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HISTORIC AMERICAN BUILDINGS SURVEY

ROANOKE VETERANS ADMINISTRATION HOSPITAL

(SALEM VETERANS ADMINISTRATION MEDICAL CENTER) HABS No. VA-1251

Location: 1970 Roanoke Boulevard
Salem, Roanoke County, Virginia

USGS Salem Quadrangle, Universal Transverse Mercator Coordinates: (a) 17.586380.4125720, (b) 17.586380.4125430, (c) 17.586710.4125250, (d) 17.587180.4125350, (e) 17.587310.4125680, (f) 17.587230.4125950

Present Owner: The United States of America, The Veterans Administration

Present Occupants: The Veterans Administration

Present Use: Veterans Medical Facility

Significance: Roanoke Veterans Administration Hospital (R-VAH) was constructed in 1934-1935 and is significant on a national and local level in the areas of architecture, science, and social history. 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 are a record of the changing medical philosophies and veteran's health care policies over time. 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 as a service provider.

The Georgian Revival style is employed throughout the R-VAH. This style was highly popular at the time of the construction of the R-VAH and was chosen for the facility by the designers at the Veterans Administration for its regional associations.

PART I. PHYSICAL SETTING AND SURROUNDING ENVIRONMENT

The Veterans Administration Hospital was constructed on a rural site midway between cities of Roanoke and Salem, Virginia. It was named for Roanoke, the larger of the two cities. In 1960 the hospital was annexed to the city of Salem and its name was subsequently changed to Salem Veterans Administration Medical Center.

Roanoke Veterans Administration Hospital (R-VAH) is comprised of thirty-two primary buildings and structures. It is situated approximately 1100 feet above sea level on a bluff overlooking the Roanoke River and the rolling terrain of the Roanoke Valley. The surrounding Blue Ridge and Allegheny Mountains can be seen from several vantage points on the grounds of the R-VAH reservation.

The hospital reservation is located within the City of Salem, approximately 1.75 miles west of the City of Roanoke. The complex is bound on the north by Roanoke Boulevard, on the east by park land owned by the City of Roanoke, on the south by river-front property owned by the Norfolk and Western Railroad, and on the west by property owned by the Roanoke Vocational Technical School (east of Mason's Creek).

The site originally consisted of 447.72 acres, acquired from local property owners John H. Parrott and J.C. Haley in 1933. In subsequent years, the U.S. Government gradually sold much of the facility's excess land. As of 1989, the rectangular-shaped site consisted of 225-acres.

PART II. HISTORICAL CONTEXT

Development of Veterans Services

The United States government has provided benefits for its disabled veterans since August 26, 1776, when the Continental Congress passed a resolution that provided a pension for veterans disabled while serving in the armed forces (Weber and Schmeckebier, 1934:4). As military involvement in the post-Revolutionary War era increased the demand for military pensions, the need to form a federal office that could regulate and administer the pension program became apparent. For this reason, on March 2, 1833 (4 Stat.L. 622), the Bureau of Pensions was formally authorized by Congress (Weber and Schmeckebier, 1934:207).

The next major act benefitting veterans was passed on March 3, 1865 (13 Stat.L. 509). This law provided for the establishment of military and naval asylums, and the National Home for Disabled Volunteer Soldiers. These facilities were created as domiciliary homes for disabled veterans who fought in the Union Army during the Civil War. Only a minimal amount of health care was provided.

The creation of the Bureau of War Risk Insurance on October 6, 1917 (Public Law 90), spurred by the United States' commitment to World War I, provided for the administration of veterans compensation, medical and hospital services, rehabilitation, and insurance (Weber and Schmeckebier, 1934:4). The Bureau of War Risk Insurance was burdened with increased responsibilities as veteran's claims rose in the post war era. As a result, some services were transferred to other agencies; the United States Public Health Service assumed the responsibility of providing medical and hospital services, and the Federal Board for Vocational Rehabilitation assumed the responsibility of organizing the vocational rehabilitation program (Weber and Schmeckebier, 1934:4). By 1919, despite millions of dollars appropriated for the provision of veteran's services, the Public Health Service determined that the availability of government beds was inadequate and that it was necessary to contract veterans health care services to civilian hospitals.

On March 4, 1921, an additional $18,600,000 was appropriated to the Supervising Architect's Office of the Secretary of the Treasury for the construction of more government hospital facilities. Sites selected for these facilities were criticized as being located far from needy veteran populations, requiring veterans to leave family and friends to seek treatment. Hence, it was determined that all future facilities be constructed near centers of veteran populations (Weber and Schmeckebier, 1934:15-16). From this point forward, demographics played an important role in determining the site of a veterans hospital or home.

In 1921, the United States Veterans Bureau was formed. On April 29, 1922, it assumed responsibility for fifty-seven veterans hospitals operated by the United States Public Health Service. Nine more hospitals, at the time under construction by the Treasury Department, were later transferred to the Veterans Bureau (Weber and Schmeckebier, 1934:16-17). On July 21, 1930, the Veterans Bureau, the National Home for Disabled Volunteer Soldiers,

and the Bureau of Pensions were consolidated into the Veterans Administration. General Frank T. Hines, director of the Veterans Bureau since 1923, was named administrator of the new agency (Morris, 1944:18).

The Architectural Set

To meet the goal of providing veterans with quality health care, the majority of veterans hospitals built between 1921 and 1946 were designed and constructed according to a specific set of criteria first developed by the Veterans Bureau and adopted by its successor, the Veterans Administration. These fifty hospitals have come to be referred to as belonging to the "architectural set." The plans for the architectural set hospitals were developed through an evolutionary process that utilized input from veterans, physicians, and other knowledgeable people. All buildings serving a common purpose shared a common floor plan. Standardized floor plans were designed for 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).

A major influence in the design of hospitals constructed in the beginning of the 20th century was the discovery of the spread and control of bacteria. Another relatively new idea in hospital design that is reflected in the architectural set hospitals is "nursing efficiency," putting various types of treatment wards in the same building frequently four- to five-stories in height (Morris, 1944:14).

According to the criteria developed for the architectural set hospitals, neuro-psychiatric facilities, such as the R-VAH, required the most land, approximately 400 to 500 acres. A large site allowed extensive occupational and recreational therapies used to treat the patients. Occupational activities included raising pigs and cattle, working in fields, and maintaining vegetable and flower gardens. Recreational activities planned for the veterans included softball, golf, croquet, and walks around the grounds of the reservation. A large site also permitted the neuro-psychiatric patients a measure of freedom and privacy, and allowed the Veterans Administration to construct enough buildings to accommodate 1000 to 2000 beds. Tubercular and general medical and surgical hospitals did not require as much acreage (100 acres and 50-100 acres, respectively) nor as many beds (Morris, 1944:28).

PART III. HISTORY OF THE ROANOKE VETERANS ADMINISTRATION HOSPITAL

Planning and Site Selection

The R-VAH is typical of the architectural set neuro-psychiatric hospitals constructed by the Veterans Administration between 1920 and 1946. Since the plans for such a hospital were standardized by the Veterans Administration, buildings located in neuro-psychiatric hospitals were typical according to their use. Although the number of each type of building varies from facility to facility, the following is a list of typical structures found in a Veterans Administration neuro-psychiatric hospital:

MAIN BUILDING
This building was the site of the medical and surgical procedures. Services available in this building included administrative space, operating rooms, a receiving ward, dental examinations, and some therapeutic treatments. Patients requiring care for physical illnesses were also treated in this building.

ACUTE BUILDING
This type of building contained wards devoted to the care and treatment of extremely disturbed patients who required extensive treatments.

INFIRMARY BUILDING
These facilities contained beds for patients whose mental and physical conditions were deteriorating to the point where they could not take care of themselves, thus requiring constant care.

PAROLE BUILDING
This type of building housed patients who were able to care for themselves with minimal supervision and who were preparing to leave the hospital.

DINING HALL BUILDING
This structure contained a large dining room and the food storage and preparation areas.

RECREATION BUILDING
This building contained patient lounges, an auditorium, and the libraries for patients and physicians.

RESIDENTIAL AND QUARTERS BUILDINGS
These buildings provided housing for nurses and physicians.

UTILITY GROUP
These ancillary buildings contributed to the operation of the reservation. They included the laundry, boiler house, storehouse, shops, garages, and various farm buildings.

CONNECTING CORRIDORS
These brick structures were usually enclosed and provided patient control and protection from adverse weather conditions for patients and staff. All buildings in the main hospital group were connected by these corridors.

The original R-VAH plan of 1934 called for the construction of twenty-two hospital, residential, and utility buildings (Buildings # 1-# 22). Included along with these buildings were a number of ancillary, farm, storage, and garage structures. The Parrott House, the residence of the property's previous owner, was also integrated into the R-VAH design. The existing facility is based upon the original plan, but shows some variations. For example, the 1934 plan called for a much larger Administration Building (Building # 1), and for several buildings which were never constructed (a patient building, Building # 3, and several residential buildings). However, the plan was intended to expand with the needs of the veteran population and thus four buildings not shown on the original plan were added to the west side of the campus during World War II.

