

ROANOKE VETERANS ADMINISTRATION HOSPITAL,
BUILDING NO. 6
(The Acute Building)
1970 Roanoke Boulevard
Salem
Roanoke County
Virginia

HABS No. VA-1251-A

HABS
VA
SI-SAL
2A-

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDING SURVEY
Northeast Field Area
Chesapeake/Allegheny System Support Office
National Park Service
U.S. Custom House
200 Chestnut Street
Philadelphia, PA 19106

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HISTORIC AMERICAN BUILDINGS SURVEY
THE ROANOKE VETERANS ADMINISTRATION HOSPITAL

BUILDING # 6 (THE ACUTE BUILDING) HABS No. VA-1251-A

Location: 1970 Roanoke Boulevard, Salem, Roanoke County, Virginia

USGS Salem Quadrangle, Universal Transverse Mercator
Coordinates: 17.587020,4125950

Present Owner: United States of America

Present Occupant: The Veterans Administration

Present Use: Surgical and Medical Building (demolished June, 1989)

Significance: Building # 6, designed and constructed by the Veterans Administration in 1934 - 1935, is significant on a national and local level in the areas of architecture, science and social history. The building's primary significance is as a contributing element to the Roanoke Veterans Administration Hospital (R-VAH), which was designed as a regional neuro-psychiatric hospital.

The R-VAH was one of fifty hospitals constructed by the Veterans Administration between 1920 and 1946. These hospitals were based upon a standardized plan developed by the Veterans Administration in Washington, D.C. as the result of an intensive research and planning effort. The network of hospitals created was one of the most advanced health care systems of its time. Designed as a self-sufficient community dedicated to the rehabilitation of patients through a variety of physiological, physical and occupational therapies, the R-VAH is representative of the state of psychiatric health care in the 1930s. The additions and alterations to the facility and to Building # 6 are a record of changing medical philosophies and veteran's health care policies. The R-VAH had great significance for the Salem-Roanoke area at the time of its construction, during the Great Depression, and in later decades, both as a major employer and a service provider.

Building # 6 was one of fourteen buildings constructed as part of the original plan for the R-VAH. It was the only building in the complex dedicated to acutely disturbed patients. These patients were, for the most part, confined to the building. Thus it was necessary that Building # 6 house a wide range of services, making it functionally self-sufficient. Building # 6 is in the Georgian Revival style which is employed throughout the facility. This style was highly popular at the time the R-VAH was constructed, and was chosen by the designers at the Veterans Administration for its regional associations.

PART I. HISTORICAL INFORMATION

A. Physical History:

1. **Date of erection:** 1934-35. On October 19, 1934, approximately 25,000 people gathered at the site of the Veterans Administration Hospital in Roanoke, Virginia (R-VAH), to hear President Franklin D. Roosevelt speak at the facility's dedication ceremony. Although none of the buildings were completed, the six primary hospital and administrative buildings were under construction. Among these was Building # 6, historically and practically known as the Acute Building. Although the exact date of completion is unknown, a report in The Roanoke Times provides evidence that the building was complete by April 28, 1935.

2. **Architect:** From 1920 to 1946, the Veterans Administration's approach to design was standardized in what has since been termed the "architectural set." All buildings serving a common purpose shared a common floor plan. The Veterans Administration developed several different types of hospital sets, each design determined by the type of care or treatment being provided, be it neuro-psychiatric, medical and surgical, or tubercular. For instance, the R-VAH was originally designed as a neuro-psychiatric facility; these hospitals required a certain number of hospital beds in relation to controlled access buildings, intermediate stage buildings, and low security buildings (Nation:20). All plans for the architectural set hospitals were developed and implemented by the Veterans Administration in Washington, D.C.

Since plans for the R-VAH were pre-determined by the Veterans Administration, no one architect is given credit for its design. Colonel L.H. Tripp, Chief of the Veterans Administration Construction Service Division in Washington, however, supervised the preparation of plans and acted as Director of Construction. Born in Westport, Massachusetts and later graduating from the Massachusetts Institute of Technology in Boston, Tripp was in charge of mechanical design for Army construction during World War I, and was appointed Chief of the Construction Division, Veterans Bureau, in March 1923. When the Veterans Administration was created, he was appointed Chief of the Construction Service Division, which consisted of the Director of Maintenance and Operation Division, and the Technical Division (Morris, 1944:20). The Technical Service Division, which was comprised of an Architectural, a Specifications, an Engineering, and a Structural Sub-Division, was of particular importance in that it was responsible for preliminary studies regarding the selection of new sites for Veterans Administration Facilities, inspection and surveys of new sites to form the basis of subsequent design, and the preparation of plans and specifications (Morris, 1944:20). It was the responsibility of this Division to design Veterans Administration hospitals; the R-VAH is included among one of its early accomplishments.

Once the plans were developed in Washington, the Veterans Administration appointed on site personnel to supervise the project. The supervisors of the Salem project included: Captain P.M. Feltham, Supervisor of Construction, and his assistants T.G. Dodd, Superintendent of General Construction, and W.R. Johnston, Superintendent of Mechanical Installation (Five, 1935).

3. Original and subsequent owners: References to the building's Chain of Title are as follows:

- 1933 Deed, November 29, 1933, recorded in Deed Book 220, page 242. From the estate of John H. Parrott, deceased, to the United States of America for a veteran's hospital.
- 1933 Deed, November 29, 1933, recorded in Deed Book 220, page 246. J.C. Haley et al. to the United States of America for a veteran's hospital.

These two transfers totaled 447.72 acres for a consideration of \$66,750. The United States Government currently owns the property upon which the facility operates, but has chosen to, over the years, dispose of excess land no longer needed by the facility. The disposal of this land, however, has not effected Building # 6's setting. The property beneath and proximate the building has not changed ownership since 1933.

4. Builder, contractor, suppliers: The Salem facility, including Building # 6, was constructed under five separate contracts. The principal contractors, as reported by an April 28, 1935, edition of The Roanoke Times, were: for general construction, Algernon Blair of Montgomery, Alabama; for plumbing, heating, and electrical work, the Redmon Heating Company, of Louisville, Kentucky; for refrigeration and ice making, the Columbus Iron Works of Columbus, Georgia; for water tank and tower, Tippet and Wood, of Phillipsburg, New Jersey; and for elevator installation, the Westbrook Elevator Manufacturing Company, of Danville, Virginia.

Although local businesses did not receive any of the major contracts, they did provide important subcontracting services during the construction of the R-VAH. In accordance with requirements set by the Public Works Administration during the Great Depression, local materials and services were used whenever possible in hopes of assisting the recovery of local economies. Among other items, local contractors provided brick, rubble, tile, terrazzo, ornamental iron work, finishing hardware, and lumber for the construction of the R-VAH. Those materials and services not available in the local economy, however, were contracted to outside, primarily regional, businesses.

A complete listing of subcontractors is given in an April 28, 1935 edition of The Roanoke Times. Below are several major subcontractors involved in the construction of the original complex:

Monon Stone Company, Bloomington, IN, cut limestone; American Sheet Metal Works, New Orleans, LA, lightproof windows; W.M. Plunkett & Son, Roanoke, VA, general excavation; A.G. Wilson, Lithonia, GA, rubble stone; United States Gypsum Company, Plasterco, VA, all plaster materials; Hurt and Hurt Coal Company, Roanoke, VA, sand for concrete work; Riverton Lime Company, Riverton, VA, masonry cement; B.F. Parrott & Company, Roanoke, VA, farm drain tile; Capitol Concrete Company, Jacksonville, FL, ready mixed concrete; Homer B Maxwell, Atlanta, GA, engineering, shop drawings, reinforcing steel; Marshall Lumber Company, Montgomery, AL, lumber; Federal Seaboard Terra Cotta Company, New York, NY, enameled wall blocks; Noland Company, Inc., Roanoke, VA, cutting and installing tile and terrazzo; Virginia Bridge and Iron Company, Roanoke, VA, furnishing and erecting structural steel work; Hinkle Brother Company, Birmingham, AL, furnishing and installing roofing and sheet metal; David E. Kennedy, Inc., Chicago, IL, furnishing and installing asphalt tile, linoleum and rubber tile; Roanoke Iron and Bridge Works Company, Roanoke, VA, furnishing and installing miscellaneous iron and ornamental iron work; Roanoke Marble and Granite Company, Roanoke, VA, setting marble and soapstone; Pittsburgh Plate Glass Company, Birmingham, AL, glass and glazing; Brown-Rogers Wall Paper and Paint Company, Birmingham, AL, painting and finishing; Lehigh Portland Cement Company, Fordwick, GA, cement; Sargent and Company, New Haven, CO, finishing hardware; Exchange Lumber Company, Roanoke, VA, millwork; Roanoke-Webster Brick Company, common brick and hollow tile; Graybar Electric Company, Roanoke, VA, electric equipment; Old Virginia Brick Company, Salem, VA, face brick and special brick; Georgia Marble Company, Atlanta, GA, interior marble; and Walter S. Phelps Granite Company, Washington, DC, granite.

