimming facilities, and a race track and rodeo grounds. It was the banking and shopping center of Nevada. Numerous social, cultural, and fraternal organizations were established, along with numerous religious congregations. Residents included long-time Reno families, university students and faculty, as well as newcomers drawn by low property taxes, and a transient population drawn by Reno's famous liberal divorce and marriage laws. These laws, along with legal gambling (prior to 1910 and after 1931), bars, and legal brothels were lucrative to the city but gave Reno an infamous reputation. Hotels containing casinos (i.e., the Riverside Hotel, Frederic DeLongchamps, 1927; the Mapes Hotel and Casino, F. H. Slocombe, 1947 [demolished]), houses constructed with rooms to let, dude ranches, and gambling houses are physical manifestations, and led to the expansion of Reno's commercial district beginning in the 1940s.^{11, 12}

By 1925, the Southern Pacific depot (1925), American Railway Express Station (1925-1926), and the Southern Pacific Freight Station (1931) were located near Commercial Row in Downtown Reno. The city was also served by US 395 and US 40 (West 4th Street, Victory Highway) and several bridges that led into the city over the Truckee River. Victory Highway was established in 1919 by tourism boosters in northern California and Salt Lake City, Utah and a group in Kansas who wished to honor veterans of World War I. The highway concept was the creation of the shortest east-west/coast-to-coast route across the country that would also take advantage of scenic tourist destinations. Construction began in 1921, and once complete was the primary vehicular route through Reno through the 1970s. It was renamed US 40 in 1926. After the completion of Interstate Highway 80 in the 1960s and 1970s it was decommissioned and assimilated into Interstate Highway 80.¹³ Figures 10 and 11 show the growth in transportation routes in Reno and the vicinity from 1937 to 1965.

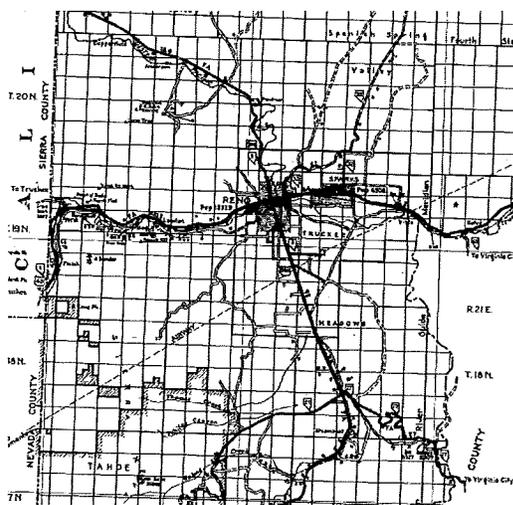


Figure 10. 1937 Highway map of Reno vicinity.
Source: Nevada Department of Transportation

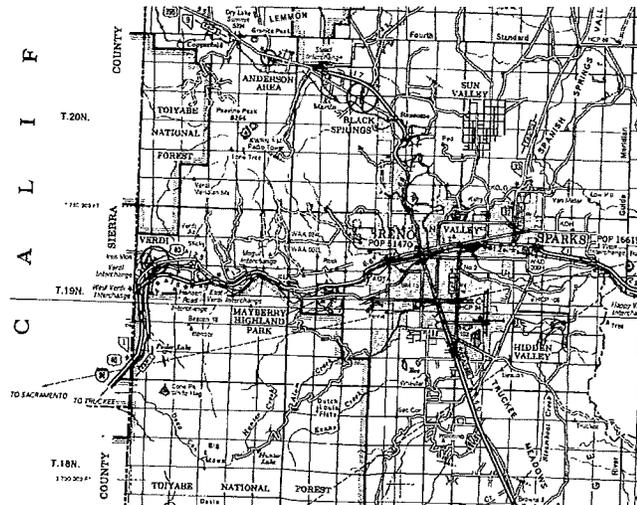


Figure 11. 1965 Highway map of Reno vicinity.
Source: Nevada Department of Transportation

¹¹ Christensen et al., West 4th Street Enhancement Project Historic Resources Assessment, 2003, pp. 8-11.

¹² Writers Program of the WPA Nevada, The WPA Guide to 1930s Nevada, 1940 [1991 reprint], pp. 144-150.

¹³ Ibid.

History of the Veterans Hospital in Reno¹⁴

The presence of the Department of Veterans Affairs in Reno, Nevada dates to the 1921 opening of a sub-district office of what was then known as the Veterans' Bureau. Operating under the parent district office in San Francisco, the Reno office consisted of a small medical office and a vocational training center.¹⁵ Expansion of the facility was authorized in 1922, and at that time the office included a local training supervisor and three coordinators, a contact office, a claims department, and a medical office with one physician and one nurse.¹⁶ Activity at the Reno office continued to increase as a result of veteran legislation, including the World War Adjusted Compensation Act of 1924, and the workload became so great that the Reno sub-district office separated from the San Francisco district office in 1925 to become a separate Regional Office.¹⁷ A new Post Office was completed in Reno in 1935. The Post Office building was built to contain space for federal offices in addition to the Postal Service and the Regional Office of what was known by 1930 as the Veterans Administration moved to that location.^{18, 19}

Efforts to secure a Veterans Hospital in Reno, 1934 - 1937

It was during this time period that Ioannis Lougaris, an attorney in Reno and National Executive Committeeman of the American Legion, began working with representatives of several veterans' organizations and Brigadier General Frank T. Hines, Administrator of the Veterans Administration²⁰ to secure funding for a Veterans Hospital in Nevada that would also serve as the Regional Office. Lougaris, with the support of the American Legion, other veterans' organizations, the Nevada congressional delegation and local and state elected officials, began a determined campaign to achieve this. A \$75,000 grant for the construction of a 10-bed emergency treatment station was made as a result of these efforts, but was cancelled by the Economy Act of 1933.

Lougaris continued his efforts to secure funding for the hospital. At one point, government officials told Lougaris that Nevada was a small and sparsely populated state, and thus was not entitled to a hospital.²¹ State Engineer George W. Malone, in testimony before the House Veterans' Committee, pointed out that Nevada, at 110,000 square miles, was the largest area remaining in the country without veterans' hospital facilities, and that the facility could also serve those California counties east of the Sierra Nevada mountains.²² The hospital was finally approved by Congress in November 1936 and \$100,000 authorized for its construction.

In recollections recorded in his personal scrapbook, Lougaris describes his efforts to fund a hospital in Reno: 'From November, 1934, to and including November, 1936, I went to Washington fifteen times to confer with the Veterans [Administration] officials, at an expense of \$2,742.28. Then from 1936 to and including 1938, I went five more times to Washington, at an additional expense of \$679.84. From 1934

¹⁴Photographs pertaining to the History of the VA Hospital in Reno are found in the following Historic Photographs section, Figures 34 through 43.

¹⁵ VA 50th Anniversary document, 1989. unpublished document, VASNHSC Reno

¹⁶ VA 50th Anniversary Document, 1989. unpublished document, VASNHSC Reno

¹⁷ Nevada Vet's Journal, April 1964

¹⁸ Nevada Vet's Journal, April 1964; VA History in Brief, no date

¹⁹ Nicoletta, Buildings of Nevada, 2000, pp. 71-72.

²⁰ VA History, http://www.va.gov/about_va/vahistory.asp, accessed August 11, 2014.

²¹ Ioannis Lougaris Scrapbook, University of Nevada Library, Reno

²² Ioannis Lougaris Scrapbook, University of Nevada Library, Reno

to 1938 inclusive, in addition to these trips, 1,065 letters and 614 telegrams were sent, in connection to the hospital.'²³

Construction of the Veterans Hospital in Reno, 1937 - 1939

This hospital would be a three-story building, 17,905 square feet in size and accommodate 24 patient beds in one, two and four-man wards, clinic and exam rooms, three surgery rooms, kitchen and dining hall, staff offices and other back of the house and support space.²⁴ Construction on the hospital began on December 17, 1937 and Lougaris was honored for his efforts as the first to break ground at the ground-breaking ceremony.

The Veterans Hospital site in Reno is a 7.8 acre site that was donated by the City of Reno; this site was located southeast of downtown Reno in a largely undeveloped area of the city. This building was designed in the PWA Moderne style - as characterized by an emphasis on building form, planar exterior walls of cast-in-place concrete, punched window openings within vertical element and limited ornament on the building exterior. The Veterans Hospital opened to patients 1939.

The hospital was staffed full-time by two physicians and four nurses with an additional 20 part-time staff members, including chaplains, cooks, and administrative staff.²⁵ Patients could stay in two large wards, each containing nine beds, or in three smaller rooms. The hospital was considered highly modern, with the latest equipment installed. Some examples included an operation lamp on a movable base equipped with batteries to ensure a working light source if a loss in power occurred during an operation, an automatic potato peeler and "rotation automatic toaster" in the kitchen, and a two-furnace heating unit automatically controlled to keep the building temperature constant.²⁶ In spite of the technological advancements utilized for the hospital, its size was soon considered inadequate to meet the needs of veterans in Nevada and with war looming, a campaign was started to expand the existing facility.

Expansion of the Veterans Hospital in Reno, 1945 - 1949

Lougaris was once again at the forefront of the campaign to enlarge the hospital, which culminated in Congressional approval of an addition to the hospital and an appropriation of \$1,000,000 on June 26, 1945.²⁷ When the project was bid in August 1945, the bids exceeded the allocated funds with the lowest bid at \$1,353,000. Lougaris immediately travelled to Washington to persuade the officials to award the contract in spite of the higher bids. Brig. General Frank T. Hines, Administrator of the Veterans Administration, and the Board of Hospitalization requested President Truman approve an additional sum for the construction of the hospital. On August 14, the additional funds were awarded. The next day, Brig. General Hines left as Administrator of the VA, and shortly thereafter was named the ambassador to Panama. He was succeeded by Gen. Omar N. Bradley.²⁸

Reflecting on this experience, Louganis noted: 'Had I not gone to Washington on that particular instance, I felt then and I will always feel as long as I live that the enlargement of the Reno facility would never have taken place, and it is likely that the small institution started in 1937 would have been closed by reason of inadequacy and expensive medical treatment to the veterans.'²⁹

²³ Nevada Vet's Journal, April 1964

²⁴ Veterans Administration Medical Center, Reno, Nevada, History; from Veteran Administrations Sierra Nevada Health Care System files; no date.

²⁵ VA 50th Anniversary Document, 1989. unpublished document, VASNHSC Reno

²⁶ VA 50th Anniversary Document, 1989. unpublished document, VASNHSC Reno

²⁷ Ioannis Lougaris Scrapbook, University of Nevada Library, Reno

²⁸ VA History in Brief, no date

²⁹ Ioannis Lougaris Scrapbook, University of Nevada Library, Reno

This hospital addition (now known as Building I) was a large, 6-story building to the east (rear) of the original hospital, which remained in place. The addition consisted of three wings at the east side of the original building (now known as Building IA). The center wing of the addition accommodated the kitchen, dining areas and an auditorium and the north and south wings accommodated patient rooms and the remaining hospital functions. The hospital now accommodated 125 beds with room to expand to 166 beds in the future. The original drive to the front door of Building IA remained intact. Aerial photos from that era show several smaller, temporary buildings at the perimeter of the site, which have since been removed. Robert E. McKee Contractors was the general contractor for expansion.

The expanded Reno VA hospital opened to patients on September 30, 1947 after several postponements due to wartime labor and material shortages.³⁰ The hospital's capacity to immediately expand to 166 beds, with an emergency capacity of 215 beds.³¹ Once again, every effort was made to equip the 1947 hospital with the latest technology as well as amenities for patients. The largest wards held four beds, and 50 single-bed rooms as well as a number of two-bed rooms were located on the second and third floors. The first floor was equipped for a wide variety of services, with facilities including a dental laboratory, electro-therapy room, hydrotherapy room, urological treatment room, basal metabolism room, radiographic room, and offices for medical staff of all kinds.³² A wing on the third floor was also reserved for female patients who, at the time, averaged approximately two percent of veteran patients. Additional features included three-station radio reception available to all patients through headsets, outlets for portable telephone service in each room, and ice water piped throughout the building.³³

Following the completion of the new hospital in 1947, construction at each end of the original hospital began and consisted of small, three-story additions that matched the design of the original 1939 building. This new space accommodated new clinical and office space for the hospital. Construction was completed in 1949. There were no other expansion projects at the campus until 1962.