The R-VAH was constructed in the Georgian Revival style. Of all the styles employed for the Veterans Administration's fifty architectural set hospitals, (which included French Chateau, Spanish Colonial, Egyptian Revival, Jacobethan and other styles), the Georgian Revival style was used most frequently. Its use for thirty-five facilities demonstrates its acceptance as a distinctly American style and its close association with governmental buildings (Nation:21). In particular, the design of the R-VAH was chosen to reflect Virginia's colonial heritage which, at the time of construction, was enjoying great popularity as a result of the restoration of Colonial Williamsburg.

Another important aspect of the facility's design was its landscape. The landscape plans show detailed planting schemes involving a variety of shrubs and trees, including many mature trees brought in from the surrounding woods. The Veterans Administration considered an attractive, bucolic environment to be an integral part of the neuro-psychiatric treatment process.

Just as the design of the facility was given much attention, the Veterans Administration considered the site selection process to be of utmost importance. The Roanoke area was first chosen by the Veterans Administration as the home of a new general medical and surgical hospital. However, after President Franklin Delano Roosevelt took office, the National Economy Act of 1933 was passed and all plans for the construction of new Veterans Administration Hospitals were halted. At this time, the criteria for determining which veterans were eligible for health care benefits were modified. This change in policy led to a reduction in the number of veterans eligible to receive health care from the Veterans Administration. As a consequence, the designation of the Roanoke site was changed from general medical and surgical to neuro-psychiatric, and the project was transferred to the newly established Public Works Administration.

Politics aside, several other criteria, such as demographics, public transportation, future land uses, soil fertility, and topography, also played an important role in determining whether

the Roanoke site was suitable for a neuro-psychiatric hospital. Veterans population statistics were studied to determine where and what kind of health care services were needed. Another factor was transportation; the hospitals had to be easily accessible to patients, visitors and the staff. The growing use of the automobile and public transportation in the early thirties permitted the placement of neuro-psychiatric hospitals in suburban and rural areas, an environment that was considered beneficial to the treatment of patients (Morris, 1944:24). The R-VAH site, conveniently located between Roanoke and Salem and accessible via the Roanoke Safety Motor Transit Corporation, was considered acceptable under this criterion.

It was not considered beneficial for hospitals to be located near noisy and/or odiferous enterprises, nor was it desirable to be in proximity to commercial properties. For these reasons, existing and future land use plans were important factors of the site selection process. Neuro-psychiatric hospitals, in particular, were located in rural and suburban areas that were expected to remain as such (Morris, 1944:24). Again, the R-VAH site, which was surrounded by rural farm land, was considered acceptable under this criterion.

According to Veterans Administration standards, a neuro-psychiatric reservation required between 400 and 500 acres of land. This size not only allowed for the construction of a facility that could accommodate between 1000 and 2000 beds, but also permitted the agricultural activities that were part of a patients' occupational therapy. Therefore, suitable soil conditions and the availability of large tracts of tillable land were an important consideration in the site selection process (Morris, 1944:28). The 238.5-acre John H. Parrott property and the adjacent 209.22-acre J.C. Haley property were chosen because of their substantial size and because they existed, in part, as farmland.

Finally, the Veterans Administration felt that the property under consideration should be higher than its adjoining properties. This would give the facility an impressive presence and allow views of the surrounding countryside. At the same time, it was important that the property be fairly level and that existing slopes be as gentle as possible. These characteristics would both expedite construction and reduce soil erosion (Morris, 1944:28-30). The R-VAH site, which is situated on a plateau overlooking farmland in the Roanoke Valley and has excellent views of the surrounding mountains, was considered acceptable under this criterion.

Construction and Development of the R-VAH

The Public Works Administration allocated $1,350,000 for the construction of a 475-bed facility, $66,750 of which was used to acquire the property. Colonel L.H. Tripp, Chief of the Veterans Administration Construction Service Division in Washington, supervised the preparation of plans and acted as Director of Construction. A graduate of 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 a

Maintenance and Operation Division and a Technical Service Division (Morris, 1944:20). The Technical Service Division, which included Architectural, Specifications, Engineering and Structural Sub-Divisions, 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 (in-house) 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).

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, Tippett 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 just some of the many listed: Monon Stone Company, Bloomington, IN, cut limestone; American Sheet Metal Works, New Orleans, LA, lightproof windows; A.G. Wilson, Lithonia, GA, rubble stone; United States Gypsum Company, Plasterco, VA, all plaster materials; Capitol Concrete Company, Jacksonville, FL, ready mixed concrete; Homer B Maxwell, Atlanta, GA, engineering, shop drawings; Marshall Lumber Company, Montgomery, AL, lumber; 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 work; 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; Sargent and Company,

New Haven, CO, finishing hardware; Exchange Lumber Company, Roanoke, VA, millwork; 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.

On October 19, 1934, approximately 25,000 people gathered at the site of the R-VAH to hear President Theodore Roosevelt speak at the facility's dedication ceremony. Although the buildings were still under construction, the six primary hospital and administrative buildings (# 1-Administration, # 2-Main Building, # 4-Dining Hall and Attendants Quarters, # 5-Recreation, # 6-Acute, and # 7-Colored Patients*), three residential buildings (# 17-Nurses Quarters, # 18-Managers Quarters, and # 19-Duplex Quarters), and four utility buildings (# 13-Boiler House, # 14-Laundry, # 15-Storehouse, and # 16-Garage and Attendant Quarters), were near completion. It was not until February 4, 1935, that the first portion of the facility, the Administration Building (Building # 1), was opened. This building housed the Veterans Administration's regional office, which was moved from Richmond.

Finally, on April 22, 1935, 100 regional office employees and 122 hospital staff members welcomed the first forty-eight patients to the facility. It was anticipated that the hospital would bring to the Roanoke community approximately $500,000 annually in payroll and thousands of dollars spent on local supplies for operation of the reservation (First Patients, 1935). The hospital is still one of the major employers in the Salem-Roanoke area.

By the hospital's second anniversary, the Infirmary Building (Building # 12) was completed and the number of patients undergoing treatment at the facility had risen to 601. At the time, most of the patients at the hospital were veterans of World War I and the Spanish American War.

When the R-VAH was planned, the Veterans Administration recognized that many of the psychiatric patients would remain in the hospital for indefinite periods of time. Thus, the complex was designed for expansion; as the need for bed space increased, more hospital buildings would be constructed on the reservation. The first expansion occurred in 1936 when Building # 12, the facility's first Continued Treatment Building, was completed. Four more Continued Treatment Buildings were completed within the next five years. In 1939, Building # 11 (for whites) and Building # 8 (for colored) were completed. Building # 9 and Building # 10 were completed in 1941 and 1940 respectively. By May of 1944, the R-VAH total bed capacity had increased to 1,301 (In Observance, 1944).

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*Segregation was an official practice at the hospital from 1935 until the 1950s. The original Colored Patient's Building (Building # 7) was constructed as a self sufficient building, containing its own dining hall and library. The colored attendants slept in Building # 16, above the garage (Utility, 1935). Later, in 1938, a Continued Treatment Building (Building # 8) was constructed adjacent to Building # 7.

World War II and the immediate post-war period brought a new flurry of activity to the R-VAH, and the need to again expand the facility. To meet this demand, four new Continued Treatment Buildings, Buildings # 74-# 77, were constructed in a cluster west of the existing buildings. These buildings were not part of the original 1934 plan, but their design and arrangement on the site were sympathetic to the original facility. Caristo Construction Company of Brooklyn, New York, was the contractor selected for the project at the proposed cost of $1,557,500 (Ground Broken, 1944). The first of these new buildings was ready for occupancy in July, 1945. The completion of the four buildings increased the standard capacity of the hospital to 1,957 beds (New Facility, 1945), with an emergency capacity of approximately 2,353 (Peffer, 1946).

The rising number of patients on the reservation also increased demand for staff members. Several quonset huts were set up to provide temporary office space, and temporary barracks were erected to house the additional personnel (Quonset Huts, 1946). Quonset huts were also constructed to house a staff cafeteria and soda fountain, a chapel, and a bowling alley (Employees, 1946). Additional office space was also made available when the Veterans Administration's regional office moved to from Building # 1 to downtown Roanoke in April 1946. Additional living arrangements for nurses and physicians were provided by fifteen wooden barracks, while four wooden barracks and a detached mess hall (called Camp Jordan) served as home for a detail of black soldiers serving as nursing attendants in the hospital. About sixty German prisoners of war assisted in the landscaping of the new Continued Treatment Buildings and were housed in temporary quarters on the site (New Facility, 1945). The number of ancillary buildings also increased during the World War II era. For instance, a larger greenhouse was constructed and an addition to the boiler house was completed.