5. Original plans and construction: The original plans for Building # 6 were acquired from the Veterans Administration's Engineering Office, where all of the original plans for the R-VAH are maintained. Included among these drawings are: floor plans (3 sheets), elevations (2 sheets), sections with details (1 sheet), porch details (1 sheet), structural plans (7 sheets), plumbing plans (3 sheets), heating plans (3 sheets), and electrical plans (3 sheets). Also available are various site and planting plans.

A comparison between original plans and current photographs suggests that the exterior facade was not significantly altered during its fifty-five year history. The plans do, however, suggest that the floor plan of the building was slightly altered over the years. These alterations primarily included the addition of partition walls. Other interior modifications to the building were made in response to changing health care methods and technology. Such modifications included the installation of modern medical and electrical equipment. The details of these alterations are outlined in the next section.

The individual construction cost of Building # 6 is unknown. It is known, however, by virtue of the original deeds, that the R-VAH site was acquired by the United

States government for a consideration of \$66,750. Also, an April 28, 1934, edition of The Roanoke Times reports that the construction of the original R-VAH facility, which consisted of 16 buildings and utility structures, cost \$1,847,000. This is a disputed figure, however, because the National Register of Historic Places nomination states that the project cost \$1,364,371.26.

6. Alterations and additions: It is known that Building # 6 was never significantly altered. This is probably because the Veteran's Administration owned the structure throughout its history and used it continually as a functioning part of the medical facility. Knowledge of the following alterations to Building # 6 is taken from Volume One of the Capital Facilities Study done by TAG-VVCR of Charleston, West Virginia, and Alexandria, Virginia, in June, 1983.

a. Exterior: The study notes that some tuck pointing was found in the southwest corner of the building. This exemplifies the type of maintenance the building received throughout its history. The study also notes that some of the building's windows were slightly altered. Although most of the original double hung steel windows were maintained, some were replaced by aluminum windows of the same style. Aluminum storm windows were installed on the northeast elevation. The original wood windows in the dormers were subsequently replaced by aluminum windows. The original basement windows were also replaced by aluminum windows. These window alterations occurred in the 1960s and 1970s.

The porches located on the eastern end of the northwest and southeast wings, originally enclosed by insect screens, were bricked up and converted into office space. These converted porches also had aluminum double hung windows on each of the exterior walls. The porches were enclosed either in the late 1950s or early 1960s.

A ramp for handicapped access was constructed between 1962-1965 on the northeast elevation.

Finally, the original wood door located at the primary entrance of the building was replaced. Based upon visual references and a site inventory that notes the replacement doors at the entrances of other buildings, it is believed that the replacement doors on Building # 6 were of glass and metal construction.

b. Interior: The interior of the building was altered over the years. The renovations, however, did not significantly alter the building's appearance as it was the policy of the Veterans Administration's engineering office to maintain the architectural qualities of the buildings' significant spaces. As a result, most of the woodwork and wainscoting in the lobby area were unaltered. The renovations primarily entailed the addition of partition walls,

the reconditioning of plaster walls, the addition of a suspended ceilings over the original plaster ceilings, and the covering of floors with a mixture of tile and carpet.

The most significant of these alterations was the addition of new partition walls. In the basement, the central and southeast wing were subdivided into smaller rooms; on the first floor, the southeast and part of the northwest wing were subdivided; and on the second floor only a few minor partition walls were added. Although several of the corridors were extended as a result of these divisions, the original double loaded corridors were maintained.

For the most part, these alterations occurred as a result of changing medical treatments. When the building was constructed in 1933, the concept of a multi-patient ward was acceptable. However, as it became more common to place patients in one or two bed wards, the larger wards of the Building # 6 were subdivided into more private accommodations. The majority of these alterations are believed to have occurred in the 1960s and 1970s.

The TAG-VVCR study also noted that the interior doors, originally wood with multi-light door lights, were replaced with stained wood veneer doors in the late 1970s.

c. Electrical equipment: Over the years, new electrical equipment for heating, cooling, and laboratories was added to the building. A 15 ton split system unit serving the Physical Therapy Clinic, located in the basement, was installed in 1976. A 5 ton split system unit was installed in 1978 and a 12-1/2 ton split system unit was installed in 1977. Both served Renal Dialysis. A 6 ton chilled water unit serving the Medical Media Area, located in the central wing of the basement, was installed in 1974. A 15 split system unit serving the Pulmonary Disease Laboratory, located in the central wing of the first floor, was installed in 1973. In the attic, three 15-ton multi-zone split system units serving the second floor were installed in 1974.

It is also known that a 1600 amp electrical switchboard was installed in 1977, and a new fire alarm system was installed in 1981.

Finally, an additional elevator was installed in the building across the elevator lobby from the original elevator shaft. This change is believed to have occurred during the late 1970s.

B. Historical Context:

Building # 6 was one of the original buildings constructed at the Roanoke Veterans Administration Hospital (R-VAH) in 1934-35. Although the facility was located on a rural site midway between cities of Roanoke and Salem, Virginia, the facility was named for Roanoke, the larger of the two cities. In 1960 the hospital was annexed into the City of Salem and its name was subsequently changed to Salem Veterans Administration Medical Center (S-VAMC).

The site of the complex, originally comprised of 447.72 acres acquired from local property owners, John H. Parrott and J.C. Haley, in 1933, is situated approximately 1,100 feet above sea level on a bluff overlooking the Roanoke River and the rolling terrain of the Roanoke Valley.

The plans for all veterans hospitals constructed between 1920 and 1946 were developed through an evolutionary process that utilized input from veterans, physicians, and other knowledgeable people. The process resulted in the development of what is now known as an "architectural set." The Veterans Administration in Washington, D.C., developed such sets for medical facilities located throughout the nation. Standardized floor plans were designed for the Veterans Administration's three types of hospitals: neuro-psychiatric, tubercular, and general medical and surgical. The exterior facades of the buildings on a reservation were designed to reflect local or regional architectural influences, and the size of the reservation and the number of buildings were dictated by the specific type of hospital designated and the number of veterans needing assistance in a particular area (Morris, 1944:28).

The Veterans Administration was also careful to choose appropriate sites for its hospitals, each type of hospital having its own special set of site criteria. Neuro-psychiatric hospitals, such as R-VAH, required the most land (approximately 400 to 500 acres) due to the extensive occupational and recreational therapies used for the patients. Occupational therapies included raising pigs and cattle for food and dairy products, and working in fields and vegetable gardens. Recreational activities planned for the veterans included softball, golf, croquet, and walks around the grounds of the reservation. A large site also allowed a measure of freedom and privacy for the neuro-psychiatric patients, and permitted the Veterans Administration to construct enough buildings to accommodate 1000 to 2000 beds. The rural 447.72 acre site in Salem met the Veterans Administration's criteria for neuro-psychiatric hospitals.

Building # 6, known as the Acute Building within the Veterans Administration's architectural set, was one of the first buildings constructed at the R-VAH. It is centrally located southeast of the Main Medical Building (# 2) and its 1970s addition (# 2A), between the Recreation Building (# 5) and what was originally called the

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Colored Patients Building (#7). Covered corridors connect each of these adjacent buildings to Building # 6.