In October 1981, the hospital was renamed as the Ioannis A. Lougaris Veterans' Administration Medical Center for Lougaris' significant efforts on the part of veterans in Nevada.³⁴ It became the first Veterans hospital named for an individual who was still living.³⁵

Expansions of the Veterans Hospital in Reno after the Period of Significance, 1962 - 2014

Because of the increasing number of veterans in the Reno area, the hospital reached its full capacity within a few years of the construction of the 1947 addition. By 1962, an additional ward with 36 beds was created from the existing space within the hospital, increasing the capacity to 202 patients.³⁶ A Nursing Home Unit containing 22 beds was provided in an area previously used for non-medical uses in 1964, reflecting the need for daily care among aging veterans. When it opened, the Reno VA Hospital and the Fargo, North Dakota VA Hospital were the first Veteran hospitals to open Nursing Home Units.³⁷ This Nursing Home Unit was the first permanent construction at the site that was architecturally different from the earlier Art Moderne style of Buildings I and IA. This would later be reflected in establishing 1937 - 1962 as the Period of Significance for consideration of National Register eligibility for buildings at the site.

³⁰ Nevada State Journal, Sept. 11, 1947

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ Public Law 97-66, Section 607 (a), October 17, 1981, passed by 97th Congress.

³⁵ Veterans Administration Medical Center, Reno, Nevada History; unpublished document.

³⁶ Nevada Vets' Journal, April 1964.

³⁷ Veterans Administration Medical Center, Reno, Nevada History; unpublished document.

In 1975, three modular buildings were moved to the northeast corner of the site to accommodate outpatient mental health services. Another modular unit was added in 1978 for administrative and faculty offices. In 1976, a wing of Building 1 was converted to a 24-bed mental health care unit as part of the Veteran Administration's commitment to total care for patients.³⁸ At the time, it was estimated that 65,000 veterans resided in the area served by the Reno hospital and up to 500,000 more might visit the area annually; no other mental health facility in Nevada was prepared to meet veterans' needs.³⁹

Another change to the facility name occurred in 1978, when the 'VA Hospital' became the 'VA Medical Center.' Facilities added to the campus in the 1980s reflected changing medical trends when the focus of hospitals changed from inpatient hospitals to outpatient treatment requiring more clinical facilities and fewer patient beds. In 1981, a Clinical Addition (Building 1D) containing several new services including ambulatory care services and an intensive care unit was constructed. Other construction completed in 1981 was the Boiler Plant (Building 8) and Laundry (Building 7) on the property to the east. In 1983, the Nursing Care Unit and Canteen (Buildings 9 and 10; note name change from original 'nursing home') was built, which was later renamed the Community Living Center.⁴⁰ In 1989 the Veterans Administration became the Department of Veterans Affairs.⁴¹

Several projects were completed in the late 1990s - an addition to the Clinical Addition was completed in 1998 for MRI and Outpatient Pharmacy services, and a five-story bed tower (Building 12) was completed on the southeast corner of the site in 1999. This bed tower provided 64 beds, which replaced the existing patient bed rooms in Building 1, and freed up space for clinical, office and support use. The most recent construction at the facility includes the Emergency Department addition to Building 1D in 2006 (Building 4), and the Mental Health Clinic in 2012 (Building 3). Construction of the Specialty Clinic at the northeast corner of the facility was completed in 2014 (Building 6).

Smaller projects at VASNHCS Reno over the years include loading docks (1 North), Blockhouse (Building 5), expansion to the Laundry, and Research and Maintenance Building (Building 15A and Building 15B, respectively). There are temporary buildings at the east side of the property between Kirman Avenue and Wilkinson Avenue, including Facility Management Services (FMS) buildings F and 138. The facility was renamed Veterans Affairs Sierra Nevada Health Care System, Reno (VASNHCS) to better reflect the health care mission of the system and its role as providing services to a larger constituency with its satellite facilities in nearby communities.

Legacy of VASNHCS Reno

During each expansion or renovation of the VASNHCS Reno facility, attention was given to technological advancement of the medical profession and the provision of amenities for patients. In the original hospital (Building 1A) medical devices and construction materials were specifically utilized to meet contemporary standards in sterility.⁴² The latest medical and surgical devices were used to equip the many laboratories and treatment departments added to the facility during the 1947 hospital expansion, in accordance with the Veterans Affairs policy of 'medical service second to none'.⁴³ The incorporation of nursing home care and mental health services into the hospital's programs showed a dedication to

³⁸ Reno Evening Gazette, February 25, 1976

³⁹ Ibid.

⁴⁰ Nevada State Journal, Sept. 13, 1981

⁴¹ VA History in Brief, no date

⁴² 50th Anniversary document

⁴³ Nevada State Journal, Sept. 13, 1981

wholesale care for veterans, rather than just the treatment of isolated injuries or diseases. In recent years, the hospital has received multiple commendations from national accrediting boards.⁴⁴

The VASNHCS Reno has supplied advanced care to veterans and has played a role in their lives and those of their families in this sizeable region. When originally constructed, the hospital served veterans in an area totaling 140,000 square miles. In 1999, it was estimated that the hospital served approximately 160,000 veterans in northern Nevada and nine northeastern California counties.⁴⁵ A non-profit organization opened a guest house across Locust Street from the facility in 1994 and has since housed more than 10,000 friends and family members of out-of-town patients.⁴⁶ The VASNHCS Reno also arranges transportation services for veterans in outlying areas. One result of the facility's isolation from other VA facilities was that it became a destination for celebrities and performers in the post-World War II era. An auditorium was provided on the third floor of Building I in order to show motion pictures and host up to two USO shows per month.⁴⁷

Millions of veterans have been treated at the facility over the last 75 years. Through in-patient and out-patient services, the hospital has cared for veterans from all branches who served in World War I, World War II, Korea, Vietnam, the Persian Gulf, as well as more recent conflicts in Afghanistan and Iraq. For some, the hospital was the last place they shared their stories. For all, the VASNHCS Reno represents a tangible link to countless men and women who have served the country through military service.

Ioannis A. Lougaris

Ioannis Anastassios Lougaris was born in 1887 in Zakynthos, a Greek island in the Ionian Sea, and was raised in Lithakia, Zante, Greece - a rural community where his father was a farmer. Lougaris attended grammar school and two years of high school when he left to work at various farms to help support his family; he earned one franc a day - the equivalent of 10¢ in American currency at the time. The economic conditions he experienced were endemic in Greece in the late nineteenth and early twentieth century; the country had been slow to industrialize and 80% of its population still lived in rural communities with little opportunity for advancement. In 1907, Lougaris's father mortgaged 5½ acres of land to raise \$100 for Lougaris to immigrate to the United States; he was one of more than 350,000 Greeks who immigrated between 1900 and 1920 to the United States; most were men who planned to work, send money to their families and eventually return home.⁴⁸

Lougaris arrived in New York and worked at a variety of jobs - selling peanuts from a pushcart and at the Edison Phonograph Company, and then left New York to work on the Rock Island Railroad in Illinois. By the end of 1907 he was working in San Francisco for a variety of hotels until he signed up for the army in 1917, where he served in France under General Pershing and saw action at the Chateau Thierry, Ais Maine, Meuse Mihiel and Meuse Argonne offensives and was shot in November 1918. After a short recuperation, Lougaris returned to battle until he had a relapse, which resulted in surgery to remove a portion of his left lung. Lougaris returned to the states, was discharged from the Army and moved to Chicago, where after another relapse, he was diagnosed with tuberculosis. He was told by his doctor that due to his tuberculosis and the condition of his lungs he could live for another 30 years or 30 days. After recuperation from this in 1920, he decided to return to California. During a stop in

⁴⁴ Reno Gazette Journal, August 11, 1999

⁴⁵ Reno Gazette Journal, August 11, 1999

⁴⁶ Reno Gazette Journal, October 9, 1998

⁴⁷ Nevada State Journal, Sept. 11, 1947

⁴⁸ Immigration in America: <http://immigrationinamerica.org/529-greek-immigrants.html>; accessed July 2, 2014.

Sparks, Nevada Lougaris noticed he was breathing better and he decided to end his journey and stay in the area.⁴⁹

Lougaris went into the produce business in Carson City and after having more health setbacks, enrolled in the American Correspondence School of Law in Chicago; he was admitted to the Nevada state bar in April 1927, and moved to Reno to practice law.⁵⁰

As a veteran with a service-related medical illness, Lougaris was entitled to be treated at a Veterans hospital but the closest one was in Palo Alto, California. Lougaris had become a member of the American Legion in 1920 when he moved to Reno. He was active in the organization locally and became an advocate for veterans in Nevada. In 1934 he successfully ran for the National Executive Committee of the American Legion, and immediately began an effort to secure funding for a Veteran's Hospital in Nevada. During the early years of the Depression, Lougaris assisted veterans with medical conditions seek medical help at veterans hospitals in California for treatment but saw that some of the critically ill could not make or survive the trip. He identified a need for closer access to medical care for veterans, and decided this could be best served by a Veteran's hospital in Nevada. At the time Nevada was the only state in the country without a Veteran's hospital.⁵¹

Lougaris made his first appearance to the Veterans' Committee of the House of Representatives in 1934 to lobby for a Veterans' hospital in Nevada, which would be the first of several dozen such appearances in Washington DC. He garnered support from President Pro-tempore of the Senate and Chairman of the Senate Foreign Relations Committee Key Pittman, Congressman (later Senator) James G. Scrugham, Eva Adams, the representative of Senator Pat McCarran, and VA Administrator Brigadier General Frank T. Hines. He later appealed to Nevada Governor Dick Kirman to help secure the site for the hospital. All were in support, and after a four-year long effort to secure funding for a veterans hospital in Nevada, his efforts were successful and the VA Reno hospital - the first VA facility in Nevada - was authorized.⁵²

Shortly after the hospital was opened in 1939 (with Lougaris having the honor of breaking ground of Building 1A), Lougaris began another effort to enlarge the hospital which resulted in the construction of the 1947 addition to the 1939 hospital. The 1947 hospital is known as Building I.

In 1945 Lougaris married Athena Topol, of Greek descent. They had a daughter Betty Ioanna Lougaris (Solado), who worked in the entertainment industry as an actress, producer and director.⁵³

Following Lougaris's retirement from law, he remained active in veteran's organizations and the Reno community, where he continued to reside. In 1965 he was the subject of a detailed interview conducted by the University of Nevada Oral History Program, whose goal it was to document important information about the significant events, people, places, and activities in twentieth and twenty-first century Nevada and the west. He moved to the VA Nursing Care Center that bears his name in 1981, and passed away December 1987, at the age of 100. His wife Athena, passed away six months following his death.⁵⁴

⁴⁹ Ioannis Lougaris, Oral interview, 1966, p. 6.

⁵⁰ Ibid, p. 13.

⁵¹ Ioannis Lougaris, Oral interview, 1966, p. 13.

⁵² Ibid, p. 14.

⁵³ Betty Lougaris, Oral interview, 2012.

⁵⁴ Ibid.

PWA Moderne Architectural Style and its use at the Veterans Hospital, Reno

Buildings I and IA were built in the PWA Moderne style, which is a form of Art Deco, a decorative style stimulated by the Paris *Exposition Internationale des Arts Decoratifs et Industrielles Modernes* in 1925. The Exposition brought new stylistic influences to the arts, architecture, furniture and jewelry in the United States. This style became the first widely popular style in the United States to break with the revivalist traditions represented by the Beaux Arts and period houses. The Art Deco style consciously strove for modernity and looked to the future; it complimented the machine age that was evolving in the 1920s and 1930s in the country. The initial architectural style was one of applied decoration to streamline building forms - low-relief geometric designs often in the form of parallel straight lines, zigzags, chevrons, and floral reliefs. This new style was embraced by America, as it was truly 'modern'. Within the Art Deco family, there are several sub-types that are widely accepted: Classic Moderne, Zigzag Moderne, Streamline Moderne and Public Works Administration (PWA) Moderne.⁵⁵

Classic and Zigzag Moderne types were widely used in taller buildings and skyscrapers in the late 1920s and 1930s throughout the United States and was characterized by symmetry, emphasis on building form, decoration and use of newer materials (aluminum). Zigzag architecture was often stepped in form, emphasizing its verticality, with ornamentation that included geometric designs. Classic Moderne buildings had more austere and stern classical forms, often utilizing stone as a primary facade material. Some of the more well known examples of these sub-styles include Rockefeller Center and the Chrysler buildings in New York City.⁵⁶

Streamline Moderne is easily identified by its clean, smooth lines which convey aerodynamic qualities, typically with rectangular forms, rounded corners and limited ornamentation - and provided a relief from the more decorated and complex Classic and Zigzag styles. Streamline Moderne was commonly used on small and medium sized commercial buildings, gas stations, and residential (both single and multi-family) - such as Miami Beach houses and hotels.