Interest in the welfare of patients was high during the World War II and the immediate post-war period. The patients were given dance parties, picnics, and concerts organized by volunteers from nearby towns and local community groups. In addition, some of the patients had an opportunity to attend sporting events around the community, as well as to participate in intramural sports available on the hospital grounds (Scrapbooks, 1929-1947).

New medical treatments for the mentally ill were developed during World War II and utilized at the R-VAH. Electric shock therapy was first introduced at the hospital in 1944 (Cronin, 1945), and electroencephalography (EEG) was used at the facility by 1947. (VA Hospital Splits, 1947). Advances in new forms of treatment continued after the war was over. In 1947, patients were released from the hospital and treated as outpatients in order to make more beds available (VA to Make, 1947), a program for treating chronic alcoholics was begun, and the hospital's general medical and surgical services were divided from the neuro-psychiatric services and placed in a separate building (VA Hospital Splits, 1947).

Two other significant events occurred in the same year. The first lobotomies were performed in the hospital (Hancock, 1947), and women were admitted as patients in the facility for the first time (Veterans Hospital to Take, 1947). In 1948, a psychiatry specialist training program was approved for the hospital (Veterans Hospital Faces, 1948), and by

1953, the Roanoke veterans hospital had become a leader in the treatment of neurological disorders for veterans all over the southeastern United States (Hancock, 1952). The hospital began to use tranquilizers in the treatment of mental illness in the mid-1950s. The use of these newly discovered medicines were highly significant in that they practically eliminated the use of lobotomies, hydrotherapy, and electric and insulin shock therapies (Tranquilizers, 1961).

In March 1952, the reservation consisted of 425 acres of land, and had approximately 100 structures (Hancock, 1952). By May of 1960, however, the reservation consisted of only 322 acres and seventy structures (Treatment Patients, 1960). This reduction was due in part to the fact that interest in veterans and the Veterans Administration's hospital programs began to decline in the mid-1950s (VA Medical Director, 1952). The heavy farming used in the occupational therapy program was drastically reduced, the farm buildings were torn down, and the land used for pastures and crops was declared as excess and eventually sold. Some of the temporary buildings erected during the World War II era were dismantled (Hospital Barracks, 1950). Care at the R-VAH also changed drastically during this period; there was a shortage of staff and doctors were lured away into private practice. Due in part to its specialist training programs, however, the R-VAH was able to obtain new personnel to fill vacant positions and improve the quality of its health care (Funds, 1963).

The 1960s brought with it a renewed concern for the veterans' welfare. The adequacy of health care was questioned nationwide as psychiatric hospitals became increasingly crowded. A Joint Commission on Mental Illness and Health studied the treatment of the mentally ill and made recommendations for their care (Burleson, 1961). One of the results of this study was the passage of the Community Mental Health Service Act in 1966. However, rather than providing institutionalized care for the mentally ill, the act resulted in the de-institutionalization of long-term mentally ill patients and created a demand for outpatient treatment facilities all over the nation. At the R-VAH, a large clinic was established to accommodate out-patient treatment. Community mental health care centers were established in the Roanoke Valley to work with mentally ill persons throughout the community, including veterans (Hospital Adds., 1973).

By the end of the 1960s, several new programs were established at the hospital. Among these were a modified alcoholism treatment program, a token economy, and a veterans comprehensive mental health center. In the late 1960s and early 1970s, Vietnam War veterans began entering the hospital. Because many of these veterans were drug addicted, a therapy program for drug abuse was established (Year of Demands, 1970).

The 1970s were a time of great change for the hospital. In 1970, the hospital's official designation was changed from neuro-psychiatric to general-medical and surgical (Year of Demands, 1970). By the end of 1977, the emphasis of mental health care at the R-VAH was no longer focused on in-house treatment, but on short-term, out-patient health care (VA Hospital:Total, 1977).

Several buildings were renovated during the 1970s. Renovations included the installation

of air-conditioning in 1975 and the gradual modernization of the facility's major buildings. For the most part, these alterations included the addition of dropped acoustic ceilings, the replastering of walls, the addition of partition walls, and the replacement of doors. Other minor renovations were undertaken throughout the 1970s on elements such as porches, windows, and entrances, where ramps were added to facilitate handicapped access. These additions for the most part did not significantly alter the appearance of the buildings. The most ambitious building project during this time was the addition of Building # 2A. The large, low building, which extends off the northeast elevation of Building # 2, was constructed to help fulfill the modern needs of the facility's new general-medical and surgical designation. The building was complete in 1979.

During this time, the landscape also changed. Older, larger trees were replaced by smaller-sized, low-maintenance trees and plantings. Another factor that affected the landscape was the continual growth of parking lots. This growth has gradually reduced the amount of lawn surrounding the facility's major buildings.

By 1984, the number of hospital beds had been greatly reduced from a World War II high of about 2,300 beds to 727 beds and the reservation landholdings had been reduced from 447.72 to the present 225 acres. Despite this, the Veterans Administration has made a commitment to the facility. It plans to keep the R-VAH operating at a level consistent with the most modern medical facilities. To ensure this, a 371,000 square foot structure to house ambulatory care, rehabilitation medicine and medical surgical nursing units is under construction and is scheduled for completion in 1991.

PART IV. PHYSICAL DESCRIPTION OF THE R-VAH

Physical Arrangement of the Site

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 (Building # 6 was demolished June 1989). 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.

An important feature of both the east and the west groups is the connecting corridor system. The brick structures provide enclosed passageways between the buildings. The system is extensive enough that a person is able access every building in the east and west groups without ever going outside.

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 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.

Architectural Description of the Site

The major buildings in the Salem Veterans Administration Medical Center exhibit the symmetry and classical detailing associated with the Georgian Revival style. Most of the patient buildings in the facility have "H"-shaped floor plans. Some of the buildings have an additional central wing extending off the back side of the main building. These are functional aspects of the design. For instance, the H-shaped floor plan and double loaded corridor system allowed for light an air to reach each room of the building and created protected yards in which the patients could relax or exercise. The buildings also had large day rooms and screened porches, located on the back half of the a building's primary wings, in which the patients could associate with one another and enjoy the fresh air. The Veterans Administration considered such elements a vital part of a patient's treatment. The plans of the remaining buildings vary according to their use, by nearly all have a rectangular footprint.

The buildings share many common elements and several are nearly identical. They typically have a concrete structural frame supported on spread footings. The floor slabs are constructed of concrete and the exterior walls are brick veneer. The roof framing is of wood. The floor and roof framing consist of one-way joist construction between beams of greater depth than the joints.

The buildings possess the following typical architectural elements: flemish bond walls; rusticated limestone foundations; steel double hung windows, most twelve over twelve or fifteen over fifteen (replacement windows of the same style are constructed of aluminum); wrought iron grills on the lower sashes of windows; cast stone sills in the upper stories and limestone sills at the basement; angled brick lintels; granite stairs leading to primary entrances (the brick floors of the landings are laid in a herringbone pattern); central pavilions with accentuated doorways, denticulated pediments and cornices, pilasters, decorative attic fans, and entrances with eight-light, two panel double doors with a six light transom (some of the front doors have been replaced by aluminum and glass automatic doors); side and rear multi-light doors constructed of wood (most still exist); two story porches adorned with columns and pediments on the rear elevations (they originally had insect screens, a wooden balustrade at the first level, and a wrought iron rail at the second level, but have been extensively altered); a variety of circular and semi-circular windows and attic vents located at the gables; dormers with multi-light windows (although originally wood, many are now aluminum) or wood louvers; chimneys with corbeled caps (on the patient buildings, four of these chimneys are linked to form a widows walk); and a combination of hipped and gabled slate roofs (the roofs at the widows walk are flat and built-up).

In the following description, the above characteristics will be referred to as "typical architectural features" and only the distinguishing or deviating characteristics will be discussed in depth.

Given the functional use of the R-VAH, architectural embellishment is found primarily on the exterior facades of buildings. The interiors are much more utilitarian in nature and as a result have little architectural detailing. The majority of the detailing is located in the main lobbies of the buildings. The interior spaces of the facility have undergone alterations, but the renovations have not significantly altered their appearance. Renovations, for the most part, entailed the addition of partition walls (primarily in the large day rooms), the reconditioning of plaster walls, the addition of suspended ceilings over the original plaster ceilings, and the covering of floors with a mixture of tile (mostly vinyl asbestos tile) and carpet. In recent years it has been the policy of the facility's Engineering Service to maintain the architectural qualities of the buildings' significant spaces wherever possible. As a result, much of the woodwork, wainscoting, arched doorways, pilasters, and tile floors that distinguished the main lobbies still exist.

With this in mind, the following description will focus only upon significant interior spaces.

Connecting Corridors

A unique feature of the hospital plan is the covered corridor system that connects all of the primary buildings of the facility. The corridors are accessed from the building's lowest level, are one story, and are enclosed to provide protection from adverse weather conditions. In general, the corridors are brick faced in Flemish bond and have gabled roofs. The windows along the corridors are arched and multi-light. The corridors serve to entirely enclose the two courtyards created by the east and west hospital groups. Since the R-VAH was constructed as a neuro-psychiatric hospital, these corridors functioned as a form of patient control, as well as a convenience.