An October, 1944, edition of the Federal Architect, reporting on the Veterans Administration's hospital facilities, describes the general function of the Acute Building in the Veterans Administration's architectural set:

The Acute Building is for care and treatment of patients disturbed to such an extent that they require intensive treatment or that they may be dangerous to themselves or to others. The purpose is two-fold: to provide proper specialized treatment for their comfort and early recovery, and to keep them from retarding the recovery or reaction to treatment of other patients less acutely disturbed.

Building # 6 was the only building at the R-VAH dedicated to the treatment of such patients. Its patients were largely confined to the building, which necessitated that the building be relatively self-sufficient. Therefore, functions, such as dining facilities, that were normally housed outside the patient buildings were found in Building # 6. The Roanoke Times April 28, 1935, edition reports that the building had some facilities not provided elsewhere in the medical complex. Among these features were a two chair barber shop, a hydro-therapy treatment room, an occupational therapy room, and a electro-therapy treatment room. With the exception of the hydro-therapy room which was located on the second floor, all were located in the building's basement. Locker and storage rooms occupied the remainder of the basement space.

The Acute Building at the R-VAH was originally intended to accommodate 128 patients. The first floor featured the main lobby, office space for doctors and nurses, a dining room, and beds for sixty-six patients (The Roanoke Times, 1935). The doctors' and nurses' offices were located along the main corridor of the building. In addition to these offices, there were also two small wards on the southwest end of the building that accommodated up to six patients. Two larger wards, accommodating up to twenty-three patients each, were located on the southwest side of the northwest and southeast wings. On the east side of these wings were day rooms and porches for the patients. The dining room and kitchen were located in the central wing of this floor.

The second floor of the building was similar to the first floor with the exception that the twenty-three bed ward and part of the day room located in the northwest wing were subdivided into individual rooms. The central wing of the floor housed the hydro-therapy room which had five continuous-flow tubs. The Roanoke Times states that patients were placed in these tubs and covered with a canvas, allowing only the head of the patient to protrude. The tubs were used to quiet patients.

New medical procedures for diagnosing and treating the mentally ill were developed

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during World War II and utilized at the R-VAH. Electric shock therapy was first introduced to the hospital in 1944 (Cronin, 1945) and electroencephalo-graphy (EEG) was first introduced to the hospital in 1947 (VA Hospital Splits, 1947). Based on the fact that Building # 6 was the location for many types of therapies, and that the building housed the facility's most disturbed patients, it is probable that electric shock treatment was practiced in Building # 6.

Beginning in the late 1940s, the R-VAH facility began to expand from its single focus on neuro-psychiatric care to other types of treatment. As a result, the hospital released a number of psychiatric patients and treated them as outpatients (VA to Make, 1947); began a program for treating chronic alcoholics; and expanded the facility's medical and surgical services. One change that effected Building # 6 directly was the admittance of women into the R-VAH. The July 4, 1947, edition of The Roanoke Times, reports that the second floor of the northwest wing was altered to accommodate women.

The hospital began to use tranquilizers for the treatment of mental illness during the mid-1950s. The use of these newly discovered medicines were highly significant in that they practically eliminated the need for lobotomies, hydrotherapy, electric shock treatments, and insulin shock therapies (Tranquilizers, 1961). Since Building # 6 used both hydro and electro-therapy to treat its acutely disturbed patients, the discovery of new treatments directly affected the building. Space that was previously needed for hydro and electro-therapy was subsequently reduced and new uses were introduced to the building.

According to revisions of the building's original plans dated June, 1956, both hydro and electro-therapy were confined to one room in the southeast wing of the basement. Previously, each type of treatment had been given its own room. The revised plans also show that carpenter, plumbing, sheet metal, and electric shops were located in the basement by 1956. The shops, however, were not for the facility's vocational therapy program, they were for the Veterans Administration's engineering service. Frank Berks of the R-VAH Engineering Office explained that the engineering service was in need of space for workshops, and moved into Building # 6 because of its convenient central location within the medical complex. He stated that the workshops remained there until the early 1970s.

Upstairs, the building continued to treat patients throughout the 1960s and 1970s. During this time, however, the R-VAH phased out much of its care for neuro-psychiatric patients and concentrated its efforts on general-medical and surgical care. To achieve this, most of the psychiatric patients were released from the hospital and treated on an out-patient basis. As a result, Building # 6 was modified to satisfy the needs of a general-medical and surgical facility.

During the 1970s, Building # 6 was used to receive the overflow of services that Buildings # 2 and # 2A, the main medical buildings, could not handle. By the mid-

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1970s, there was a renal dialysis facility in the basement, medical and pulmonary facilities on the first floor, and surgical facilities on the second floor. According to Mr. Berks, this change in function did not entail much physical alteration beyond the addition of partition walls. A comparison between 1983 and 1957 floor plans supports this statement.

Building # 6 continued providing treatment until October 1, 1988, at which time the building was vacated. The medical services that the building provided were subsequently moved to Building # 12.

The building had been unoccupied for only one month when it was handed over to a contractor for demolition. Asbestos abatement occurred in December, 1988, and final demolition of the building took place in June, 1989.

PART II. ARCHITECTURAL INFORMATION

A. General Statement

1. Architectural Character: Building # 6 was designed in the Georgian Revival style, as it was the policy of the Technical Service Division of the Veterans Administration to apply regional styles to the architectural set facilities. Of all the styles employed for the Veterans Administration's fifty architectural set hospitals, which included French Chateau, Spanish Colonial, Egyptian Revival, and Jacobethan styles, the Georgian Revival style was used most frequently. Its use in thirty-five hospital sets demonstrates its acceptance as a distinctly American style and its close association with government buildings (Nation:21). In particular, the design of the R-VAH was chosen to reflect Virginia's colonial heritage which, at the time of Building # 6's construction, was enjoying great popularity as a result of the restoration of Colonial Williamsburg.

The building, as all of the facility's major buildings, exhibited the Georgian Revival's order and symmetry. It was brick faced in Flemish bond and had white trim, double hung multi-light windows, multi-light dormers in the attic story, accentuated doorways, dentiled pediments and cornices, multistory columns, pilasters, paired chimneys, and a rusticated base.

Behind its classical Georgian facade, the building is highly functional. Elements, such as the steel windows and asphalt tile floors, were a reflection of the use of modern building materials. The emphasis on function was apparent in its design as well. For instance, the H-shaped floor plan and double loaded corridor system allowed for light and air to reach each room of the building, and also created courtyards in which the patients could relax or exercise. The medical community of the period thought light, fresh air, and exercise to be essential to the rehabilitation of a psychiatric patient.

2. Condition of fabric: Prior to the June, 1989, demolition, the fabric and structure of the building was in good condition.

B. Description of Exterior:

1. Over-all dimensions: The two-story, plus basement, building was H-shaped and had an additional wing extending off the northeast side of the central section of the H. The roof was gabled at the main portion of the building and hipped at the northwest and southeast wings.

Its primary elevation, the southwest facade, extended 187 feet. Located at the central bay, a two story pavilion marked the primary entrance of the building. The entrance was accessed by a short flight of granite stairs. The landing was topped with brick laid in a herringbone pattern and bordered by granite. The entrance was

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flanked by pilasters and adorned with a pediment. Located at the northern end of the elevation was a connecting corridor leading from the basement of the building to Building # 4. The corridor was brick faced and had a gabled roof. The most distinguishing architectural feature of the corridor, however, was its arched windows. Given the rolling terrain of the area, the facility's corridor system, which connects all of the facility's hospital buildings, was engineered masterfully. The corridors even meet modern handicapped code requirements in terms of grade.

The northeast elevation, also 187 feet long, was adorned with columns located at the northwest and southeast wings. Although the northwest and southeast wings had hipped roofs, the porch extensions on the northeast elevation were both gabled.

The northwest and southeast elevations both extended approximately 149 feet. These elevations had gabled central pavilions similar to the one on the primary elevation, and the back porches could be seen extending off the northeast side of the building. Connecting corridors, similar to the one located at the southwest elevation, were located at the central pavilion of both elevations. The corridor on the northwest elevation led to Buildings # 2A and # 5 and the corridor on the southeast elevation led to Building # 7.