PWA Moderne, which was the style used for the Second Generation facilities at VASNHCS Reno, combined Streamline Moderne with a simplified classicism of the 1930s - with simple building massing, planar wall surfaces with integral decoration and conveyed a contemporary image with a classical sense of design, proportion and stability. Other characteristics included punched windows or windows in a horizontal band, string course at coping of rooflines and limited ornamentation. This style reflected the economic realities of the Depression and was commonly referred to 'PWA Moderne' reflecting its wide use in buildings built by the Public Works Administration (and also the Works Progress Administration), which embraced this new style.

Art Deco style was brought to Reno in the early 1930s and buildings were built in this modern style until after World War II. Notable Moderne period buildings in Reno were the Downtown Post Office at 50 South Virginia Street (Frederick J. DeLongchamps, 1931-1934), the El Cortez Hotel (1931), and the Mapes Hotel and Casino at 10 North Virginia Street, which was notably designed in the late 1930s but was not constructed until after World War II (F. H. Slocombe, 1946-1947, demolished 2000). While it has not been proven during the research undertaken for this study, it is possible that these buildings may have influenced the design of Buildings I and IA, which were in an unusual style for Second Generation VA hospital buildings.⁵⁷ This warrants further study to determine if the designers of Buildings I and IA

⁵⁵ Poppeliers et al., 1983, p. 88-89.

⁵⁶ Ibid.

⁵⁷ Nicoletta, Buildings of Nevada, 2000, pp. 71-72.

were in communication with, or were otherwise influenced by the architects of these other Reno buildings. This is significant because Reno was a relatively young city that was growing at a rapid pace at the time of construction, and designers of the hospital may have sought a modern design as reflected in the newest buildings in the community including the 1935 Post Office, which housed the VA Regional Office.

Development of Residential and Commercial Neighborhoods surrounding the Veterans Hospital

Much of the land surrounding the Veterans Hospital was purchased by Sheldon Wells in 1887 for his sheep and hay ranch and was located to the east of the town of Reno.⁵⁸ By 1903, the first residential subdivision was created nearby - the McCormick addition which included three blocks bounded by Burns Street, North Holcombe, Malone Lane and Wheeler Avenue. After Wells' death in 1900, his family subdivided his ranch property and platted their first subdivision in 1907 - the ten-block Wells Addition also along Holcombe Avenue. Other residential subdivisions to the east were soon created - Meadow View Addition in 1906 (between McCormick and Wells additions), Terrace Tract, Southern Addition and Burkes Addition in 1907. These new neighborhoods included the property roughly bounded by Holcombe to the west, Ryland to the north, Kirman Avenue to the east and Vassar to the south. Streetcar service began in Reno in 1904 and by 1910 a streetcar line extended to nearby Wells Street and served these neighborhoods; public utilities (gas, water and electricity) served the lots. The early homes were located primarily along Holcombe Avenue and incorporated Vernacular, Folk Victorian and Queen Anne architectural styles.⁵⁹ By the 1910s and 1920s architectural styles included Craftsman bungalows, Revival styles followed by homes of Tudor and Minimal Traditional styles in the 1930s and 1940s.

The largest subdivision was Burke's addition, developed by the Wells Estate Company in 1907; the L-shaped, 82-acre addition extended from Vassar Street to north of Stewart Street and was bounded by Kirman Avenue at the east.⁶⁰ The development of this addition was based on the previously established development patterns of existing residential additions to the west in the early 1900s; the additions' street patterns reflect those in the earlier, adjacent neighborhoods. Burke's addition was comprised of 34 blocks with 334 lots for sale. In 1917, the planned location of Kirman Avenue was relocated to the east approximately one block, making the blocks between Locust Street and Kirman Avenue rectangular in shape (instead of square as the other blocks were) and almost twice as long as the remainder of the blocks in the addition. In 1920, 277 lots were still available, indicating that sales were not occurring at a fast pace. However, during the 1920s the pace of construction appears to have picked up and the neighborhood was completed in the 1940s - with residential development spanning almost forty years.⁶¹

The Veterans Hospital site is located in Burke's Addition, on land that was previously undeveloped park land owned by the City of Reno. The large block size may have contributed to the City's desire and purchase of the property for a park. The site was given by the City of Mesquite to the VA in 1937 for use as a hospital site. This new VA hospital faced west toward downtown Reno, with its public entrance on Locust Street.

⁵⁸ Ross-Hauer, JoEllen and Sigler, Jennifer, Summit Envirosolutions, Inc. *A Historic Context for the Wells Neighborhood, Reno, Nevada*, 2014, p. 16

⁵⁹ *A Historic Context for the Wells Neighborhood, Reno, Nevada*, p. 14

⁶⁰ *A Historic Context for the Wells Neighborhood, Reno, Nevada*, p. 23-28

⁶¹ Refer to photographs included at the end of this section.

Photographs dating from the late 1930s, prior to and during construction of the VA hospital show just a few homes in the background, indicating that this area of the addition was sparsely built out in the late 1930s; refer to the historic photographs at the end of this section.



Figures 12 (left) and 13 (right). Typical residences in neighborhood surrounding VASNHCS

Wells Neighborhood residential areas

The early 20th century neighborhoods in this area of Reno were identified earlier in this section, and retain much of their historic and architectural integrity. An area largely bounded by Ryland Street on the north, Locust Street on the east, Vassar Street on the south and Holcombe Avenue on the west was made a City of Reno Conservation District in 2008 - and is called the Wells Neighborhood Conservation District after Sheldon Wells, whose sheep farm would become these residential neighborhoods of the early twentieth century, and for whom Wells Avenue would be named. This conservation district includes portions of the all of the McCormick Addition, Wells Addition, Meadow View Addition, Terrace Tract, Southern Addition and the portion of Burke's Addition west of Locust Street. The VASNHCS property is not included in this Conservation District.

The City of Reno commissioned a historic context for these early neighborhoods in 2013 and *A Historic Context for the Wells Neighborhood, Reno, Nevada* was issued in June, 2014. This context provides background information for the neighborhoods discussed earlier. This Context recommends that the area bounded by Wells, Ryland, Kirman and Vassar (consisting of these six early neighborhoods in their entirety and an area larger than the current Conservation district) is eligible for listing in the National Register of Historic Places; the report refers to this as the 'Wells Neighborhood'. Based on this context, the City of Reno plans to move forward with this National Register nomination for the Wells Neighborhood; this is currently planned to occur within the next 2 years.

As buildings I and IA are currently recommended as eligible for listing in the National Register of Historic Places by this Section 106 report, this recommendation serves to reinforce the sites' historic importance. This recommended larger, Wells Neighborhood Historic District that includes the VA site has no further impact on the VA hospital than the recommendation included in this Section 106 report.

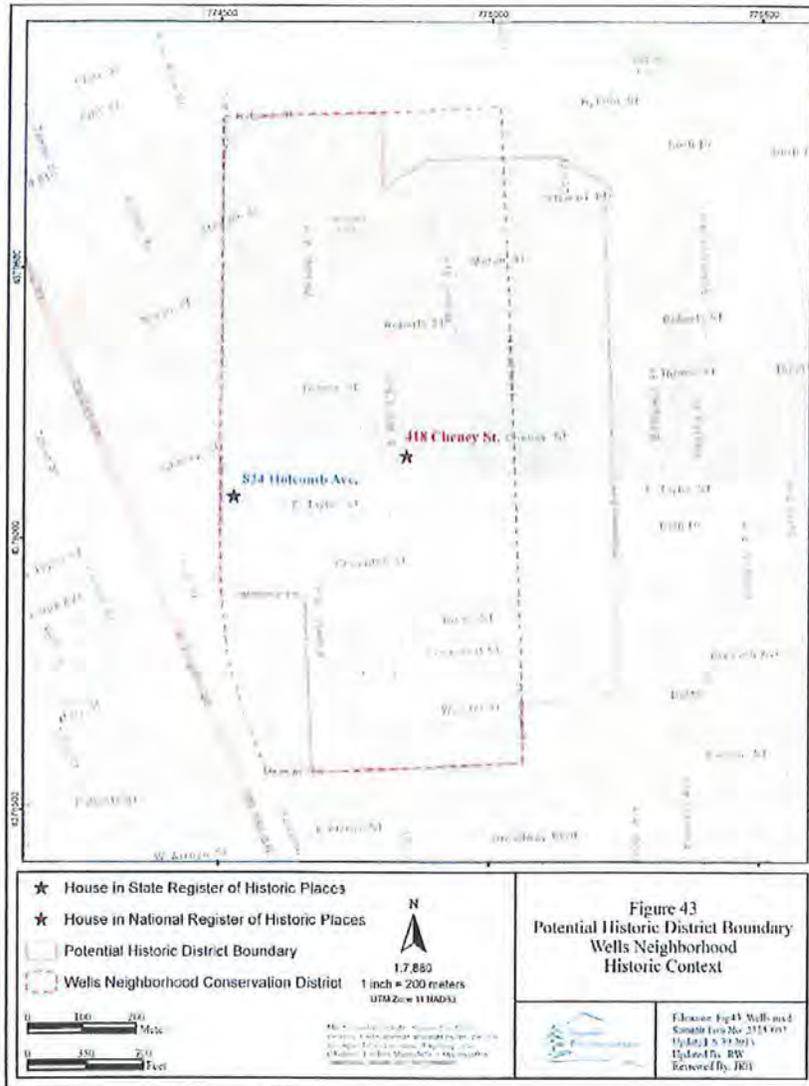


Figure 14. Potential Historic District Boundary, Wells Neighborhood Context.
 Courtesy of A Neighborhood Context for the Wells Neighborhood, Reno, Nevada, prepared by Summit
 Environsolutions, Inc.

Neighborhoods to the east of Kirman Avenue

The neighborhood at the east side of Kirman Avenue and opposite from the hospital was constructed after World War 2 with homes that are largely Minimal Traditional and early Ranch style homes although many houses date from the 1970s, 1980s and 1990s and reflect a lack of continuity in architectural styles that range is type - from duplexes (some side by side, others two stories in height) and size (from minimal sizes of 400 - 500 square feet to much larger) to single-family residences. There are several residential courts that have vehicular and pedestrian access off shared drives in the middle of the lots; some of these are on Kirman Avenue, just north of the hospital. Many of the single family residences have been modified - including numerous modifications that detract from their appearance and character. This wide variety of single and multi-family residences does not appear to have the

integrity of design, materials, workmanship feeling and association that would be eligible for listing in the National Register of Historic Places.

These neighborhoods to the east of the hospital are historically and stylistically incoherent, as development occurred over a long time frame; this neighborhood has a different neighborhood character from the neighborhoods on the west side of Kirman. The City of Reno has shared that they have no plans to pursue conservation or historic designation for these neighborhoods.

Archaeological Resources

This study area was presented to the SHPO and all architectural resources within it identified in the Nevada Cultural Resource Information System (NVCRIS) database were located. These resources are included in the Appendix. In addition, the Nevada SHPO searched for previously identified archaeological sites within the study area. One destroyed site, WA147, was identified by the Nevada SHPO as a small historic site outside the study area and APE and is no longer extant (see Appendix for communication)

Western Cultural Resources Management, Inc. (WCRM) of Sparks, Nevada conducted an archaeological Phase I Survey of archaeological resources at the archaeology APE - the proposed 1.33 acre site of the proposed Clinical Expansion building in June, 2015, as outlined in the VA Handbook 7545. The survey of archaeological resources conducted by WCRM was under the direction of Edward J. Stoner, RPA, who meets the Secretary of the Interior's Professional Qualification Standards for Archeologist and Historic Archeologist.

This Phase I survey consisted of an initial file search, followed by background research of literature and records search to include the National Register of Historic Places (NRHP), state archaeological and historical documents and records, published and unpublished through the Nevada Cultural Resource Information System (NVCRIS) and reports, journals, and relevant state and federal agency files. Consultation was also held with persons familiar with the local and regional cultural resources of the area. A records search included records of the Government Land Office (GLO) cadastral survey plats, the historic index (HI) of the Master Title Plats and local historic maps through Special Collections at the University of Nevada, Reno and the Nevada Historical Society.

A physical survey was conducted in June, 2015 at two locations - a backhoe trench in the paved area to the east of Building I and west of Kirman Avenue, located in the parking lot and a hand excavation trench unit in the basement of Building I. Both survey units went down to 1 meter in depth. No evidence of archaeological resources was located in either location. With this result, the site is not considered eligible for National Register Criterion D - Archaeology.