EAST HOSPITAL GROUP

Building # 1

The Administration Building (Building # 1), constructed in 1934, originally housed the Veterans Administration's regional office for Virginia. The R-VAH the second neuro-psychiatric hospital to consolidate hospital and regional office services in one building. Although the facility's administrative offices still operate in Building # 1, the regional office moved to Roanoke in the 1940s. With the exception of its cross-shaped floor pattern and lack of widows walk, the building exhibits the facility's typical architectural features. Early plans show that this building was to be expanded by the addition of a wing to have an H-shape similar to the typical patient buildings. The plan, however, was never realized. The primary entrance is located on the

northwest elevation within a typical pedimented central pavilion. Two original wrought iron lamps glass flank the primary entrance.

The two story, plus basement, structure has 17,346 square feet of interior space (5,782 sq.ft. at each level). An elevator is located on the southeast side of the building, opposite the main entrance. The building's original stairwell is located centrally near the main entrance. A new elevator and stairway form a small extension on the rear of building.

Current interior use:

Basement-	Ambulatory Care and Employee Health.
First floor-	Directors' Suite, Administrative Offices.
Second floor-	Ambulatory Care.

Alterations:

1964	Entrance canopy installed on southeast elevation. The original wood door at this entrance was replaced with a glass and aluminum door, but the date is unknown.
1976	Elevator shaft addition.
1984	New stairway constructed.

Building # 2

Building # 2 has served as the Main Medical and Surgical Building since its construction in 1934. The building originally provided administrative, surgical, dental, and some therapeutic treatment services. Building # 2 consists of three floors, plus a basement, and covers an area of 86,712 square feet (21,678 sq.ft. at each level). The building is the largest structure in the facility.

Building # 2 originally had an H-shape floor plan with an additional central wing projecting off the southeast side of the main building. However, the shape of the building has been altered by the addition of Building # 2A.

Building # 2 is centrally located and serves as the focal point of the complex. It is at the head of the semi-circular drive and has its original ornately shaped flower bed and cast iron lamps in front. Unique detailing is found on the building as well as in the setting. The most apparent of these features is the cupola and portico.

The polygonal-shaped cupola has a domed metal roof and a spire. Original drawings show that it once had a decorative weather vane. The cupola has a denticulated cornice and arched vents with louvers. Decorative wood panels are located below the vents.

There is a two story portico located on the northwest (primary) elevation. It rests upon a brick arcade, the arches of which are adorned with keystones. The primary

entrance is through the central arch of this arcade. A row of arches in the exterior wall of the building echoes the arcade of the portico. The open arches of the arcade have subsequently been enclosed with fixed, single pane, clear glass panels. The portico above remains open and has columns, pilasters, and a turned wood balustrade. A similar portico on the southwest (rear) facade has been enclosed to form office space.

The lobby area of this building is one of the facility's most elaborate interior spaces. The floor of the entrance area is finished with decorative brown, tan, and cream colored ceramic tiles. The lobby area has a heavy denticulated cornice and, located at the end walls, a decorative wall treatment of pilasters supporting a pedimented. The one to the left contains an information window and the one to the right of holds a bronze plaque reading "Erected AD 1934 by the Veterans Administration."

The building currently has two elevators located in the central lobby and three stairwells. The stairwells are located on the southeast side of the central corridor at the main lobby and at each of the flanking wings.

Current interior use:

Basement-	Ambulatory Care, Morgue/Autopsy.
First-	Nuclear Medicine, Dental and Medical Service, Reception, Laboratories.
Second-	Nursing Unit, Medical Service, Laboratories.
Third-	Nursing Unit, Surgical Service, Surgery.

Alterations:

1964	Fiberglass and metal awnings placed over rear entries.
1970	Porches were enclosed.
1977	Building # 2A was constructed.

Building # 2A

Building # 2A extends off the northeast end of Building # 2. Completed in 1979, the large, polygonal shaped building is one of the newest additions to the R-VAH. No attempt was made to make the building conform to the architectural character of the facility other buildings. The building is brick faced in common bond, has aluminum pivot windows with insulating glass, cast stone sills, and a flat built-up roof.

The one story, plus basement, building has 33,484 square feet of interior space (22,564 sq.ft. at the basement and 10,921 sq.ft. at the first floor). Located between Building # 2A and Building # 2 is a three story structure that houses a stairwell and two elevators.

On the interior, the floors have vinyl asbestos tile, the walls are painted gypsum wall board (some have tile wainscot), and the ceilings are acoustic tile.

Current interior use:
Basement- Ambulatory Care, Radiology, Security.
First floor- Laboratories.

Building # 4

Building # 4 was constructed in 1934 as the facility's Main Dining Hall and Attendants Quarters. The original T-shaped building had many of the facility's typical features and emphasized the arch in both the windows and the doors. Two major additions have greatly expanded its size and changed its form to a rectangle with two interior courtyards. The two story, plus basement, building has 64,676 square feet of interior space (30,093 sq.ft. at the basement, 26,209 sq.ft. at the first floor, and 8,374 sq.ft. at the third floor).

The original portion of Building # 4 has a combination of fixed, awning, intermediate casement, double hung, and pivotal steel windows. The windows are both rectangular and arched in shape. On the northeast and southwest elevations of the original building, there are seventy-five-light arched windows which once lit the dining area. The multi-light arched windows in two of the gables are a unique feature. The remaining gables have bulls-eye type windows. The most decorative entrance to the building is located on the southwest elevation. It has a six-panel door with side lights and an arched glass transom.

Additions were made to the building in 1944 and 1948 to keep up with the growth in patients and staff. The 1948 addition was the largest of the alterations and practically doubled the size of the building. This addition exhibits little of the Georgian Revival detailing and has an industrial character, although it is brick faced in flemish bond and has a rusticated base. The one story, plus basement, addition, has a flat roof, unlike the hipped and gabled roof on the original building. Part of the roof has a parapet wall. The windows on the addition are not typical to the facility. The basement, which is entirely above ground, has double hung and single sash pivot, multi-light windows. In addition, there are large 104-light awning type windows on the south elevation and large ninety-nine light intermediate casement type projected windows on the north elevation. These light the food preparation areas.

When a new kitchen was constructed in the 1944 addition, the kitchen in the original building was converted into a dining area. Many of the original preparation rooms had tile wainscoting, metal cabinetry and workplaces, and large kitchen hoods. Although the kitchen is currently operating, all but a small portion of the dining area has been converted into offices. Patients are now served in patient buildings and staff dines in the canteen which was installed in the basement.

The building has two elevators, both located on the northeast side of the building, and five stairwells. Two of the stairwells are located on the southwest wall of the building and the remaining three are located on the northeast side of the building.

Current interior use:

Basement-	Supply/Warehouse, Medical Records, Post Office, Canteen, Dietetics.
First floor-	Pharmacy, Medical Media.
Second floor-	Dietetics, Part temporarily unoccupied.

Alterations:

1944	Storage room was constructed.
1948	New addition included a bake shop, dietetics, dining room, and a kitchen.
Beg.in 1960s	Conversion of dining hall to offices.

Building # 5

The Recreation Building (Building # 5) was constructed in 1934 as part of the original R-VAH complex. In addition to the building's typical architectural elements it also has a number of unique characteristics. The two story, plus basement, building has served as a recreation building since its construction. Originally, the building contained patient lounges, a large auditorium, and libraries for patients and physicians. The building has 22,170 square feet of interior space (9,736 sq.ft. at the basement, 9,001 sq.ft. at the first floor, and 3,433 sq.ft. at the second floor). The southwest elevation has an elaborate four columned portico marking the primary entrance to the building. the entrance has two, six-light doors with a multi-light transom. The transom has decorative metalwork. Above the entrance is a small balcony with a wrought iron railing. It is accessed by a multi-light door.

The northwest elevation has a row of unique seventy-four light arched windows with brick lintels and white keystones. The arches on either end of the row have multi-light doors leading to the auditorium. A porch, accessed by a central stair, runs along the base of the windows and services the entrances. The entrance on the southeast elevation is arched and has pilasters flanking the door. A balcony with a wood balustrade is located above the entrance. An eight panel door leads to the balcony. The northeast elevation has a pedimented entryway and a wood panel door with a transom.

A major interior renovation of the building occurred in 1975-1976. At this time, the ceilings were dropped, the walls moved and re-plastered, and new doors installed. Some original materials such as the brown, tan, and cream tile floor still exist in the lobby. Remnants of original architectural details, including decorative woodwork, and pilasters remain in some instances behind the dropped ceilings and new partitions. The auditorium still has its original stage, which has a decorative wood

frame and apron and original back stage area with two second-story dressing rooms. There is a kitchen, not believed to be original, located to the left of the stage.

Current interior use:

Basement- Library, academic affairs.
First floor- Auditorium.
Second floor- Conference room, medical library.