2. Foundations: The foundations consisted of continuous concrete footings under walls, and spread footings under columns and concentrated loads. The design soil bearing value was 6000 pounds per square foot.

3. Walls: The exterior brick walls were of Flemish bond construction and had a rusticated limestone foundation. A structural report done by TAG-VVCR in 1983 found that the building was in excellent structural condition despite the fact that most of the structural materials were original to the building.

4. Structural system, framing: The building had a concrete structural frame supported on spread footings. The floor slabs were constructed of concrete and the exterior walls were brick veneer. The roof framing was constructed of wood joists and beams. The floor and roof framing consisted of one-way joist construction between beams of depth greater than the joints. The concrete thickness between joist ribs was generally 2" but was 2-1/2" thick in some areas. Pan depths varied from 6" to 12".

5. Porches: Porches were located on the northeast end of the northwest and southeast wings at the first and second floors. Originally, these porches were open on three sides and enclosed by insect screens and wire mesh. The wood railings on the first floor porches had turned wood balusters and the railings on the second floor were constructed of wrought iron. These porches were subsequently enclosed with aluminum windows and brick and used as office space.

There were also two small porches located at the first floor entrances on the

northeast facade. They were of simple wood-frame construction and were enclosed by insect screens and a wood screen door.

6. Chimneys: The building had a total of six brick chimneys. These chimneys had arched metal louvers at the roof's ridge, and were of Flemish bond construction. All of the chimneys had corbeled caps. Two were located at the central bay of the northwest and southeast wings and the remaining four, which were connected to form a widow's walk, were located at the center of the roof. The widow's walk had a flat built-up roof and its railing had turned wood balusters.

7. Openings:

a. **Doorways and doors:** There were eight entrances to Building # 6. The primary entrance, southwest elevation, was located on the first floor of the building and was accessed by a short stair. The original double doors were flanked by pilasters, and adorned with a denticulated pediment. They each had multi-light windows and transoms. These doors were subsequently replaced by metal doors with large window lights. Also located on the southwest elevation was an entrance at the basement level leading into a connecting corridor. This corridor connected Building # 6 with Building # 4. This basement door had a fixed multi-light window and an angled brick lintel.

Two of the northeast elevation's three entrances were located on the first level. Below the southern-most of these doors was the third entrance, located at the basement level. The doors had multi-light windows and the basement door had a multi-light transom. All three of the doors accessed the two interior stairwells.

The two doors on the first level were accessed by granite stairs and had small porches enclosed by insect screens. They also had angled brick lintels. Wood framed screen doors accessed the porches as well as the basement door. The northern-most porch door was also accessed by a wheelchair ramp.

The final three entrances were located on the northwest and southeast elevations. Two accessed the corridors that connected Building # 6 with buildings # 7, # 5, and # 2A. The basement doors had fixed multi-light windows and angled brick lintels. The third door was located adjacent to the southeast corridor and led outside. This door was constructed of wood, had a multi-light window, and a multi-light transom.

b. **Windows:** The windows of Building # 6 were primarily twelve over twelve double hung windows. The original windows were constructed of steel and the replacement windows (which were of the same style) were constructed of aluminum. The basement windows were slightly different. They were multi-light windows, but had only a single sash. The last major window type

was found in the connecting corridors. These windows were arched and multi-light.

The sills of all the windows were cast stone at the upper floors and stone at the basement level. The wood trim of the building was painted white.

Originally, the lower sash of the exterior windows were adorned with decorative, S-shaped wrought iron. This iron work may have also had a functional use considering the acute psychiatric disabilities that the building's patients were being treated for.

8. Roof: The building had a hipped and gabled slate roof constructed on wood sheathing. The only variation was the flat built-up roof located at the widow's walk. There were thirty-two hipped dormers, most with double hung windows and some with wood louvers, symmetrically placed at the roof level. The cornice, which ran continuously around the building, was dentiled and constructed of wood. The raking cornice of the gabled roof was also dentiled and constructed of wood. Located in the gables were semi-circular, louvered attic vents. The roof was drained by copper gutters and recently replaced aluminum downspouts.

C. Description of Interior:

1. Floor Plans: The building was a total of 47,076 square feet, 15,692 square feet at each of the three floors. The floor plan was a basic H-shape with an additional central wing extending off of the northeast side of the central corridor. Please refer to the supplemental section of the report for details.

2. Stairways and elevators: There were two stairwells that accessed the three levels of the building. They were located on the northeast side of the building, at the angle where the main corridor met the northwest and southeast wings. These two interior stairwells accessed three exterior doors at the basement and first floor levels. The stairs were constructed of steel and had terrazzo treads. The handrails were 3" round pipe. The stairwell walls were painted plaster.

In addition to the stairwells, there were also two elevators, located at the center of the main corridor, that accessed the three levels of the building. Originally the building had only one elevator shaft.

3. Flooring: Original floor materials are unknown, but in general, the facility's original buildings typically had ceramic tile floors for toilets and utility rooms, terrazzo and quarry tile floors for corridors, lobbies, and kitchen floors, and compressed asphalt tile for wards and corridor floors. The floors were later covered with light colored vinyl asbestos tile and carpet.

4. Wall and ceiling finish: The basement and bathrooms had ceramic tile wainscot with painted plaster walls. The remainder of the building had painted plaster walls. The walls in the corridors had polished aggregate baseboards that were curved to meet the floor. The design allowed the floors to be cleaned more thoroughly.

The original ceiling was painted plaster suspended below the concrete slab of the upper floor to cover pipes and electrical material. Suspended acoustic tile ceilings were later installed in the building.

5. Openings:

a. **Doorways and doors:** The original doors were constructed of wood, many with lights and transoms. The replacement doors, believed to have been added in the 1970s, were wood veneer and had a variety of door lights, louvers.

Located between the primary entrance of the building and the elevator lobby was an archway. The archway had plaster molding and a decorative wood base. Located between the elevator lobby and the main corridor was a single paneled wood door with a multi-light window and a multi-light transom. The door was also flanked by window lights.

b. **Windows:** The windows were single glazed, multi-light, and double hung. They were of steel (original) and aluminum (replacement) construction. Most were outfitted with aluminum storm windows and screens. The windows had no interior trim.

6. Decorative features: Given the use of Building # 6, its architecturally notable features were found primarily on the exterior facades. The interior was much more utilitarian in nature and as a result had little architectural detailing.

7. Mechanical Equipment: The building utilized steam and hot water as heating mediums. The heating, ventilating, and air conditioning equipment were primarily located in the attic space.

a. **Heating:** Throughout its history, the building was heated by steam. Originally, fired furnaces manufactured the building's steam. Recessed radiators could be found in most rooms throughout the building. In later years, steam was used in: DX split system and chilled water air handling unit coils, through-the-wall units, and radiators. Hot water was used in fan-coil units and for airhandling units serving portions of the Pulmonary Disease area (first floor). A steam humidifier was provided in supply duct and served the Renal area. Exhaust was provided by a central exhaust fan located in the attic and window exhaust fans.

b. **Cooling:** The building did not originally have air conditioning. Cooling, was provided in later years by numerous DX split systems and chilled water air handling units, fan coil units, and through-the-wall units. The building was cooled by seven through-the-wall cooling units. Condensing units were located outside on the grade and on the roof.

c. **Lighting and electricity:** The original electrical fixtures of the building are unknown. Most of the replacement lighting fixtures were recessed and of the wrap-around type. The building was outfitted with a 1600 amp electrical switchboard manufactured by F.P.E. and containing one 1600 amp molded case main circuit breaker and group-mounted branch breakers of the solid state type manufactured by Westinghouse.

The emergency power distribution system was two diesel-fueled engine generators. One of the generators was located adjacent to Building # 6 inside a weatherproof house and the other was located adjacent to Building # 137.

d. **Fire:** The building was protected by a Simplex, coded, supervised, and annunciated fire alarm system.