Identification of Historic Properties

As one would expect with a medical facility that is 75 years old, numerous modifications have occurred at the campus since the construction of Building IA. The first step in the evaluation of these resources was identification, and determination of the construction sequence. Some resources are separate (stand-alone) buildings and others are additions. Each stand-alone resource has a Building Number and/or letter designated by the VA. Building Numbers are also given to some additions, but these are considered by the VA as separate buildings. Figure 15 shows each resource within the APE. Table 2 identifies each resource identified, and presents them in order of date of original construction.

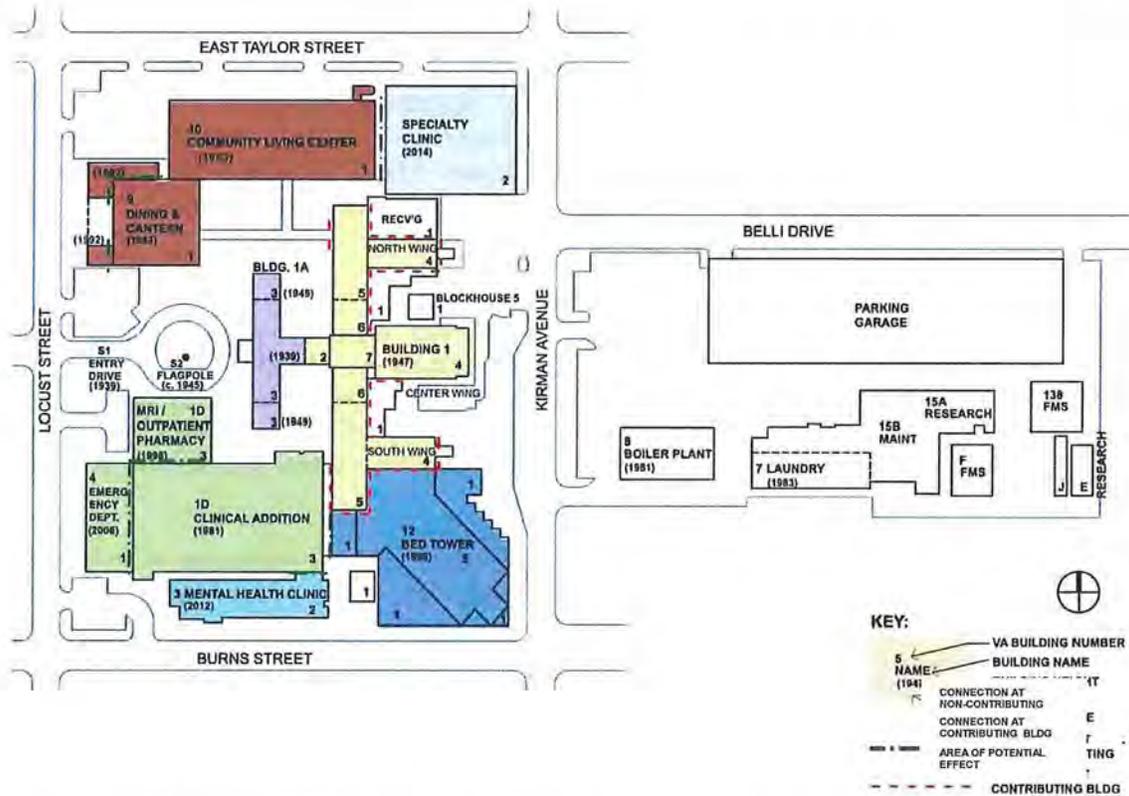


Figure 15. Site Plan of VASNHCS Reno - Existing Buildings and Connections. Basemap source: VASNHCS Reno.

Table 2 Resources within the APE

NV SHPO Number	VA Building Number	Original Name	Date of Construction
TBD	Building 1A	VA Hospital	1939 (with 1949 additions)
TBD	NA	Entry drive	1939
TBD	NA	concrete flagpole base and flagpole	mid 1940s
TBD	Building 1	VA Hospital [attached addition to Building 1A]	1947
N/A	Building 1D	Clinical Addition/MRI/Outpatient Pharmacy	1981, 1993
N/A	Building 9 and 10	Nursing Home Care Unit/Canteen	1983
N/A	Building 5	Blockhouse	post 1980
N/A	Building 1 North	Loading Docks	post 1980
N/A	Building 12	Bed Tower	1998
N/A	Building 4	Emergency Department	2006
N/A	Building 3	Mental Health Clinic	2012
N/A	Building 6	Specialty Clinic	2014

Of the resources above, four are 45 years of age or older, and within the date range for consideration for listing on the NRHP. The others do not appear to meet criteria consideration G for resources of exceptional significance to warrant consideration prior to 50 years of age. The resources within the recommended APE were evaluated for eligibility for the NRHP, Individually and as contributing elements to a historic district. Refer to Figure 15 for the locations of each resource within the

recommended APE and a graphic representation of how the resources connect to one another. Descriptions and photographs of each resource are located at the end of this section.

Eligibility Recommendations

The dates of significance for VASNHCS Reno are from 1939, when the first hospital building (Building IA), the entry drive, and flagpole were completed, to 1962, encompassing the 1947 construction of the hospital addition (Building I) the 1949 wings added to Building IA.

Based on this evaluation of the buildings over 45 years old in accordance with the requirements presented in How to Apply the National Register Criteria for Evaluation and the Multiple Property Documentation Form for United States Second Generation Veterans Hospitals, these architectural resources were reviewed for eligibility for the NRHP with the following recommendations:

Building I, Building IA, one site object - the Concrete Flagpole Base and Flagpole - and one structure - the Entry Drive - are **recommended eligible for listing in the National Register of Historic Places as contributing resources to a potential historic district** under Criterion A - Health/Medicine, Criterion B – Significant Persons and Criterion C - Architecture, with a period of significance from 1939 when Building IA opened as a hospital to 1962 which reflects the timeframe that is consistent with its Art Moderne appearance.

In addition, one building (Building IA) is recommended as **individually eligible for listing in the National Register** of Historic Places under Criterion A - History for Health/Medicine and for Politics and Government, Criterion B – Significant Persons, and Criterion C - Architecture, and specifically for its representation of the characteristics of a 'type, period and method of construction' of the PWA Moderne architectural style, a subset of Art Deco; the period of significance for Building IA extends from 1939 to 1962 which is consistent with its Art Moderne appearance. Table 3 summarizes these recommendations.

Table 3. Summary of VASNHCS NRHP Eligibility Recommendations⁶²

NV SHPO Number	VA Buildg Number	Original Name	Date of Construct'n	Use	Property Type	Stylistic Influence	NRHP Eligibility
TBD	Building IA	VA Hospital	1939 (with 1949 additions)	Hospital Building	Government and Healthcare/hospital	Art Deco (subset PWA Moderne)	Contributing to a District and Individually Eligible
TBD	NA	Entry drive	1939	Entry Drive	Government and Transportation/road-related	Art Deco (subset PWA Moderne)	Contributing to District

⁶² Classifications are in accordance with NR Bulletin 16A: How to Complete the National Register Registration Form

NV SHPO Number	VA Buildg Number	Original Name	Date of Construct'n	Use	Property Type	Stylistic Influence	NRHP Eligibility
TBD	NA	concrete flag-pole base & flagpole	mid 1940s	Object	Government and Landscape/object	Art Deco (subset PWA Moderne)	Contributing to District
TBD	Building I	VA Hospital [addition to Bldg IA]	1947	Hospital Building	Government and Healthcare/hospital	Art Deco (subset PWA Moderne)	Contributing to District

Evaluation of VASNHCS Reno Properties

Building #1A

Original Use: Veterans Hospital, 1939

Current Use: Office use

History

The original Veterans Hospital building in Reno opened in 1939, and served veterans in northern Nevada and eastern California. The first design of the hospital was published July 21, 1936 and reflects a Colonial Revival style building, which was the predominant style for Second Generation hospitals throughout the country as it represented “patriotic” design (Figure 16).⁵⁶ The design was later changed to the PWA Moderne style and final construction documents were prepared and issued by Veterans Administration, Washington DC on May 15, 1945 (see Appendix). This style was not common for Second Generation hospitals, which were most often Colonial Revival. The only Moderne period style hospital mentioned in the MPDF for Second Generation hospitals is at the San Francisco VA hospital, which is described as ‘Mayan Deco.’⁵⁷ Construction began in December 1937 and the hospital was completed and opened to the public on May 23, 1939. An expansion to the hospital was made in 1947 - 1949, which added wings at each end of the building. These wings matched the design of the original building and its height; there have not been any subsequent exterior modifications to the building form since these additions.

Description

The two-story-over-basement building was constructed of reinforced cast-in-place concrete exterior walls and structure. Character defining features include the simple building massing, the limited decoration at the exterior walls integral with the concrete construction and consisting of vertical ribbing between windows, and horizontal string courses above the windows and roof coping (Figures 17, 20-22), all characteristics of the PWA Moderne style. Interior partitions were metal studs with plaster finishes. A small wing to the rear accommodated a boiler room in the basement, offices at the first floor and one of the larger wards at the second floor. The exterior of the basement level is rusticated and the entire facade is painted.

The original interior layout had the lobby, administrative offices, exam rooms and a single operation room at the first floor. Patient wards (with nine patients each), two isolation wards (with two patients each), and the lobby were located on the second floor. The kitchen, dining room, storage, laboratory, pharmacy, and darkroom were located in the basement. An elevator and open stair served the three floors.

⁵⁶ Spurlock et al., United States Second Generation Veterans Hospitals Multiple Property Documentation Form, 2011, p. F-77.

⁵⁷ Ibid, p. F-89



Figure 16. Original published design of Building IA, 1936. Source: Newspaper clipping, July 21, 1936, Ioannis



Figure 17. One of earliest available photograph of Building IA, c. 1939, prior to the end of construction. Source: VA Archives



Figure 18. One of earliest available photographs of Building IA, taken from a neighboring yard, c. 1940. Source: VA Archives



Figure 19. View of Building IA with construction of Building I to the rear, and prior to construction of 1949 additions. May, 1946. Source: Bennett Photo - Nevada Air Service, VA Archives

Building IA is located almost in the center of the site with a formal entry from Locust Street and a circular drive in front of the building; this entry and circular drive remain intact. A rear service drive from Kirman Avenue provided service and staff access to the rear of the building and included head-in parking spaces and a small garage. A 'Planting Plans for the Entire Site' drawing was issued June 12, 1939 and included site landscaping; this drawing also graphically indicates direction of 'mountain views'. Drawing 6, issued April 9, 1940 for a cast-in-place concrete 'gateway' includes the design for the wrought iron fence with openings for a sidewalk at each side of a 20' wide vehicular opening for cars at Locust Street (see Appendix); this fence is visible in early photographs but no longer exists. The site design, including the formal entry, circular drive, landscaping, and emphasis on views are all consistent with the characteristics discussed in the Second Generation Veterans Hospitals MPDF.

Following the completion of the large expansion to the east (now known as Building I), the use of the original hospital building was changed to serve as the public entrance to the hospital and to administration and office uses. Linear additions at each end (46'-6" long by 34' deep) were added in 1949. The elevator and stair remained in place, and a narrow corridor on the east side led to the addition. The drawings for this addition were prepared by the Veterans Administration, Branch Office No. 12 in San Francisco and were issued in March 1948 - after the addition was completed in 1947 (see Appendix). These interior modifications were completed in 1949. Since 1949, numerous alterations have

been made to the buildings' interior. The recent seismic upgrades removed much of these later alterations while retaining some of the original (1939 and 1949) interior plaster walls and finishes.



Figure 20. West façade of Building IA, prior to recent seismic and accessibility work



Figure 21. West façade of Building IA, June 2014.



Figure 22. West façade of Building IA, overview, March 2014.



Figure 23. East façade of Building IA (right side of frame) showing connection to Building I, March 2014

Significance and Integrity

Building IA is significant at the local and state level as a Second Generation Veterans Hospital, the 'physical manifestation of the federal government's commitment to providing medical care to veterans,'⁵⁸ and as the first Veterans Hospital in Nevada. It meets NRHP Criterion A for Health/Medicine, providing 'critical health care for thousands of disabled veterans throughout a large geographic area' and for Politics and Government for the lobbying efforts of Ioannis Lougaris and other interested parties to ensure that Reno was selected for a VA hospital. It provided necessary jobs for the community during the Great Depression was a significant employer throughout the period of significance.⁵⁹ It meets Criterion B for its association with Ioannis Lougaris, who championed the establishment of the Veterans Hospital in Reno through extensive lobbying efforts with local, state, and national political figures, and was locally and regionally important for his work with not only the hospital but also the American Legion. It also meets Criterion C for its use of 'standardized designs and the evolution of these designs during the period of significance... [with the] same architectural style utilized throughout the campus...