Alterations:

1952	Wheelchair ramp added.
1976	The interior of the building was modernized. Ceilings, walls, and floors were refinished and partition walls were added.
1981	New elevator was installed.

Building # 6

Constructed in 1934 for the treatment of acutely disturbed patients, the two-story, plus basement, building is H-shaped and has an additional wing extending off the northeast side of the hyphen. The building was demolished in June, 1989. Its floor plan was similar to Buildings # 9 and # 10, and had 47,076 square feet of interior space (15,692 sq.ft. at each of the three levels). Building # 6 exhibited all of the facility's typical architectural elements. The building was unique in that it was self-contained. For instance, it had its own dining and kitchen facilities. The reason for this was that the patients it treated were so acutely disturbed that they were confined to the building.

The building's primary entrance (southwest elevation) was located in a typical central pavilion adorned with pilasters, a denticulated pediment and cornice, and a decorative attic fan.

The most architecturally significant interior space was the main lobby area which had a decorative archway with a wood base. There was also a door with a multi-light window, a multi-light transom, and side lights that separated the elevator lobby from the main corridor.

Building # 6 had two elevators, both located on the southwest side of the central wing, and two stairwells, located on the northeast side of the building where the central corridor meets the northwest and southeast wings.

Interior use prior to demolition:

Basement- Rehabilitative Medicine, Hemodialysis, Medical Media.
First floor- Nursing Unit, Pulmonary Function, Respiratory Therapy.
Second floor- Orthopedic Clinic, Nursing Unit.

Alterations:

1960s	Porches were enclosed.
1962-65	Handicapped ramp was constructed on the northeast elevation.

Building # 7

Building # 7 was constructed in 1934 to serve as the Colored Patient's Building. Since the colored patients were originally segregated from the white patients, the building was relatively self contained. Similar to Building # 6, Building # 7 had its own dining and kitchen facilities. The H-shaped building has 43,584 square feet of interior space (14,528 sq.ft. at each of the three levels). The building exhibits the facility's typical architectural features.

The main lobby of the building has a cornice with greek key and reeding patterns and the original molded base board. An archway with a wood paneled base separates the lobby from the vestibule. The vestibule has paneled wainscoting and a cornice similar to the one in the lobby.

The building has one elevator located just inside the main lobby, and two stairwells located at each end of the main corridor.

Current interior use:

Basement-	Rehabilitative Medical Service, Speech Audiology Service, Canteen Service, Patient Education Service, Bio-Medical Engineering Service.
First floor-	Psychiatric Nursing Care.
Second floor-	Psychiatric Nursing Care.

Alterations:

1963-65	Wheelchair ramp was constructed.
1970	Back porches were enclosed.
1988	A connecting corridor was added to the building.

Building # 8

Building # 8 was constructed in 1938 to serve as a Continued Treatment Building for black patients. The H-shaped building has 43,737 square feet of interior space (14,579 sq.ft. at each of the three levels). The building has non-typical aluminum pivot windows with dark, solar insulating glass. These are replacement windows. The original windows were the typical double-hung steel windows found elsewhere throughout the facility. In addition, numerous windows have been bricked in. The primary entrance, as well as the central rear entrance, is located within a typical pavilion. The building has one elevator located just inside the main lobby, and two stairwells located at each end of the main corridor. Other than the replacement windows, Building # 8 is highly typical, and is most similar to Building # 11.

Current interior use:

Basement-	Supply Service, Nursing Education, Psychiatric Service, Housekeeping.
First floor-	Psychiatric Nursing Care.
Second floor-	Psychiatric Nursing Care.

Alterations:

1958	The back porches were entirely enclosed with brick.
1963-65	Wheelchair ramp constructed off of the southeast elevation of the building.
1977	Approximately one-fourth of the building's windows were bricked.
1980	Solar screens were added to the building's windows.

Building # 9

Building # 9 was constructed in 1941 as a Continued Treatment Building. The two-story, plus basement, building is H-shaped and has an additional wing extending off the southwest side of the hyphen. The building has 41,964 square feet of interior space (10,580 sq.ft. at the basement, and 15,692 sq.ft. at the first and second floors). An odd feature of the building is that 5,112 square feet of the basement has remained unexcavated. With only a few exceptions, the building is similar to Buildings # 6 and # 10. The porch on the northwest wing has the original balustrade on the lower level and is enclosed by metal mesh on the upper floors. The porch on the southeast wing has been enclosed by brick walls and windows.

The interior of Building # 9 is relatively unadorned. The building does, however, have terrazzo floors in the main corridors. The building's one elevator is located just inside the main lobby, and two stairwells are located at each end of the main corridor.

Current interior use:

Basement-	Corrective Therapy, Psychiatric Service, Day Room.
First floor-	Psychiatric Nursing Care.
Second floor-	Psychiatric Nursing Care.

Alterations:

1963	Handicapped ramp was constructed.
1976, 1978	Porches were enclosed.

Building # 10

Building # 10 was constructed in 1940 to serve as a Continued Treatment Building. The two-story, plus basement, building is H-shaped and has an additional central wing extending off of the southwest side of the hyphen. The building has 40,541

square feet of interior space (9,157 sq.ft. at the basement and 15,692 sq.ft. at the first and second floors). Building # 10 is similar to Buildings # 6 and # 9. The back half of the building's basement, like that of Building # 9, has remained partially unexcavated. The porches of this building remain close to their original state. The building has one elevator located just inside the main lobby, and two stairwells located at each end of the main corridor.

Current interior uses:

Basement- Pharmacy Service, Music Therapy, Occupational Therapy, Dietetic Service.
First floor- Psychiatric Nursing Care.
Second floor- Psychiatric Nursing Care.

Alterations:

1963	Handicapped ramp constructed on rear facade.
1964	Awning installed over doorway, right end.

Building # 11

Building # 11 was constructed in 1938 to serve as a Continued Treatment Building. The two-story, plus basement, building has 43,737 square feet of interior space (14,579 sq.ft. at each level). Most of the building's original steel windows have been replaced by aluminum windows. However, only one of the building's porches has been enclosed with brick and windows.

Most similar to Building # 8, Building # 11, exhibits nearly all of the features common to the patient buildings. The building has one elevator located just inside the main lobby, and three stairwells, one located at the main entrance and two located at each end of the main corridor.

Current interior uses:

Basement- Day Care Treatment, Furniture Repair, Storage, Mental Health Hygiene Clinic.
First floor- Unoccupied.
Second floor- Unoccupied.

Alterations:

1963	Handicapped ramp constructed.
1977	Porch was enclosed.
1979	Addition of doorway on northeast elevation.

Building # 12

Building # 12 was constructed in 1936 to serve as a Continued Treatment Buildings. The two story, plus basement, building has 48,066 square feet of interior space (16,022 sq.ft. at each of the three floors). This building exhibits many of the facility's typical architectural elements, but its porches and central pavilion are not typical. The porches, which are normally located on the rear elevation of the building, are located on the primary facade of Building # 12. The central pavilion of the building, which is normally adorned with pediments and pilasters, here has dormers, a raking parapet wall on either side of a longitudinal gable roof, and an arcade at the main level. The arcade (composed of three arches) is constructed of rusticated stone. The primary entrance is through this arcade. The floor within the arcade is constructed of tile. The entrance door is wooden, multi-light, and had a flat entablature, rather than the more typical pediment.

The main lobby of the building contains its most distinct interior features. The lobby and vestibule has paneled wainscoting, a simple cornice, pilasters, and pierced radiator grills. A polished aggregate baseboard is also a distinguishing feature of the interior space. The building has one elevator located just inside the main lobby, and three stairwells, one located at the main entrance and two located at each end of the main corridor.

Current interior use:

Basement-	Corrective Therapy, Vocational Rehabilitation Service, Physical Therapy, Administration, Housekeeping.
First floor-	Psychiatric Nursing Care.
Second floor-	Psychiatric Nursing Care.

Alterations:

1964	Handicapped ramp was constructed.
1977,1981, 1985	Porches were enclosed.

Building T-92

Since its construction in 1946, Building T-92 has served as a bowling alley. The double quonset hut (side by side and linked at the ends) does not exhibit any of the facility's typical architectural elements. The building is of metal construction, one story, and has 5,727 square feet of interior space. It has single pane wood windows. On the interior, the building has wood floors, bowling alleys, and walls and ceilings of celltex type board.

Current interior use:

Bowling alley

Building # 120

Building # 120, located to the southwest of Building # 4, was constructed in 1948 to serve as a chapel. The one story, 5,692 square foot building is not typical and was not part of the original hospital plan. It is a quonset type structure with an integral curved metal roof and a concrete slab floor. The quonset hut was given the appearance of a religious structure by the addition of a wooden steeple at the northwest end and decorative brick buttresses along the sides. The green and white building has steel casement type windows.