8. Laboratories: These rooms had metal laboratory-type casework. The typical lab work surface was constructed of resin with resin reagent shelf drawers. Cabinet chases were located behind the work surface. Laboratory equipment included: floor standing refrigerators, gas, air and vacuum outlets, fume hoods, a specimen pass through, hoods, an ultra-cold freezer, and centrifuges.

D. Site:

1. General setting and orientation: The building was centrally located within the original 447.72 acre medical facility, located in Salem, Virginia, only a short distance from Roanoke, Virginia. The site is situated approximately 1,100 feet above sea level on a bluff overlooking the Roanoke River and the rolling terrain of the Roanoke Valley.

The primary elevation of Building # 6 faced a southwest direction. In relation to the buildings in its immediate vicinity, Building # 6 was located directly west of Building # 7, south of Building # 5, southeast of Buildings # 2 and # 2A, and northeast of Building # 4. The physical plant buildings, # 13-# 16, were located directly to the south of Building # 6.

The R-VAH site has four distinguishable groups of buildings, the east, west, utility, and residential groups. The east and west groups contain the facility's principal administrative and medical buildings, along with several ancillary buildings. The east group, which contains the original hospital group as planned in 1934, consists of Buildings # 1, # 2/2A, and # 4-# 12. Buildings # 4-# 12 are grouped in such a way

that they form a large, irregularly shaped, enclosed yard. This provides an area where the patients can relax and enjoy the outside environment. Also contained within this yard is a small chapel and a bowling alley. The west group consists of Buildings # 74-# 77. These buildings, not part of the original R-VAH design, are more tightly arranged and form a smaller, oval courtyard.

The residential group, which was part of the original 1934 plan, consists of Buildings # 17-# 19 and # 25, and is situated in the northwest portion of the site, somewhat removed from the administrative and medical buildings. Located directly east of the residences are three garages.

The utility group, Buildings # 13-# 16, is located southeast of the east group and sits near the edge of the bluff above the Roanoke River. This group was constructed as part of the original 1934 complex. Other small ancillary sheds and storage structures are situated down the hill, east of the utility group.

Four major open spaces currently exist on the grounds of the R-VAH. The most prominent of these is the semi-circular lawn that is situated in front of the principal buildings. A ball field is located within this space. Another open space is located south of the residential complex and west of Buildings # 74 through # 77 on the southwest corner of the reservation. A third open space is located near the ancillary sheds and storage buildings down the hill and directly east of the primary hospital buildings. A golf course located in the northeast portion of the reservation represents a fourth open space.

Four major roads provide access through the station grounds. First, a large semi-circular drive, northeast of the complex, provides primary access into the R-VAH. The drive directs vehicles to the ellipse in front of the Main Medical Building (# 2). Second, the residential buildings, located east of the main entrance road, are accessed by a small circular drive. Third, a large macadam-paved drive loops around the east and west groups, connecting all the major buildings. Finally, the utility buildings are situated on a looped road connected to the southwest side of the macadam drive.

Gravel and paved parking lots are located throughout the station and are accessed by the major roadways. Major parking areas are located between Building # 1 and Building # 77, between Building # 120 and # 75, to the west of Building # 77, northeast of Building # 10, east of Building # 9, and in front (northwest) of Building # 5. Parking is available for more than 1670 vehicles.

2. Historic landscape design: An important feature of the original facility was its well planned outdoor space. Building # 5-# 12, for instance, formed a large courtyard in which patients could relax or indulge in recreational activities. Such activities were part of a patient's psychiatric treatment.

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According to a tree planting plan dated 1935, there were two pin oak trees planted in the front courtyard of the building, two black oaks flanking the front facade, and two common red oaks flanking the southwest elevation. Plans also show that a number of planting beds were located along the exterior walls of the building. Finally, a circular driveway was located in front of the building extending off of the main road of the complex, and a parking lot was located adjacent to the southeast elevation of the building.

PART III. SOURCES OF INFORMATION

A. **Architectural drawings:** There is a set of 23 original architectural drawings dated 1933, that may be found in the engineering office of the R-VAH. The floor plans of these drawings have revisions dating to 1957. It is believed that the Veteran's Administration built the complex close to the original specifications.

B. **Interviews:** Frank Berks, who has been with the R-VAH's engineering office since 1961, was interviewed over the phone on June 21, 1989.

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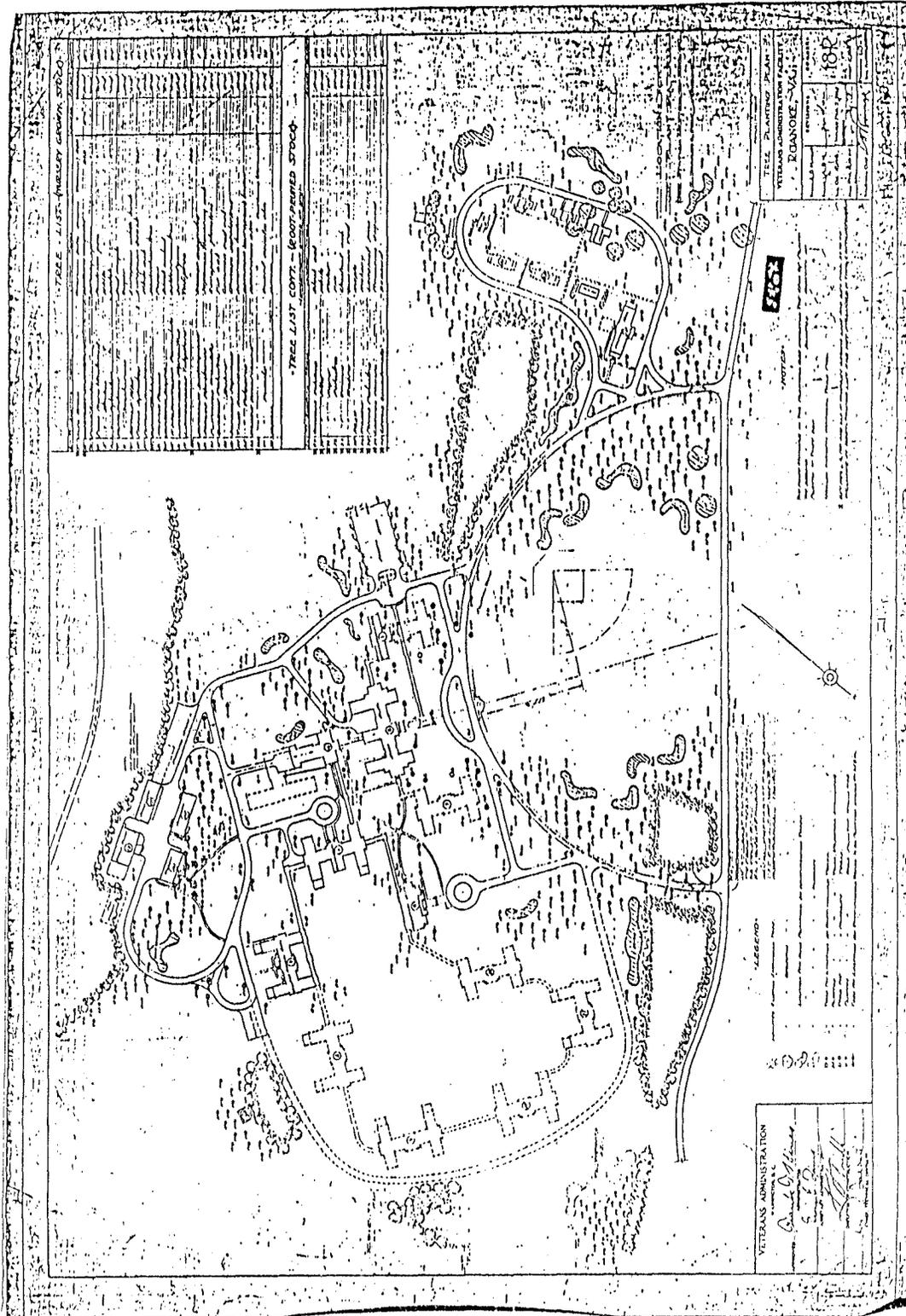
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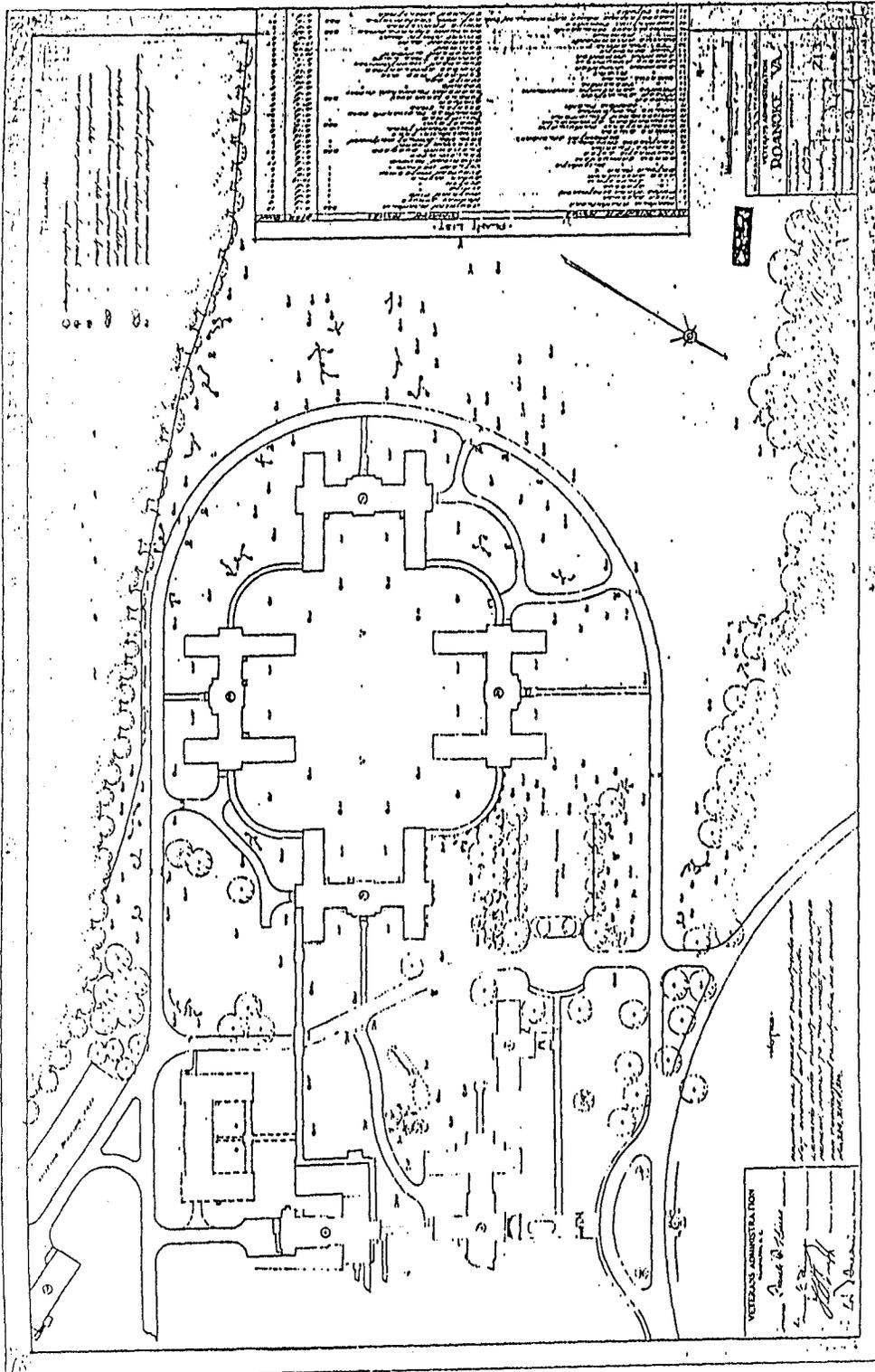
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D. Supplemental Information:
1. Original Planting Plan, 1934