⁵⁸ Spurlock et al., United States Second Generation Veterans Hospitals Multiple Property Documentation Form, 2011, p. F-96-98

⁵⁹ Ibid.

creating a cohesive decorative style within an institutional building.⁶⁰ It was built in the PWA Moderne style, which is an uncommon example of its type within Second Generation hospitals, and may have reflected local preferences for modern design. The building was constructed in 1939 with additions constructed in 1949, within the period of significance for Second Generation Hospitals, one of the requirements for eligibility according to the MPDF for Second Generation Hospitals. Along with the other resources built during the period of significance (the entry drive, flagpole and base, and Building I) it meets the MPDF requirements of being one of the resources related to one another through common purpose, design, materials, function, development, and campus setting; representing the distinctive characteristics of a type, period, or method of construction, and association with individuals significant in state or local history.

Building IA retains its integrity of location since it remains on its original site. It retains its integrity of design, since the addition to the east side of the building (Building I) as well as the north and south wing additions were constructed during the period of significance and were designed in a manner consistent with Building IA (see Appendix). The exterior of Building IA remains intact and retains its form, massing and its original design elements including smooth planar exterior concrete walls, punched window openings with vertical ribbing between windows, horizontal string courses above the windows and roof coping that reflect its PWA Moderne style and remain character defining features. Several of the building's exterior historic features have been removed - wood 6/6 double-hung windows, exterior doors, and the lower section of the concrete entry stairs (for ADA accessibility). As stated in the MPDF for Second Generation hospitals, these changes are to be expected. Even with the loss of these exterior features, the building retains its high level of design. The integrity of the setting of Building IA has been lost. The historic open view to the hospital from the adjacent public streets and the landscape surrounding the building has been encroached upon by construction dating to after the period of significance. Building IA retains its integrity of materials. The original materials remain, with the exception of the windows, doors, and steps mentioned above. Although a different color than the historic, the application of paint has been maintained. The workmanship of the original construction also retains its integrity. The rough concrete finish and visible formwork details, along with integral stylistic details are still visible and are consistent with the technology and skills used at the time of construction. The integrity of feeling of Building IA has been compromised by the additions to the site and the changes to the landscape, as described above. The building retains its integrity of association as it remains in use as a Veterans Affairs hospital and continues to maintain a direct connection to its namesake.

Recommendation

Building IA is **recommended eligible as a contributing element** of a historic district comprised of Second Generation hospital resources at VASNHCS Reno (see later discussions of the recommended historic district, as well as Section 3, which discusses the methods for evaluating historic districts).

Building IA is also **recommended individually eligible** for listing in the NRHP under Criteria A, B, and C. It retains five out of seven aspects of integrity: location, design, workmanship, materials and association with a period of significance of 1929 - 1962.

⁶⁰ Spurlock et al., United States Second Generation Veterans Hospitals Multiple Property Documentation Form, 2011, p. F-96

Building #1

Original Use: Veterans Hospital Addition, 1947

Current Use: Office and clinical patient care

History

Although it is an addition to the east side of Building IA, Building I is considered a separate building by the VA, and is therefore discussed separately. This six-story addition was conceived and constructed as a replacement hospital for Building IA (which would thenceforth hold administrative functions), and provided patient rooms and small wards with 124 beds and associated patient, clinic and support spaces. Final construction documents were prepared and issued by the Veterans Administration, Washington DC on May 15, 1945. Construction began in late 1945 and progressed in phases with the north and south portions of the building constructed first and the center portion following about six months later (Figures 19, 25). The building was completed in late 1947.

Description

This symmetrical building was designed to complement Building IA in PWA Moderne style, and was constructed of the same materials - reinforced cast-in-place concrete exterior walls and structure, limited integral decoration at the exterior walls, horizontal string courses above the windows at the first and sixth floors (Figures 25-17). As this building was larger, it was divided into seven distinct exterior wall planes at the front (west facade) - a tall, center plane that was seven stories tall (plane 4; this is actually six stories and a penthouse); this was flanked on both sides with a wide, six-story wall plane (planes 3 and 5), which in turn were flanked by narrow five-story wall planes (planes 2 and 6). The end wall planes were also five stories in height (planes 1 and 7). Alternating wall planes had different decorative treatments that are character defining features of the building. Wall planes 2, 4 and 6 have vertical surrounds at the windows with vertical ribbing between the windows; there are recessed panels above the upper windows except for the pair of windows in the center of the building (wall plane 4) with a stylized eagle cast into the concrete to represent the building as a Federal building. Wall planes 1, 3, 5 and 7 are simpler in design with punched windows without decoration of any sort within these planes. Similar to Building IA, the exterior of the basement level is rusticated and the entire facade (with the exception of the vertical ribs) is finished in 3/16" stucco and painted. These 'wall planes' are graphically illustrated in Figure 25.



Figure 24. Photograph of Building I under construction, Feb.1, 1946. Robert E. McKee, General Contractor. Source: VA Archives.



Figure 25. Building I behind Building IA, c. 1980, showing the 'wall planes' of the west face of the building. Source: VA Archives.

Building I is organized in four parts - the west, linear portion (Figure 2, approx. 40' by 350') with a center corridor and the three 'wings' that attach at the east side at the north, center and south. The north and south wings are similar in size and layout and also organized around a center corridor; these are four stories in height. The center wing is wider than the north and south wings and is a large space that accommodates different uses. The original interior layout accommodated service and back-of-the-house uses at the ground floor (which aligned with the basement floor of Building IA) including laundry, warehouse, storage, staff locker rooms, engineering and nursing staff offices, and training rooms. The ground floor of the center wing accommodated deliveries and kitchen refrigerators and freezers. The first floor accommodated patient services including the pharmacy, dental, hydrotherapy, dietician, medical staff offices, radiographic and fluoroscopic rooms, laboratory and clerks' offices. A corridor from Building IA terminated in a large waiting room with admitting, exam rooms and other patient services and offices located nearby. The first floor of the center wing accommodated the kitchen and separate dining rooms for the attendants, staff and patients.

The second and third floors accommodated single rooms and 2-bed and 4-bed wards throughout the floor while the second floor of the center wing accommodated a patients' library and recreation room with an auditorium on the third floor. The fourth floor was similar to the patient floors below, except that the wings did not extend to this floor. The fifth (and upper floor) accommodated two operating rooms, orthopedic and cystoscopic rooms and a third operating room dedicated to Eye, Ear, Nose and Throat specialties. An elevator lobby served one service and two passenger elevators while 'Stair Halls' were located near the entry to the north, center and south wings.



Figure 26. Building I behind Building IA, west facade. March 2014.



Figure 27. Details at Building I, east (rear) facade. March, 2014.



Figure 28. Building I, east (rear) facade. March, 2014.



Figure 29. Additions at Building I, east (rear) facade. March 2014.

As additional buildings were added to the campus, modifications were often made to Building I, to be expected at Second Generation Veterans Hospitals and as discussed in the MPDF. With the completion of the new bed tower (Building 12) in 1999, all patients were moved to this new building with Building I changing to accommodate offices and patient clinic uses. Building I does retain its central corridor, elevator and stair lobby in the center of the floor and its two other stairways near the north and south wings. A major change to the east facade was the addition of stair towers to the north, center and south wings to provide exiting from the upper floors of these wings to be compliant with building codes.

As the east side of the site has accommodated more service uses (delivery, warehouse, kitchen, generators) small, one-story infill additions and support buildings such as loading docks and the one-story Blockhouse 5 have been constructed at the base of Building I (Figures 28, 29). These have resulted in a cluttered, 'rear facade' appearance to the north end of the base of Building I. The new building entry adjacent to the base of the south wing has upgraded the appearance of the south end but its immediate adjacency of the service areas has compromised the view to Building I. In all, 35% of the primary façade area of Building I has been obscured by additions. Notated drawings of the locations of additions as compared to the original design are presented in the Appendix.

Significance and Integrity

Like Building IA, Building I is significant at the local and state level as a Second Generation Veterans Hospital, the 'physical manifestation of the federal government's commitment to providing medical care to veterans,'⁶¹ and as a building forming a complex that resulted in the first Veterans Hospital in Nevada. Under NRHP Criterion A for Health/Medicine, it provided 'critical health care for thousands of disabled veterans throughout a large geographic area' and for Politics and Government it is a physical reminder of the lobbying efforts of Ioannis Lougaris to garner Congressional support for improvement of the VA hospital in Reno for the veterans that would return from World War II. It was constructed soon after the war during construction shortages, and was a significant employer throughout the period of significance.⁶² Under Criterion B it is significant for its association with Ioannis Lougaris, whose efforts resulted in the construction of Building IA to expand services to more veterans anticipated to come to the region. Under Criterion C it is significant as the continuation of the design of Building IA, in accordance with the Second Generation hospitals MPDF as an evolution of the original design 'during the period of significance... [with the] same architectural style utilized throughout the campus... creating a cohesive decorative style within an institutional building.'⁶³ Like Building IA it was built in the uncommon PWA Moderne style. The building was constructed in 1947, within the period of significance for Second Generation Hospitals, one of the requirements for eligibility according to the MPDF for Second Generation Hospitals. Along with the other resources built during the period of significance (the entry drive, flagpole and base, and Building IA) it meets the MPDF requirements of consisting of resources related to one another through common purpose, design, materials, function, development, and campus setting; representing the distinctive characteristics of a type, period, or method of construction, and association with individuals significant in state or local history. However, due to the significant losses of integrity, the building does not meet the criteria for individual listing in the NRHP.

Building I retains its integrity of location since it remains on its original site. It retains some, but not all of its integrity of design. Original design elements including its smooth planar exterior concrete walls, punched window openings with vertical ribbing between windows, horizontal string courses above the

⁶¹ Spurlock et al., United States Second Generation Veterans Hospitals Multiple Property Documentation Form, 2011, p. F-96-98

⁶² Ibid.

⁶³ Spurlock et al., United States Second Generation Veterans Hospitals Multiple Property Documentation Form, 2011, p. F-96

ground and upper floor windows reflect its PWA Moderne style and remain character defining features. Several of the building's exterior historic features have been removed - wood 6/6 double-hung windows, exterior doors - and areas of the first and second floor at the east facade have been obscured by small infill additions. The stair towers at the north and south that are located at the end of these wings are not compatible with the building. While these stair towers are painted to match the wings, the texture of the stucco is also not compatible with the building. As stated in the MPDF for Second Generation hospitals, some changes are to be expected, but numerous additions constructed outside of the period of significance can have the cumulative effect of the loss of integrity of design. Notated elevations showing the locations of additions in comparison to the original design is presented in the Appendix; these drawings show that 35% of the façade area has been obscured by additions. The integrity of the setting of Building I has been lost. The historic open view to the hospital from the public streets surrounding the building and the surrounding has been encroached upon by these numerous additions. Building I retains most, but not all of its integrity of materials. The original materials remain, with the exception of the windows, doors, and areas where material has been impacted by additions. Although a different color than the historic, the application of paint has been maintained. The workmanship of the original construction also retains its integrity with the exception of the locations where additions have impacted the original work. The stylistic cast-in-place integral decoration including the eagle, vertical ribs, recessed panels, and horizontal string courses, along with the rough concrete finish and visible formwork details are still visible and are consistent with the technology and skills used at the time of construction. The integrity of feeling of Building I has been compromised by the additions to the site and the changes to the landscape, as described above. Like Building IA, it retains its integrity of association as it remains in use as a Veterans Affairs hospital and continues to maintain a direct connection to its namesake.

Recommendation

Building I is **recommended eligible as a contributing element** of a historic district comprised of Second Generation hospital resources at VASNHCS Reno with a period of significance of 1947 - 1962 (see later discussions of historic district, and see Section 3 for a discussion of the methods for evaluating historic districts).

Entry Drive and Concrete Flagpole Base and Flagpole

Original Use: Entry Drive to VA Hospital, Reno, 1939

Current Use: Entry Drive

Original Use: Concrete Flagpole base and flagpole, mid-1940s

Current Use: Concrete Flagpole base and flagpole



Figure 30. Earliest available photograph of entry drive, prior to completion of construction, 1939. Flagpole was not installed at this time. Source: VA Archives



Figure 31. Photograph of Building IA and flagpole; this is thought to be the earliest photos of the flagpole (at left of building) Dec. 1945. Source: VA Archives



Figure 32. Photograph of Building IA, with Building I under construction, c. 1945. Entry drive and flagpole are shown. Source: VA Archives.