The interior is finished with celltex boards on the walls and ceilings. The ceiling joints are covered with wood strips and the floor has vinyl asbestos tile with a vinyl covered base. The sanctuary was divided from the open seating area by an ogee arch. A new chapel was constructed in recent years and Building # 92 was subsequently converted to office space.

Current interior use:
Office

Alterations:
1980s Interior partitions for conversion to office space.

WEST HOSPITAL GROUP

The west hospital group is comprised of Buildings # 74-# 77. The rear elevations of these buildings face one another and form a large courtyard. The connecting corridor system between the four buildings completely encloses the courtyard. The four Continued Treatment Buildings, constructed in 1945, were not part of the original hospital plan. Architecturally, however, the buildings, which are nearly identical, exhibit most of the facility's typical elements. Each of the H-shaped buildings has 49,380 square feet of interior space (16,460 sq.ft. at each of the three levels). The primary elevation of each building is similar to the typical patient buildings of the east hospital group. The rear elevation, however, is slightly different. Instead of having porch extensions with gabled pediments and columns, these buildings have two story porches with arched openings and hipped roofs. Originally the porches were enclosed with insect screens and wire mesh. All of the porches, except one wing of Building # 76, have subsequently been enclosed with brick and windows. The buildings were constructed with slate roofs. The slate, however, was of poor quality and has subsequently been replaced by asphalt shingles. The interior spaces of these buildings are utilitarian in nature. Even the lobbies lack distinguishing features.

Building # 74

Current interior use:

Basement-	Credit Union, Medical Administration Service, Data Processing.
First floor-	Fiscal Service, Personnel Service/Clinics.
Second floor-	Building Management, Nursing Administration, SPD Supply Service.

Alterations:

1973	Handicapped ramp was constructed.
1975,1983-85	Porches were enclosed.

Building # 75

Current interior use:

Basement-	Physical therapy, Building Management, Dietetic Service.
First floor-	Nursing Home Care.
Second floor-	Nursing Home Care.

Alterations:

1966	Handicapped ramp was constructed.
1972	Porches were enclosed with brick and windows.

Building # 76

Current interior use:

Basement-	Building Management, Occupational Therapy, Pharmacy Service.
First floor-	Mental Health Rehabilitation Care.
Second floor-	Alcohol Detox Nursing Care.

Alterations:

1966	Handicapped ramp was constructed.
1975	One porch on the second level was enclosed with brick and windows.

Building # 77

Current interior use:

Basement-	Internal Design Service, Building Management, Housekeeping Service, Patient Clothing, Physician Therapy.
First floor-	Palliative Nursing Care.
Second floor-	Intermediate Nursing Care.

Alterations:

1964	Handicapped ramp was constructed.
1977	All of the porches were enclosed with brick and windows.

UTILITY GROUP

The Utility Group is comprised of Buildings # 13-# 16 and was constructed as part of the original R-VAH facility in 1934. The buildings are utilitarian in nature and therefore are not nearly as ornate as the hospital buildings. Generally, these rectangular buildings have flat roofs, are of concrete and brick construction, and are one story. The buildings have undergone a number of additions over the years. With the exception of Building # 13, these additions have not significantly altered the appearance of the buildings. Changes in building occupancies and uses have been minimal.

Building # 13

Building # 13 was constructed in 1934 to serve as the facility's boiler plant and has served as such since then. The building, which has had many additions, has one story plus a mezzanine. It has over 16,000 square feet of interior space. Building # 13 has an exposed concrete foundation, brick walls of common bond construction (headers every six rows) and steel windows with stone sills. The most recent addition has brick and aluminum siding. The windows vary in size from the standard twelve-light double hung windows up to the large ninety-six-light, industrial size pivot windows. The building has a stone belt course and a flat built-up roof with a stone coping. A large stack, constructed of brick, was originally located adjacent to the building.

The interior has little architectural significance. The building was originally designed for coal fired boilers with coal storage provided in a bin at roof level on the south side of the building. The bin was designed for 460 tons of coal. The boilers, however, were converted to oil in 1971, so the bins are no longer in use.

Current interior use:

Basement-	Boiler, Hoist Room.
First floor/ Mezzanine-	Chiller Plant, Water Treatment, Boiler and Chiller Areas.

Alterations:

1944	Brick addition to east side of building.
1971	Furnaces were converted to oil from coal.
1977	Brick addition to north side of building.
1989	Brick and metal addition to north side.

Building # 14

Building # 14 has served as the facility's Laundry and Linen Service Building since its construction in 1934. The building has one floor, plus a basement, and has 15,172 square feet of interior space (4,074 sq.ft. at the basement and 11,098 sq.ft. at the first

floor). The building has a concrete foundation and brick walls of common bond construction (headers every six rows). The building's windows are multi-light and double hung. The multi-light wood doors have transoms. The building has a stone belt course and a flat built-up roof with a stone coping. The long loading dock is protected by a shed roof. Originally, there were two circular openings, which apparently help ventilate the building, located at the side elevations of the building. They have subsequently been enclosed with brick. In general the additions, which greatly lengthened the building, were consistent with its original character.

Current interior use:

Basement-	Storage, Lounge.
First floor-	Laundry.

Alterations:

1947	Addition to southwest elevation.
1960	Addition to southwest elevation.
1961	Stairs were constructed to access lockers, lounge, toilets, and showers in basement.
1968	Addition to north side.
1983	Lint traps were installed on north side through the windows.

Building # 15

Building # 15 was constructed in 1934 to serve as the facility's Storehouse and Supply Office Building. The rectangular building has one floor, plus basement, and has 18,694 square feet of interior space (9,379 sq.ft. at the basement and 9,315 sq.ft. at the first floor). The building has a concrete foundation and brick walls of common bond construction (headers every six rows). The building's windows are multi-light and double hung. The multi-light wood doors have transoms. The building has a stone belt course and a flat built-up roof with a stone coping. A concrete loading dock is located on the north elevation. The west addition of to the building does not have the stone detailing present on the original building.

Current interior use:

Basement-	Supply Warehouse Service.
First floor-	Supply Warehouse Service, Engineering Service.

Alterations:

1958	Old loading dock was replaced by a new one with a shed roof.
1958	Addition on west side for Research and Development.
1959	Ramp to the basement was constructed on the south side of the building.
1970	Addition on north side enclosing the loading dock.

Building # 16

Building # 16 was constructed in 1934 as the facility's Attendant's Quarters and Garage. The rectangular building has two floors and 8,946 square feet of interior space (4,914 sq.ft. at the first floor and 4,032 sq.ft. at the second floor). The building has a concrete foundation and brick walls of common bond construction (headers every six rows). The building's windows are multi-light and double hung. The multi-light wood entrance doors have transoms. There are five garages located on the south elevation of the building (originally there were six, one has been bricked-in). The original multi-light wood doors have been replaced. The building has a stone belt course and a flat built-up roof with a stone coping.

Current interior use:
First floor- Building Maintenance Service.
Second floor- Engineering Service.

Alterations:
1937 A paint shop was added to the east elevation of the building.

RESIDENTIAL GROUP

Constructed in 1934 as part of the original plan, these buildings have many of the typical features, but differ from all of the previously discussed groups. Several of the buildings are residential in character, rather than institutional. The distinction is evident in the smaller size of the buildings, as well as in details such as the use of 12 over 12 wooden windows rather than metal.

Building # 17

Building # 17 was constructed in 1934 and originally served as the Nurses Quarters. The rectangular building is unlike any other building on the reservation. It does not have the typical H-shape of the facility's patient buildings, but it does exhibit many of the typical architectural elements. The building has two floors and a basement. The walls are of flemish bond brick, the foundation rubble, and the windows wood. The front entrance, located on the north elevation, is adorned with a massive two story portico. The portico has a denticulated pediment with a fan-light in the gable supported by a pair of wooden columns and a pair of brick piers with applied pilasters.

The interior elements found in this building are among the most elaborate in the facility. Although the floor now is covered with brown and green linoleum, it is believed that the lobby originally had a ceramic tile floor similar to those found in lobby spaces elsewhere in the facility. The lobby has an ornate cornice with greek key, bundled reeds, and other classical motifs. In addition, the room has four candelabra light fixtures (which appear to be original), paneled wainscoting, wood

baseboards. Building # 17 originally had a "common room" with wood paneled wainscoting. The central stairway has metal posts and slate treads.

As constructed, Building # 17 had four large apartments. These have since been converted to individual rooms for medical students. The central, double loaded corridors (on each floor) now have eight separate rooms to each side. Each residence room has a sink and closet. The common bathrooms have marble shower and toilet stalls and green and grey tile floors.

Current interior use:
First floor- Living Quarters.
Second floor- Living Quarters.

Alterations:
1966-1972 Conversion of apartments to individual rooms on a piecemeal basis, starting with the first floor.

Building # 18

Building # 18 was constructed in 1934 and originally served as Manager's Residence. This building exhibits many of the Georgian Revival features typical of the facility but none of the institutional appearance of the other buildings. It looks like the single family dwelling that it is. The walls are of flemish bond brick, the foundation rubble, and the windows wood. Building # 18 has two floors, and attic, and a basement. The central hall plan building is rectangular in shape with two, single-story wings to either side. One wing was an open porch which has been enclosed by windows and clapboard walls. The other has always been enclosed and houses a small breakfast room.