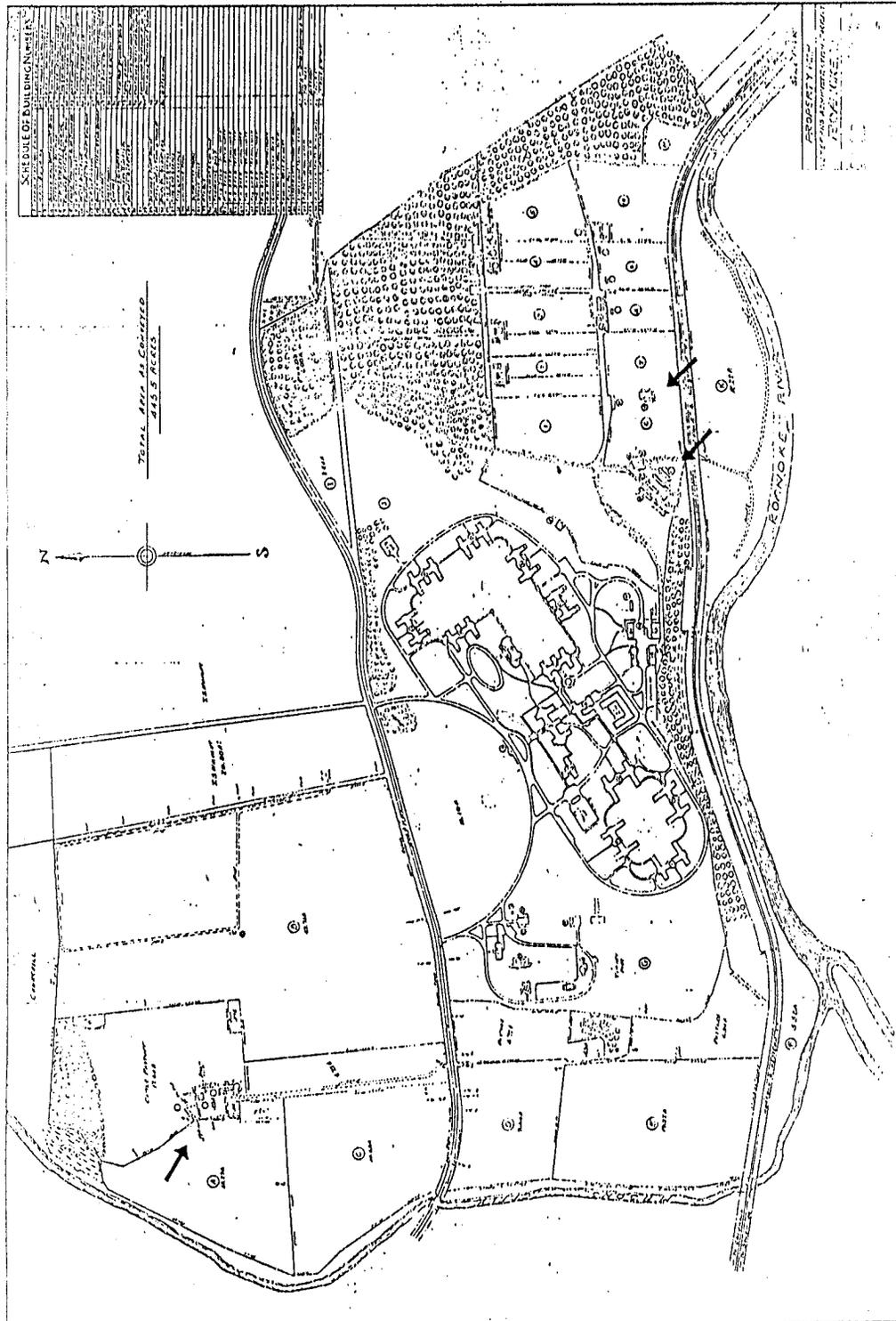


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2.Planting Plan for West Circle, 1944