Figure 33. Photograph from Locust Street entrance with original fence, gates and entry pylons at street with entry drive and flagpole beyond. Date unknown. Source: VA Archives

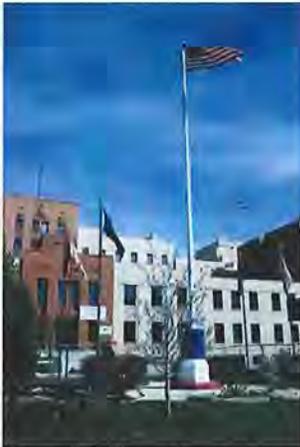


Figure 34. Flagpole and base, March 19, 2014.



Figure 35. Entry Drive, December 4, 2013.

History

The entry drive (Figures 32, 33 and 35) was constructed in conjunction with the original 1939 building IA. The date of construction of the concrete flagpole base and metal flagpole is uncertain but appears in a photograph dated December 1945 (Figure 31), so dates from the early 1940s.

Description

The entry drive from Locust Street has a circular drop off in front of Building IA dating from 1939 (see Appendix). The drive consists of a paved surface, with concrete curbs and although it largely retains its historic location, a portion of the drive adjacent to building ID (Pharmacy Outpatient facility) was moved towards the west, resulting in a non-symmetrical form with the east half squeezed in slightly.

A concrete wall of approximately 3 ft in height was recently constructed at the western edge of the circle directly in front of the entry steps to Building IA in conjunction with improving accessibility under ADA. The flagpole base is typical of Second Generation Veterans Hospitals, in that it is a concrete, three-tiered, poured-in-place-concrete octagonal base with its original aluminum flag pole.⁶⁴ It is stylistically sympathetic to the PWA Moderne buildings of the site.

The entry drive has been modified in conjunction with the construction of Building 10, with the sound side of the circular drive 'clipped' to accommodate that new building. The surface material of the entry drive - now asphalt with concrete curbs - has been modified and re-surfaced over the years as the original materials have worn, underground utilities and adjacent construction have required replacement of paving materials; this is not unusual for a vehicular drive. The concrete flagpole base and flagpole remain in their original location and have not been modified.

⁶⁴ Spurlock et al., United States Second Generation Veterans Hospitals Multiple Property Documentation Form, 2011, p. F-102- 107

Significance and Integrity

The entry drive and flagpole are significant as the only original or early site features of the 1939 and early 1940s campus that remain in place. Other known site features that are no longer extant include perimeter metal fence around the site, entry pylons with metal gates, large open lawn surrounding the hospital and minor driveways at the sides and rear of the building.

The entry drive retains its integrity of location since it remains on its original site in largely the same location, and retains most of its integrity of design. Original design elements including its concrete curb and smooth driving surface remain in place. The drive retains most of its integrity of materials - the concrete and asphalt - although much of the original materials have been replaced over the years - which is not unusual for this type of site feature. The integrity of the setting of the entry drive has been lost with the addition of numerous newer buildings surrounding the drive - in what was originally open lawn. The integrity of association and feeling of the entry drive remains as the drive still leads to and continues to maintain a direct connection to the Building 1A, although it has been compromised by the proximity of the surrounding newer buildings. The workmanship of the original construction is no longer intact and has been lost.

The concrete flagpole base and metal flagpole retains its integrity of location and association as it remains in its original location (in the center of the circular drive) and continues to relate strongly to Building 1A and the entry drive. The integrity of materials, design and workmanship remain intact. The integrity of association with Building 1A and the entry drive remain although have been somewhat compromised by the proximity of the surrounding newer buildings. The integrity of feeling has been lost due to the proximity of the surrounding newer buildings.

Recommendation

Both resources are **recommended eligible as contributing elements** of a historic district comprised of Second Generation hospital resources at VASNHCS Reno (see later discussions of historic district, and the discussion of the methodology for evaluating historic districts in Section 3). The entry drive retains five out of seven aspects of integrity: location, design, materials, feeling and association. The flagpole base and flagpole retains six out of seven aspects of integrity: location, design, materials, workmanship, setting and association.

Buildings 9 and 10 - Community Living Center

Original Use: Nursing Home Care Unit (Building 10, 1983) and Dining and Canteen (Building 9, 1983)
 Current Use: Nursing Home (also known as the Community Living Center)

History

As veterans using the facilities at VASNHCS Reno aged, the need for a nursing home care unit was recognized for medical care beyond what was available to outpatients, and for those who had no place to live during the last years of their lives. An early Nursing Care Unit had been established within the existing hospital in 1964, and was replaced by Buildings 9 and 10 in 1983.

Description

Although now attached to Building 1, the Community Living Center was constructed as a stand-alone building and is considered a separate building by the VA and is discussed here as a separate resource. The nursing home care unit (Building 10) was constructed at the northwest corner of Building 1 (Figure 37). The Dining and Canteen facility (Building 9) was added to what is now referred to as the Community Living Center that same year and contained a dining room and conference/multi-purpose room for resident activities. The original ramp that connected the center with the east side of Building 1 is now enclosed, allowing residents, staff and visitors a protected path to the remainder of the campus.



Figure 36. Building 10, Community Living Center and garden



Figure 37. Building 9, Community Living Center

Significance and Integrity

The Community Living Center is less than forty-five years old and was evaluated under NRHP criteria and not found to be significant for historic events or its construction features. This building was also reviewed for its association with Ioannis Lougaris as he resided at the Community Building Center during the last years of his life. Lougaris's efforts to secure a Veterans Hospital in Reno are more strongly associated with Building 1A as this represents the results of his efforts. This building was therefore not found to be significant for its association with any persons. The site was also not found likely to yield information important in prehistory or history.

Recommendation

Buildings 9 and 10 are not 50 years old or older, and do not meet NRHP Criteria Consideration G for resources less than 50 years of age. Buildings 9 and 10 are recommended **not eligible** for listing in the National Register of Historic Places.

Buildings ID and 4 - Clinical Addition, MRI/Outpatient Pharmacy and Emergency Department

Original Use: Clinical space, 1981; MRI/Outpatient Pharmacy, 1998 (Building ID); and Emergency Department, 2006 (Building 4)
Current Use: Clinical space, MRI/Outpatient Pharmacy and Emergency Department

History

Building ID accommodated outpatient clinic spaces when it was constructed in 1981. The building was designed for flexibility to change uses as patient, campus, and technology needs changed. This was the first new construction that supported the hospital and made no attempt to be compatible with the buildings at the campus that existed at the time - Buildings IA, I and IO, which is consistent with VA buildings dating to after the Second Generation hospital period of significance.⁶⁵

Description

The three-story rectangular Building ID was the first modern, steel structure constructed on the campus which allowed for the changes in use described above. It was clad in precast concrete with long, horizontal expanses of ribbon windows facing the entry drive (Figure 38). An expansion was made to Building ID for a MRI/Outpatient Pharmacy in 1998. This addition protruded into the open lawn area of the entry drive but was clad in light colored tan stucco that relates to the mass and color of Building IA (Figure 39). The entry to Building ID was configured as a separate, unique design element and while it is a quite different design to the remainder of the campus, it is also compatible in massing and color to Buildings IA and I. The most recent addition to Building ID is the Emergency Department (identified as the separate Building 4 by the VA) that was completed in 2006; this forms a one-story addition at the west end of the original Building ID and is accessed from Burns Street (Figure 40).



Figure 38. Building ID (Clinical Addition) is visible at right side of this photograph, c. 1985. Source: VA Archives.



Figure 39. Building ID - the MRI/Outpatient Pharmacy added in 1998

⁶⁵ Hannah et. Al, United States Third Generation Veterans Hospitals Multiple Property Documentation Form, 2014 [DRAFT DOCUMENT]



Figure 40. Building 4, Emergency Department addition to Building 1D

Significance and Integrity

The Clinical Addition, MRI/Outpatient Pharmacy and Emergency Department, constructed from 1981 - 2006 is less than fifty years old and was evaluated under NRHP criteria and not found to be significant for historic events, persons or its construction features. The site was also not found likely to yield information important in prehistory or history.

Recommendation

Buildings 1D and 4 are not 45 years old or older, and do not meet NRHP Criteria Consideration G for resources less than 50 years of age. Buildings 1D and 4 are recommended **not eligible** for listing in the National Register of Historic Places.

Building 12 - Bed Tower

Original Use: Patient bed tower (hospital), 1999

Current Use: Patient bed tower (hospital)

History

Building 12 took over for Building 1 in 1999 as the patient hospital at the VASNHCS Reno campus.

Description

Building 12 is attached to Building 1 but is considered an individual building by the VA. It is a five-story building with a larger floor plate at the ground floor with a tower that is set at a diagonal above. The exterior is clad in off-white precast concrete with paired, punched window openings. Building 12 has limited interface with Building 1 despite its physical connection. A separate set of elevators near the public entrance accesses the patient floors; it has a separate lobby and entrance to the Ambulatory Care Unit at the ground floor; there are no shared spaces or public connections between this building and Building 1. There are 64 patient beds in the building on the upper four floors which accommodate ICU, inpatient dialysis, Medical/Surgery and Psychiatry nursing units. A new entrance was provided adjacent to this building which re-oriented the campus entrance to Kirman Avenue. In conjunction with this, a large, metal canopy was provided in front of this new entrance near the street (Figure 41).



Figure 41. Building 12 - Patient Bed Tower

Significance and Integrity

The Bed Tower, constructed in 1999, is less than fifty years old and was evaluated under NRHP criteria and not found to be significant for historic events, persons or its construction features. The site was also not found likely to yield information important in prehistory or history.

Recommendation

Building 12 (Patient Bed Tower) is not 45 years old or older, and does not meet NRHP Criteria Consideration G for resources less than 50 years of age. Building 12 is recommended **not eligible** for listing in the National Register of Historic Places.

Building 3 - Mental Health Clinic

Original Use: Mental Health Clinic, 2012

Current Use: Mental Health Clinic

Description

Building 3 is attached to the south side of Building 1D and is compatible in design, but is considered an individual building by the VA. Building 3 is a two-story rectangular building with its public entrance on Burns Street. It is clad in gray/brown metal panels with off-white horizontal metal panels at the floor and roof lines, and has a red storefront system with a dark glazing (Figure 42).



Figure 42. Building 3 - Mental Health Clinic

Significance and Integrity

The Mental Health Clinic, constructed in 2012, is less than fifty years old and was evaluated under NRHP criteria and not found to be significant for historic events, persons or its construction features. The site was also not found likely to yield information important in prehistory or history.

Recommendation

Building 3 (Mental Health Clinic) is not 45 years old or older, and does not meet NRHP Criteria Consideration G for resources less than 50 years of age. Building 3 is recommended **not eligible** for listing in the National Register of Historic Places.

Building 6 - Specialty Clinic

Original Use: Specialty Clinic, 2014

Current Use: Clinic Space

Description

The Specialty Clinic is adjacent, but not attached to, the receiving building north of Building 1A. The Specialty Clinic is a two-story rectangular building located at the northeast corner of the campus at the corner of Kirman Street and East Taylor. The building is clad in a variety of materials with white brick used at the interior side facade, red brick at the cornerside facades. The primary facade facing Kirman Avenue includes a curved wall clad in a gray metal panels and blue tinted glazing (Figure 43).



Figure 43. Building 6, Specialty Clinic, 2015. Source: VA Facilities.

Significance and Integrity

The Specialty Clinic, constructed in 2014, is less than fifty years old and was evaluated under NRHP criteria and not found to be significant for historic events, persons or its construction features. The site was also not found likely to yield information important in prehistory or history.

Recommendation

With construction recently completed, the Specialty Clinic is not 45 years old or older, and does not meet NRHP Criteria Consideration G for resources less than 50 years of age. The Specialty Clinic is recommended **not eligible** for listing in the National Register of Historic Places.

Historic District Evaluation

Original Use: Veterans Hospital and Associated Functions, 1939-1949

Current Use: Veterans Hospital and Associated Functions

History

As previously stated, the original Veterans Hospital building in Reno opened in 1939, and served veterans in northern Nevada and eastern California. Built in the PWA Moderne style, it was an unusual choice for the period, and the only other Modern period Second Generation hospital mentioned in the MPDF for Second Generation hospitals is the San Francisco VA hospital, which is described as 'Mayan Deco.'⁶⁶ Construction began in Reno in December 1937, with the first building completed and opened to the public on May 23, 1939 (Building 1A). Construction continued during the period of significance until 1949, with the entry drive, flagpole base and flagpole, and Building I completing the Second Generation phase of the campus.