The front entryway has a denticulated pediment and pilasters. The building has a slate gabled roof and a denticulated cornice similar to those seen elsewhere in the facility. The roof is pierced dormers. There is a single end chimney and a small, enclosed frame back porch.

The building has a modified central hall plan. A kitchen, pantry, breakfast room, living room and dining room are downstairs and the bedrooms are upstairs. The original fireplace remains as do the arched doorways into the living and dining rooms and recessed radiators covered by decorative metal grills.

Current interior use:
All floors- Living Quarters

Alterations:
1956 The side portico enclosed with clapboard and glass.
1965 The rear porch enclosed with clapboard.

Building # 19

In 1934, Building # 19 was constructed as the Officer's Duplex Quarters. Two identical units are contained in the two-story, rectangular shaped building. The building has a hipped slate roof with a denticulated cornice. The walls are of flemish bond brick, the foundation is rubble and the windows wood. On the front elevation, the building has two primary entrances, each with six-panel doors, located in a central pavilion. Each of these entrances has a pediment located above. The building had single story porches located on each of the side elevations, each with four round wood columns, a denticulated cornice, and an iron railing. Small wooden porches are also located off the back entrances. All of the porches have subsequently been enclosed with windows and clapboard. There are two exterior end chimneys.

Each duplex has a modified central hall plan. Many original interior features remain: hardwood floors, French doors leading to the side porches, arched doorways to the living and dining rooms, decorative fire place surrounds and built in wall niches with shelves.

Current interior use:
All floors- Living Quarters

Alterations:

1957	The side porticos were enclosed.
1965	The back porches were enclosed.
1967	The front steps of 19 B were replaced with concrete.

Building # 23

Building # 23 is a small, square pump house constructed of brick. The single-story structure has an equilateral hipped roof of slate. The walls are brick and foundation concrete. Its three windows are metal hinged and have 9 lights each. It has a two-panel wood door with a 9 light window. It was constructed in 1934 as a sewage pump house.

Building # 25

Building # 25 was the home of the land's previous owner, John H. Parrott. The home is believed to have been constructed c. 1845 and has been attributed to a well-known local builder, Benjamin Deyerle. Originally named Edgehill, the house has also been known as Mt. Airy. When purchased by the Veterans Administration, Building # 25 was the center of a working farm and was surrounded by out buildings and gardens. Behind the house was a swimming pool said to have been constructed in 1885. The home was converted to Duplex Quarters by the Veterans Administration in 1934. Although the pool and some large trees were retained, all

other structures associated with the house were demolished.

The Greek Revival style house, is compatible with the rest of facility. The two story plus basement house is flemish bond brick with wood trim and a brick foundation. The low hip roof has a plain white cornice and heavy entablature and is covered with asphalt shingles. It has an I-type floor plan with a rear ell. The rear ell has been extended by several bays. The front facade is three bays wide. A single-story columned porch stretches across the front and down the north side. This replaces the smaller original porch. There is also a porch of the rear of the ell and two small entrance porches on the south side of the ell. The main part of the house has two end chimneys and the ell has a single chimney.

The multi-light double hung windows have decorative wood lintels with greek key designs. The side and rear windows have plainer designs, including bulls eye moldings. The primary entrance has the original six-panel wood panel door with side lights and a multi-light transom. The door trim is similar to that of the windows.

The main block of the house has a center hall plan with a large hall and dining room and living room on either side. These rooms retain the original heavy moldings. The moldings upstairs in the bedrooms is much less elaborate. The main staircase has a cherry rail and turned balusters. The connection between the main block and ell was obstructed when the building was converted to a duplex. The two story ell houses the second duplex and has its own stairway.

Current interior use:
All floors- Living Quarters.

Alterations:

1934	Conversion to duplex.
1952	A four bay by one bay addition to the ell. South entry porches enclosed. Pedimented entry to cellar constructed on south side of building. One story addition to west porch.

Buildings # 26-# 28

Buildings # 26-# 28 were constructed in 1934 and have since served as garages. The one story structures have shed roofs and are of brick construction. Building # 26 has six stalls and Buildings # 27 and # 28 have five stalls. Each stall has one window, six-light and single hung, on the rear elevation of the building. On Building # 27, all but one is boarded-up, and on Building # 26, two have been replaced by louvers. With the exception of Building # 26 which still has its original doors, the multi-light wood garage doors have been replaced by eight-panel wood doors.

Current interior use:
Garages

Major Alterations:

1951	Stall was added to Building # 26.
1976	Garage doors were replaced.
Unknown	Louvers replaced two windows on Building # 26.

LANDSCAPING

Landscaping was an important element in the design of a neuro-psychiatric hospital. Not only were the buildings purposefully situated at the site's highest point, the entrances, drives, and walkways were designed to accentuate the importance of the principal buildings and to provide privacy, enjoyment, and therapy for the patients (Morris 1944:30).

The original landscaping plans for the reservation revealed that 1,187 trees (634 nursery grown and 553 root-pruned) and 4,743 other plants and shrubs were to be planted. In addition, several mature plants were transplanted from other portions of the reservation. The nursery grown trees most often mentioned in the plans were Austrian pine, sugar maples, Japanese flowering crabs, white pine, and scotch pine, while the root-pruned trees most often mentioned included black oak, white oak, flowering dogwood, and redbud. The most common plants listed were common boxwood, weeping privet, goldflower, Italian jasmine, amur privet, regel privet, English ivy, small leaf English ivy, Englemmann creeper, and evergreen candytuff (Landscaping 1935). For the most part, plants and shrubs were placed around the walls, entrances, and walkways of the major buildings.

Additional areas of planting included an orchard and a memorial garden on the slope below the Building # 18. These were maintained by the patients.

Many of the original trees and shrubs remain, but is the policy of the maintenance division to replace plant material with smaller and more manageable species.

PART V. SOURCES OF INFORMATION

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.

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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1946 Scrapbooks - S-VAMC. October 14.

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1935 The Roanoke Times. April 28.

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1935 The Roanoke Times. April 38.

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1947 Roanoke World-News. October 27.

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1963 Roanoke World-News. May 7.

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1944 Scrapbooks - S-VAMC. May 11.

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1952 VA Hospital is Neurological Center for Southeastern US. Roanoke World-News. March 29.

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Utility Group on Rear of Property.
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1976 Salem Times-Register. September 29.

VA Hospital Gets Funds to Renovate Building.
1975 The Roanoke Times. August 29.

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PART IV. PROJECT INFORMATION

The Veterans Administration is constructing a new outpatient, clinical, and nursing facility at the Veterans Administration Medical Center, Salem, Virginia. To accomplish this it was necessary to demolish Building # 6, a contributing structure in a historic district that was been determined eligible for listing in the National Register of Historic Places in 1980. 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.

Prepared by:	Christopher F. David	Elizabeth Hannold
Title:	Historian	Architectural Historian
Affiliation:	Sorg and Associates	
Date:	July 1, 1989	

PART V. SUPPLEMENTAL INFORMATION

Chronology of the R-VAH Site

1933:November 10 J.C. Haley, et al. to United States of America for $23,750 - 209.22 acres land lying south of center of boulevard

November 17 John H. Parrott estate to United States of America for $43,000 -
Parcel A - 115.5 acres land lying south of center of boulevard
Parcel B - 123.0 acres land lying north of center of boulevard

1934:January 14 Ground broken on hospital site

October 19 Dedication ceremony - FDR speaks

1935:April Structures completed:
1 Administration Building
2 Main Building
4 Dining Hall
5 Recreation Building
6 Acute Building
7 Patients Building
13 Boiler House
14 Laundry Building
15 Storehouse
16 Garage and Attendant Quarters
17 Nurses Quarters
18 Managers Quarters
19 Duplex Quarters
23 Sewage Pump House
24 Water Tank and Tower
26-# 28 Garages
Flagpole
Connecting Corridors: 1-2, 2-4, 4-6, 5-6, 6-7

1937: Buildings Completed:
12 Infirmary Building
Connecting Corridors: 5-12

1939: Buildings Completed:
8 Continued Treatment Building
11 Continued Treatment Building
Connecting Corridors: 7-8, 12-11