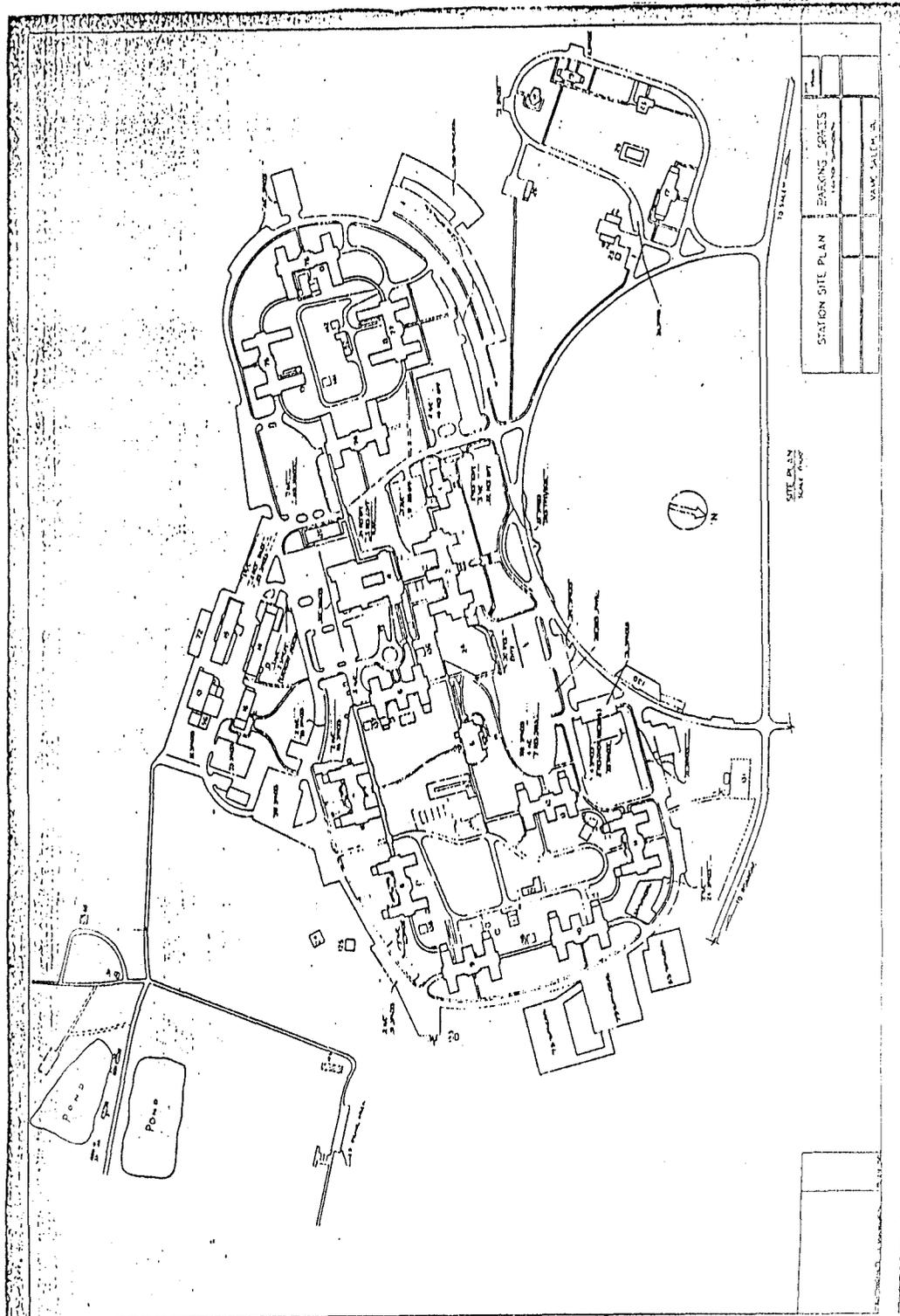


3. Site Map Showing Camp Jordan and Farm Structures, 1945



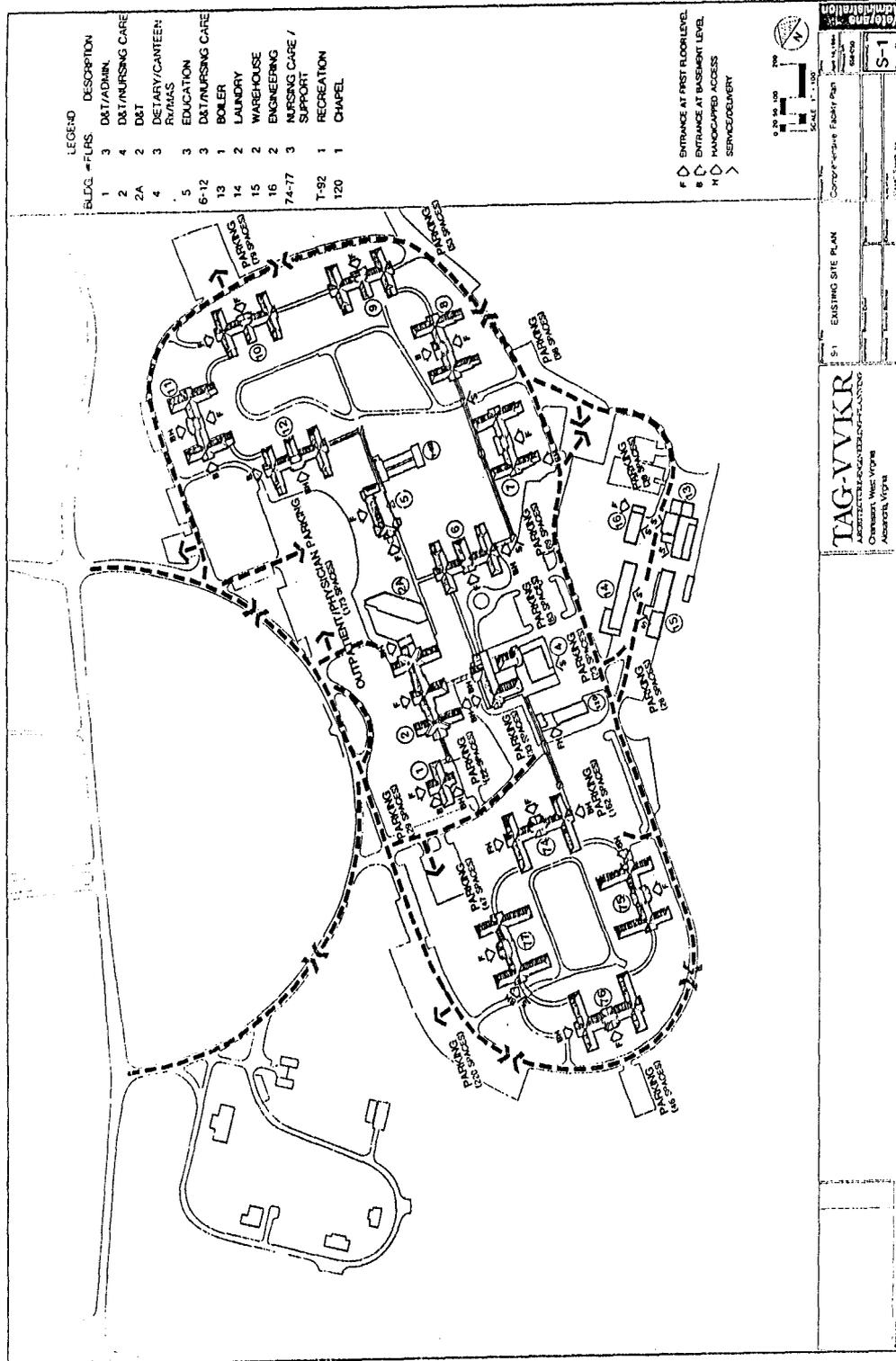
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4. Site Plan Showing Growth of Parking Areas, 1986