Description

The resources that comprise the Second Generation period at VASNHCS Reno have been previously described. All are consistent with the PWA Moderne style of construction, and the buildings were sited on a single block, surrounded by lawn and sparsely placed trees. In accordance with the design principles of the VA for Second Generation hospitals, they were prominent on the site, which was placed on the edge of Reno, near but not directly adjacent to transportation routes, and close enough to provide for modern services like water, electricity, and communication lines. Until the 1980s, the site remained unchanged in its relative density as residential neighborhoods grew around the site to enclose it on all sides. After then, a series of additions to Building I and additions to the later buildings have occurred, along with changes to vehicular and pedestrian paths through the site, and growth of the hospital into the adjacent block to the east. The site is now mostly occupied by buildings and parking lots, that while intrusive to the original site, continue to support the mission of VASNHCS Reno. Although diminished, the placement of the Second Generation resources remain, retain character defining features, and do provide an indication of the historic use and function of the historic hospital campus.

Significance and Integrity

As a historic district, the Second Generation period resources of VASNHCS Reno are significant at the local and state level as a Second Generation Veterans Hospital, the 'physical manifestation of the federal government's commitment to providing medical care to veterans,'⁶⁷ and as the first Veterans Hospital in Nevada. These resources meet the definition of a district as it "possesses a significant concentration, linkage, or continuity of...buildings, structures, or objects united historically [and] aesthetically by plan [and] physical development."⁶⁸ It meets NRHP Criterion A for Health/Medicine, providing 'critical health care for thousands of disabled veterans throughout a large geographic area' and for Politics and Government for the lobbying efforts of Ioannis Lougaris to Congress and the VA to ensure that Reno was selected for a VA hospital. It provided necessary jobs for the community during the Great Depression was a significant employer throughout the period of significance.⁶⁹ It meets Criterion B for its association with Ioannis Lougaris, who championed the establishment of the Veterans Hospital in Reno and was locally and regionally important for his work with not only the hospital but also the

⁶⁶ Ibid, p. F-89

⁶⁷ Spurlock et al., United States Second Generation Veterans Hospitals Multiple Property Documentation Form, 2011, p. F-96-98

⁶⁸ National Park Service, How to Apply the National Register Criteria for Evaluation, U.S. Department of the Interior, Washington, D.C., 1997.

⁶⁹ Ibid.

American Legion. It also meets Criterion C for its use of 'standardized designs and the evolution of these designs during the period of significance... [with the] same architectural style utilized throughout the campus... creating a cohesive decorative style within an institutional [setting].'⁷⁰ The campus was built in the PWA Moderne style, which was an unusual example of its type within Second Generation hospitals and may have reflected local preferences for modern design. The resources constructed from 1939 through 1949 are within the period of significance for Second Generation Hospitals, one of the requirements for eligibility according to the MPDF for Second Generation Hospitals. The resources meet the MPDF requirements of relating to one another through common purpose, design, materials, function, development, and campus setting and represent the distinctive characteristics of a type, period, or method of construction, and are associated with individuals significant in state or local history.

As a historic district the resources of VASNHCS Reno retain their integrity of location since they remain at their original site. They retain integrity of design, and were constructed during the period of significance and designed in a consistent manner. The resources retain their original design elements as previously described. Although several exterior historic features have been removed these changes are to be expected as the campus evolved to continue its mission. Even with the loss of these exterior features, the portion of the campus within the proposed district boundaries their integrity of design. The integrity of the setting has been lost. The historic open view to the campus from the public streets surrounding the building and the landscape surrounding the building has been encroached upon by construction dating to after the period of significance. The district retains its integrity of materials. The original materials remain, with the exception of the windows, doors, and site elements. The workmanship of the original construction also retains its integrity. The decorative details, rough concrete finish and visible formwork details of Building IA, I, and the flagpole base are still visible and are consistent with the technology and skills used at the time of construction. The integrity of feeling of the proposed district has been compromised by the additions to the site and the changes to the landscape, as described above. The campus retains its integrity of association as it remains in use as a Veterans Affairs hospital and continues to maintain a direct connection to its namesake.

Recommendation

Four resources: Building IA, Building I, the entry drive, and the concrete flagpole base and flagpole, are **recommended eligible as contributing elements** of a historic district. Built between 1937 and 1949, they constitute a cohesive and distinguishable entity evoking the period of significance of Second Generation Veterans Hospitals.

Recommended boundaries and contributing resources for the historic district are shown in Figure 44. The boundary includes all Second Generation resources, the grounds that still convey the open space originally at the site, and the additions dating to after the period of significance whose only purpose is to serve the Second Generation resources and are considered part of the buildings themselves by the VA (i.e. Blockhouse 5 and receiving and loading areas, identified as non-contributing). Excluded from the district boundaries are stand-alone buildings considered as separate by the VA (and designated in the VA building numbering system as such) dating to after the period of significance. These resources are independent in function and do not interface or share spaces with the Second Generation buildings, although they may be physically attached at one or more floors.

⁷⁰ Spurlock et al., United States Second Generation Veterans Hospitals Multiple Property Documentation Form, 2011, p. F-96

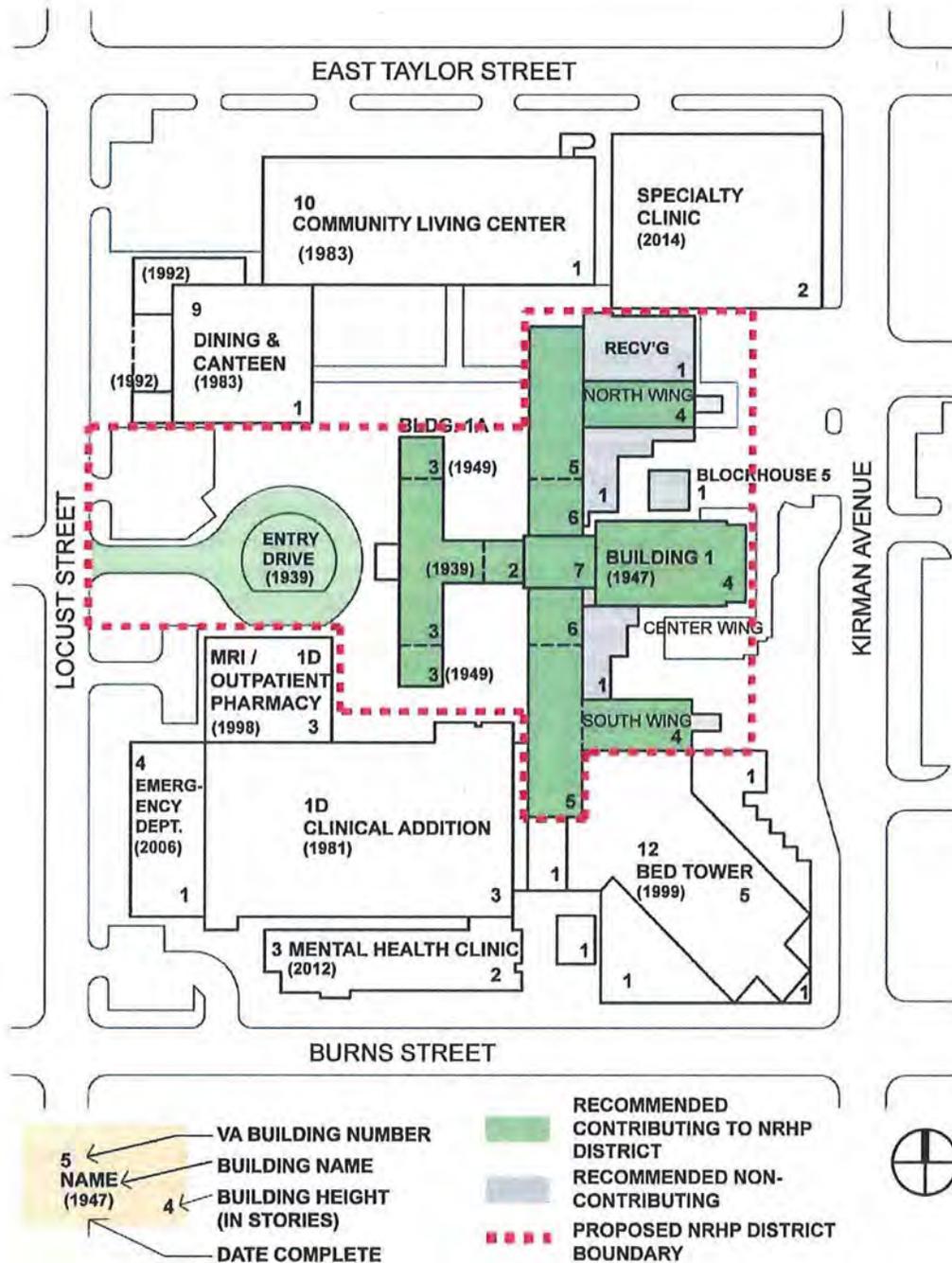


Figure 44. Proposed historic district boundaries and resources recommended as contributing.

Historic Photographs



Figure 45. Groundbreaking ceremony for original hospital in December 1937; Ioannis Lougaris with first shovel of dirt. Source: VA Archives.



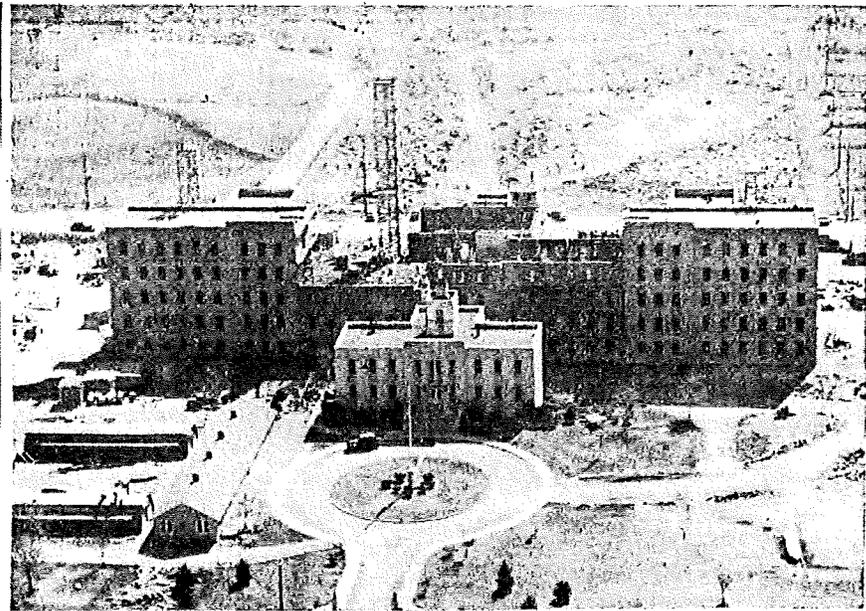
Figure 46. One of the earliest available photographs of the Building 1A, c. 1939, prior to the end of construction. Source: VA Archives



Figure 47. One of the earliest available photograph of Building IA, taken from a nearby yard, c. early 1940s. Source: VA Archives.



Figure 48. Photograph of Building I under construction, February 1946. Source: VA Archives



VETERANS' HOSPITAL IS HUGE STRUCTURE

Under construction in the southeast part of Reno, the veterans hospital should be complete by the first of next year. The present building is shown in the foreground, dwarfed by the new structure. (Bennett photo - Nevada Air Service)

Figure 49. View of Buildings 1A and Building 1 under construction, May, 1946.
Source: Bennett Photo - Nevada Air Service, VA Archives.

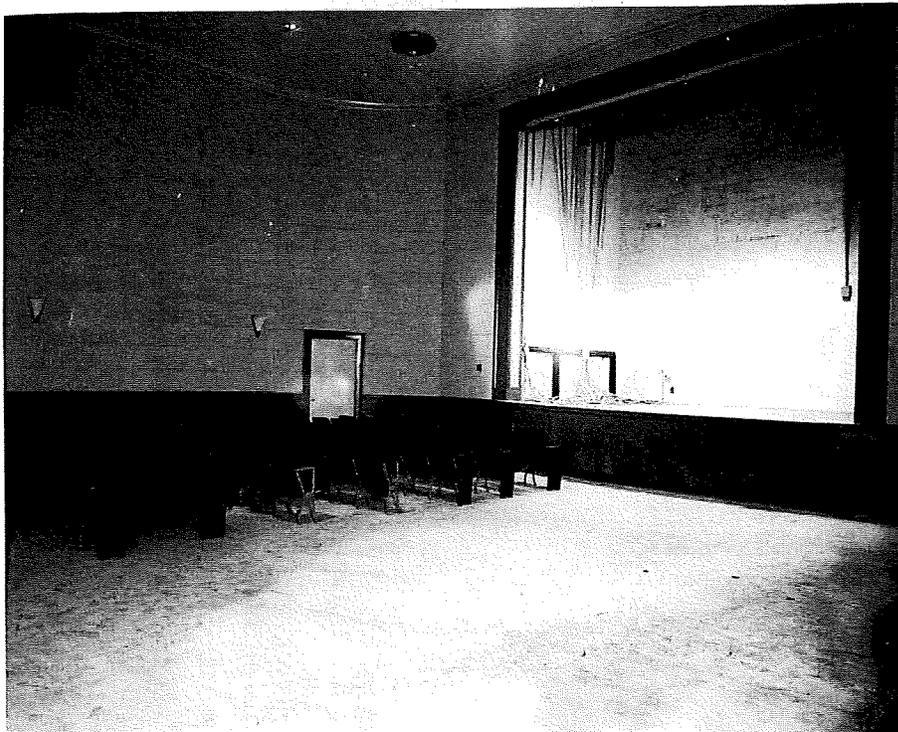


Figure 50. Photograph of the Auditorium in new hospital building (Building 1), 1947.
Source: Robert E. McKee Construction, VA Archives.



Figure 51. Photograph of Buildings IA and I, c. 1950s. Source: VA Archives

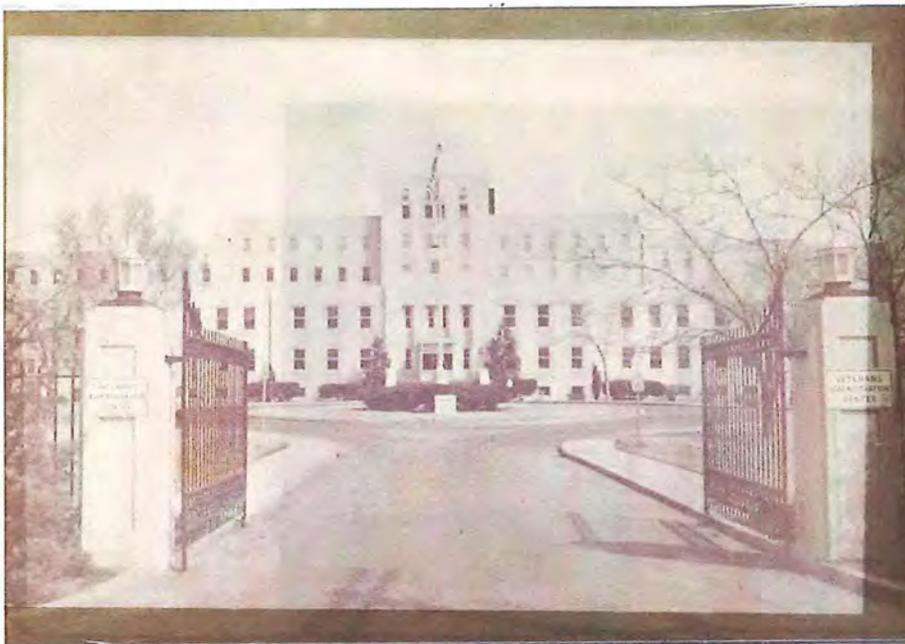


Figure 52. Photograph of Locust Street entry into VA Administration Center, c. 1950s. Source: VA Archives

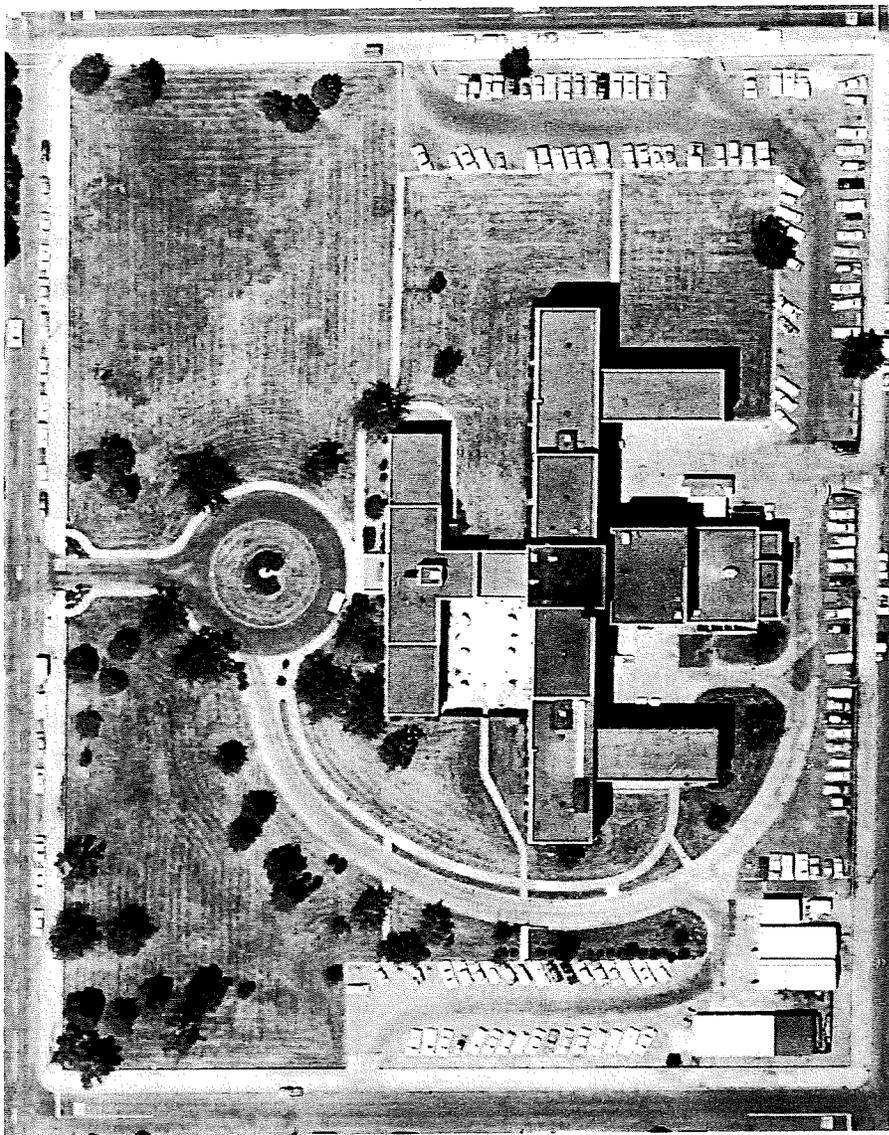


Figure 53. Aerial photograph of the campus, early 1960s. Source: VA Archives.



Figure 54. Aerial photograph of site, early 1960s. Source: VA Archives.



Figure 55. Aerial photograph of site, late 1980s. Source: VA Archives.



Figure 56. Photograph of the entry drive, late 1980s. Source: VA Archives.



Figure 57. Aerial photograph of site, late 1980s. Source: VA Archives.



Figure 58. Aerial photograph of site, c. 2012. Source: VA Archives.

3. Assessment of Adverse Effects

The third step in the Section 106 process is to assess effect(s) that a project may have on any historic properties in the APE. There are three possible findings of effect: 1) no historic properties affected; 2) no adverse effect and 3) adverse effect.

Assessment of adverse effects includes reviewing the effects of the proposed undertaking upon a historic resource and determining if this undertaking will adversely impact the historic character of the resource - which can be physical, a change in use, neglect or other changes. The previous chapter addresses the presence of four resources at the VASNHCS that are recommended as eligible for listing on the National Register of Historic Places - Building I, Building IA, the concrete flagpole base and flagpole, and the entry drive.

Adverse Effect

The criteria for consideration of an adverse effect is found when a proposed undertaking alters the characteristics of a historic property. As Building I is recommended eligible for the National Register of Historic Places, the removal of the south and central wings meets the criteria of adverse effect.

The involvement of the public, local government and Indian Tribal organizations in the consultation process continues to be a critical component of the Section 106 process during this step. During the Resolution effort to follow, it is important for these stakeholders to understand the proposed undertaking and be able to share their comments about the adverse effect on the historic resource - Building I in this project.

The Proposed Undertaking

During the pre-Design and Schematic Design phases, several locations were reviewed for the proposed undertaking - Building I Seismic upgrade and Clinical Expansion - including sites for the Clinical Expansion immediately adjacent to Buildings IA and I at the north and west facades. Due to several constraints - access by patients (necessitating a location on the present site), utilities and the adverse impact on the historic view of Buildings IA and I and to their front facades, these options were rejected. Option 3 - locating the new construction at the east side of Building I was explored and the conceptual design Option 3A was explored in detail. This option offers several advantages to the historic buildings: the view of Buildings IA and I are impacted to a lesser extent and the original entry drive remains largely intact. This option requires the removal of south and center wings at Building I (constructed in 1947); the south wing originally housed patient wards and center wing housed the auditorium and kitchen. The demolition of these two wings is an adverse effect.

However, when measured against the other options for building sites remaining on the campus, the loss of these wings located at the rear of Building I affects the historic character of the site to a lesser extent than the other options considered. Graphic plans of options 3 and 3A are included in the Appendix.

The proposed Clinical Expansion will be separated from Building I by a lightwell with a physical connection to Building I at vertical circulation nodes (stairs and elevators). Levels 1 and 5 of Building I and the proposed Clinical Expansion will align while the remaining floors will not align. This new Clinical Expansion does not affect the primary, western 'front' of the original Building IA (1939). The expansion

was designed to not affect the primary, western front of Building I (1947) as viewed from the historic entry drive from Locust Street and the adjacent historic circular drive. The expansion has no effect on Building I from the southern portion of Locust Street between Burns and Crampton Streets, on Burns Street between Locust Street and Kirman Avenue, and the portion of East Taylor Street opposite from the new Specialty Clinic. The upper floors of the expansion are visible and adversely affects Building I from the streets adjoining the north-west corner of the APE - the northern portion of Locust Street and the western portion of East Taylor Street (east of Locust Street).

The Clinical Expansion will function as a separate building that is connected at the vertical circulation nodes; it will 'face' Kirman Avenue and is 'tucked behind' Building I. The mass of the building itself will be slightly higher than Building I.

In addition to the design described above, the proposed undertaking will also accomplish the following:

- Continues to provide expanded medical care at the existing health care center and be located adjacent to the original buildings - as opposed to a remote location. This benefits the veterans who use the health care system's facility with closer (immediate) proximity to the existing facility and its services.
- Provides a 'new' face and entry to the VARNHCS facility - an improvement to the existing appearance of the rear of Building I with its collection of smaller, stand-alone buildings, storage units, generators and other unsightly utility and service elements.
- Connects to and expands the existing Kirman Avenue main building entry, and enhances the existing arrival and pedestrian circulation system in the facility. A larger, outdoor pedestrian area is provided in front of the new entry, allowing visitors to more easily access the facility.
- Uses a primarily glass exterior for the Clinical Expansion to differentiate this new expansion from historic Buildings IA and I.
- The proposed undertaking is minimally visible and does not have an adverse impact upon the historic Building IA and Building I when viewed from the historic entry at Locust Street and historic circular entry drive, thus protecting the historic appearance of its (historic) facade from these areas. The proposed undertaking is compatible with the massing, scale and architectural features of Buildings I and IA, complementing these historic buildings when these historic buildings are visible together with the expansion.
- Does not impact the historic entry drive and flagpole.
- Will limit seismic improvements to the interior of Building I and not impact the exterior.

The proposed undertaking (the Clinical Expansion building) will be slightly higher than Building I and visible above the top of Building I when viewed from a distance. The mechanical penthouse screen wall and elevator penthouse are taller than the Clinical Expansions' building mass and will be visible from some areas within the surrounding neighborhoods including the recommended Wells Neighborhood Historic District and specifically from blocks to the southeast, southwest, northeast and northwest of the VASNHCS. The views from these areas are minimally and adversely impact the setting and feeling of the recommended Wells Neighborhood from these selected areas. Refer to Appendix for additional information.

The VASNHCS has engaged the SHPO in the pre-Design, Schematic Design and Design Development phases of the project, providing it the opportunity to review the design process and comment during these phases.

Summary

The proposed undertaking - Building I Seismic upgrade and Clinical Expansion at the site - requires the removal of south and center wings at Building I (constructed in 1947); the south wing originally housed patient wards and the center wing that housed the auditorium and kitchen. The demolition of these two wings of Building I, a building that is considered eligible for listing in the National Register of Historic Places, and the visual impact from the adjacent recommended Wells Neighborhood Historic District, a neighborhood determined to be eligible for listing in the National Register of Historic Places, will constitute an adverse effect.

We request concurrence with this determination.

After seeking comment from SHPO and other interested stakeholders, the VASNHCS will seek to resolve the adverse effect through negotiation of a Memorandum of Agreement with mitigation measures. Upon execution of an agreement and filing with the ACHP, the VASNHCS may proceed with the undertaking, as execution and implementation evidence compliance with Section 106.