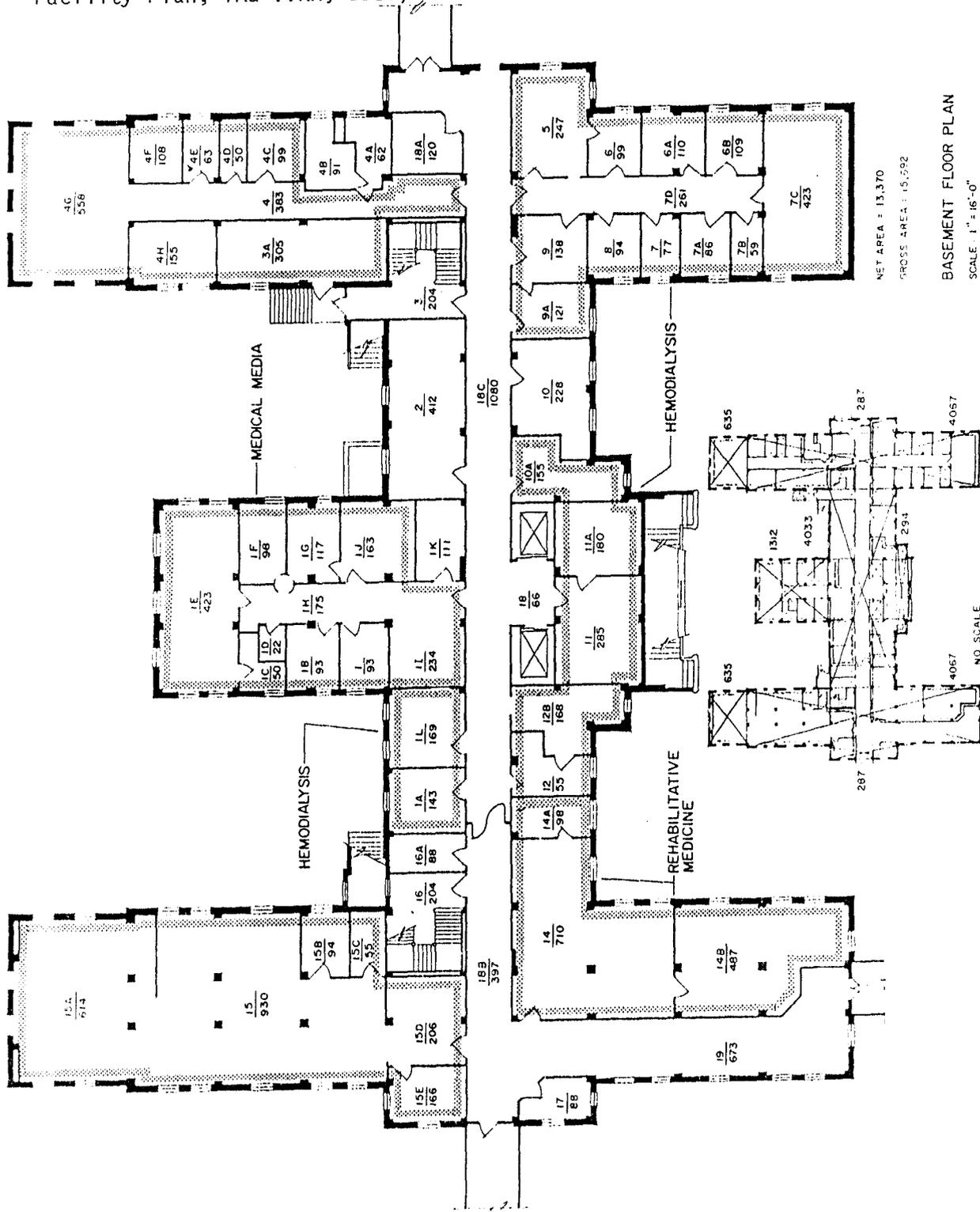
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5. Site Plan, 1984 (from Comprehensive Facility Plan, TAG-VVKR)



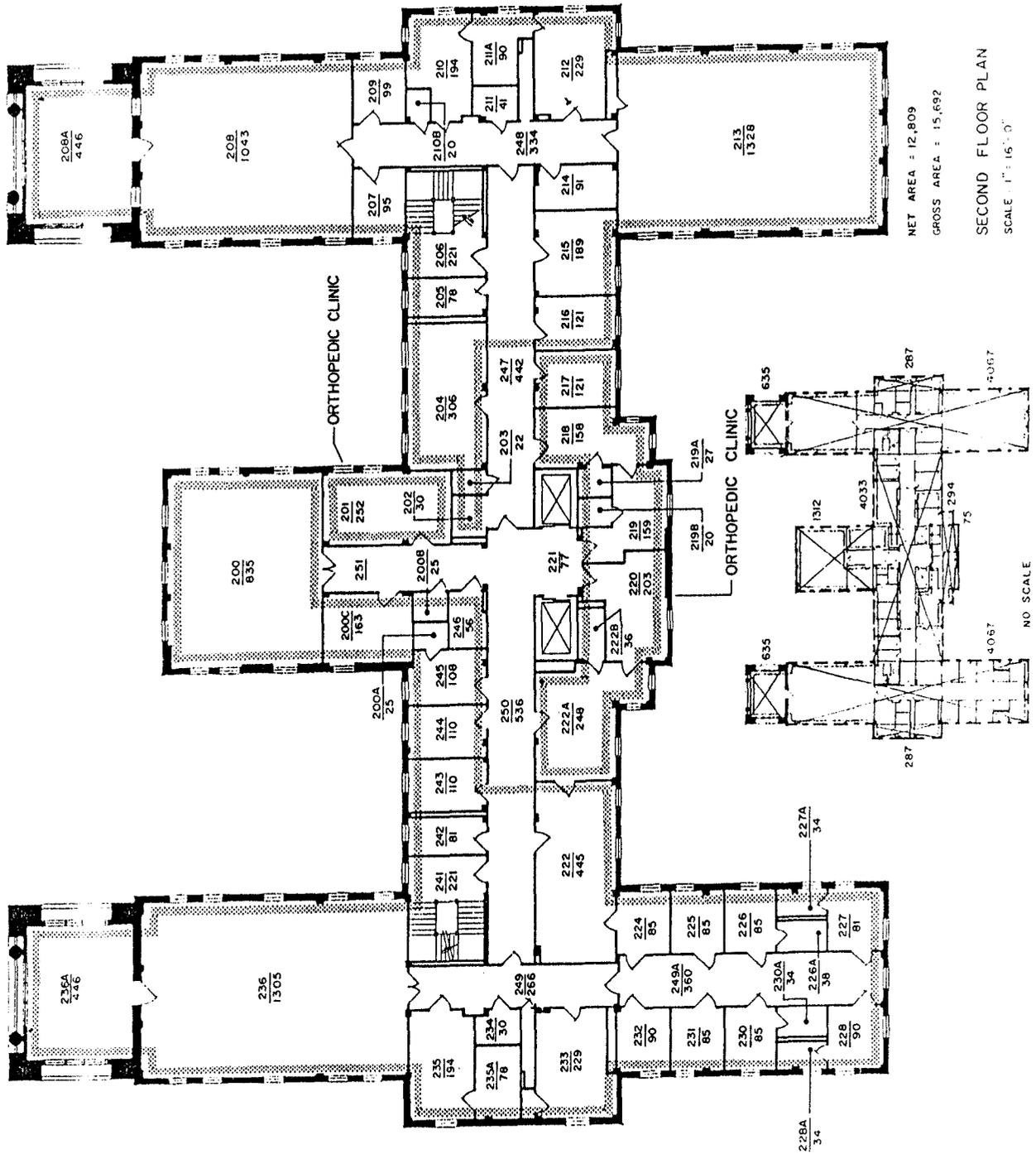
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9. Basement Floor Plan of Building #6 at the R-VAH (from Comprehensive Facility Plan, TAG-VVCR, 1983)



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11. Second Floor Plan of Building #6 at the R-VAH (from Comprehensive Facility Plan, TAG-VVCR, 1983)



PART IV. PROJECT INFORMATION

The Veterans Administration is intending to construct a new outpatient, clinical, and nursing facility at the S-VAMC. To accomplish this it was necessary to demolish Building # 6, a contributing structure in a historic district that has been determined eligible for listing in the National Register of Historic Places. Therefore, in compliance with Section 106 of the National Historic Preservation Act of 1966, and in agreement with the Advisory Council on Historic Preservation and the Virginia State Historic Preservation Officer, the Veterans Administration is providing Historic Architectural Buildings Survey (HABS) documentation of the building so that there will be a permanent record of its history and appearance.

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