1941:	Buildings Completed: # 10 Continued Treatment Building Connecting Corridors: 10-11
June 21	(Public No 123, 77th Cong) Act authorizing transfer of 0.2 acres of R-VAH property by quitclaim deed to Norfolk and Western Railway Company
1942:	Buildings Completed: # 9 Continued Treatment Building Connecting Corridors: 8-9, 9-10
1945:	Buildings Completed: # 74 Continued Treatment Building # 75 Continued Treatment Building # 76 Continued Treatment Building # 77 Continued Treatment Building # 4 Addition to Dining Hall # 13 Addition to Boiler House Connecting Corridors: 74-75, 75-76, 76-77, 77-74 Covered Walk: 4-74
1947:	Erected 15 Quonset Huts
1948:	Erected 15 Portable Barracks
1949:	Erected Quonset Hut for Chapel
1951:	# 4 Dining Hall, Additions and Alterations
August 21	Easement to Town of Salem, Virginia for sewer line
1953:	Nursery started in temporary contractor's office
1954:July 6.	Easement to Town of Salem, Virginia for sewer line
1955:January 1	Easement to Appalachian Electric Power Company for $3658.50 for 2 electric power lines and steel tower on 18.025 acres in Parcels 1 & 2 and 4.803 acres in Parcel 3
May 13	Easement to County of Roanoke for sewer line
July 26	Letter from R.M. Edgar to Doctor Charles W. Grady authorizing the demolition of farm buildings # 110 and # T-109 on 123 acres of excess land

1956:September 5	Quitclaim deed through HEW to County School Board of Roanoke County, Salem, Virginia for 12 acres (includes covenants)
November 28	Transfer through GSA to Department of the Army of 6.79 acres for $13,580
1958:May 23	Quitclaim deed through GSA to J. Lewis and Julia M. Lloyd for 104.21 acres for $115,000
1959:	# 15 Warehouse - Additions and Alterations
1960:January 1	R-VAH annexed by Town of Salem, Virginia
September 1	Quitclaim deed through GSA to Norfolk and Western Railway Company for 9.6 acres for $28,560
1962:September 17	Quitclaim deed through HEW to County School Board of Roanoke County, Virginia for 29.977 acres
1965:December 22	Easement to Town of Salem, Virginia for storm drain
1975:	Installation of Air Conditioning throughout R-VAH
	# 8 Continued Treatment Building, multi-bed dormitories converted to private and semi-private rooms
1976:	# 5 Recreation Building, renovation
1980:	Building Completed: # 2A New Clinical Building
June 25	Quitclaim deed through Heritage Conservation and Recreation Service to City of Roanoke of 16.8 acres for public park or recreation use

Contractors and Suppliers

The principal contractors for the original facility 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, Tippett and Wood, of Phillipsburg, New Jersey; and for elevator installation, the Westbrook Elevator Manufacturing Company, of Danville, Virginia.

Subcontractors furnishing materials for construction, as reported by The Roanoke Times, April 28, 1935, are as follows:

Monon Stone Company, Bloomington, IN, cut limestone; Truckon Steel Company, Birmingham, AL, channels and corner beads; U.S. Gypsum Company, Atlanta, GA, rock wool battens and loose rock wool insulation; Home Insulation Company, Baltimore, MD, rock wool and magnesia cement; Frank S. Betz, Hammond, IN, metal cabinets; Master Builders Company, Cleveland, OH, metallic floor hardener; Carpenter Metal Products Company, metal partitions; Industrial Equipment Company, Atlanta, GA, column clamps; American Sheet Metal Works, New Orleans, LA, lightproof windows; Southern Fireproofing Company; Cincinatti, OH, clay tile partitions and furring; Hinkle Brothers Company, Birmingham, AL, lead lining in X-ray department; Builders Specialties Company, Atlanta, GA, window shade installation; W.M. Plunkett & Son, Roanoke, VA, general excavation; Central Architectural Iron Works, Chicago, IL, insulation for radiator recesses; Michigan Wire Cloth Company, Detroit, MI, copper wire cloth for subdrains; Toch Brothers, New York, NY, mastic for spandrel waterproofing; Alabama Machinery and Supply Company, Montgomery, Al, expansion joints; A.G. Wilson, Lithonia, GA, rubble stone; United States Gypsum Company, Plasterco, VA, all plaster materials; Noland Company, Inc., Roanoke, VA, iron pipe and fittings for subdrains; Hurt and Hurt Coal Company, Roanoke, VA, sand for concrete work; Roanoke Tractor and Equipment Company, Roanoke, VA, air compressor; 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; Pittsburgh Testing Laboratory, Philadelphia, PA, concrete tests; Marshall Lumber Company, Montgomery, AL, lumber; Kinnear Manufacturing Company, Columbus, OH, rolling steel doors; Federal Seaboard Terra Cotta Company, New York, NY, enameled wall blocks; Mitchel-Tappen Company, New York, NY, metal caging; Aquabar Waterproofing Products Company, Philadelphia, PA, waterproofing paste; Carborundum Company, Inc., Niagara Falls, NY, abrasive grit; Joseph W. Hodges & Son, Roanoke, VA, electric poles, etc.; Southern Machinery and Supply Company, Roanoke, VA, centrifugal pump; 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 work; 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; Fairbanks-Morse & Company, New Orleans, LA, furnishing and installing platform scale; M.W. Kellogg Company, New York, NY, furnishing and erecting radial brick chimney; Roanoke Marble and Granite Company, Roanoke, VA, setting marble and soapstone; Hampshire and Decker, Inc., Baltimore, MD, furnishing and installing acoustical treatment; Central Architectural Iron Works, Chicago, IL, furnishing and installing metal rim and radiator recesses, Pittsburgh Plate Glass Company, Birmingham, Al, glass and glazing; Johnson Metal Products company, Erie, PA, furnishing nd installing metal insect screens; Watson Manufacturing Company, Jamestown, NY, furnishing and installing wood insect screens; Brown-Rogers Wall Paper and Paint Company, Birmingham, AL, painting and finishing; Guaranteed Waterproofing Company, Greensboro, NC, furnishing and installing all waterproofing other than membrance; Mabes and Dowles, Salem, VA, hauling excavated earth; Appalachian Electric Power Company, Roanoke, VA, power lines and miscellaneous electric equipment; Blue Ridge Stone Corporation, Roanoke, VA, crushed stone and sand substitute; Easterby and Mumaw Charlotte, NC, reinforcing steel; 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; Noland Company, Inc., Roanoke, VA, wire rope; Austin Western Road Machine Company, Chicago, IL, grading machines; Graybar Electric Company, Roanoke, VA, electric equipment; Southern Fiber Company, Raleigh, NC, electric concrete compactors; Riverton Lime Company, Riverton, VA, concrete mix; Old Virginia Brick Company, Salem, VA, face brick and special brick; Georgia Marble Company, Atlanta, GA, interior marble; Walter S. Phelps Granite Company, Washington, DC, granite; Alberene Stone Company, Cincinatti, OH, soapstone; B.G. Lumber Company, Montgomery, AL, lumber; Virginia Lime Products Company, Eagle Rock, VA, lime; Southern G-F Company, Atlanta, GA, metal Form Equipment; Builders Specialties Company, Atlanta, GA, fireproof doors; Lyon Metal Products Company, Birmingham, AL, steel shelving; and Virginia Culvert Corporation, Roanoke, VA, culvert pipe.

Chain of Title

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 for the facility. Although the land beneath the Acute Building has not changed ownership since 1933, a chronology of how the excess land of the facility's original site has been handled since 1933 is as follows:

1941 Authorization to transfer by Quitclaim Deed to Norfolk and Western Railway Company .2 of an acre. Public law 123, 77th Congress, approved the transaction June 21, 1941. The Quitclaim Deed was dated July 5, 1941 and the Deed Book is unknown.

Under the authority of the Federal Property and Administration Services Act, passed May 31, 1947 (61 stat. 124), the following transactions were undertaken:

1951 Easement, August 21, 1951, Deed Book unknown. The United States of America to the City of Roanoke, VA, for a sewer line.

1954 Easement, August 3, 1954, Deed Book 510, page 293. The United States of America to the City of Salem, VA, for a sanitary sewer line.

1955 Easement, February 2, 1955, Deed Book 521, page 255. The United States of America to the Appalachian Electric Power Company for two electric power lines.

1955 Easement, June 6, 1955, Deed Book 529, page 550. The United States of America to the Roanoke County, VA, for a sewer line.

Until 1956, the original 447.72 acres of land were retained by the Veterans Administration facility. Under the authority of the Federal Property and Administrative Services Act of 1949 (63 stat. 377), however, the facility began to release its excess land beginning in 1956:

1956 Quitclaim Deed, September 5, 1955, Deed Book unknown. United States of America to the County School Board of Roanoke, 12 acres for the use of health, education, and welfare.

1956 Governmental Transfer, November 28, 1956. The Veterans Administration transferred 6.79 acres to the Department of the Army for a consideration of $13,580.

1958 Quitclaim Deed, May 26, 1958, Deed Book 515, page 196. United States of America to J. Lewis Lloyd and Julia M. Lloyd, conveying 104.21 acres of land for a consideration of $115,000.

1960 Quitclaim Deed, January 1, 1960, Deed Book 666, page 358. United States of America to the City of Salem, VA.

1960 Quitclaim Deed, September 29, 1960, Deed Book unknown. United States of America to Norfolk and Western Railway Company, conveying 23.8 acres of land for a consideration of $28,560.

1962 Quitclaim Deed, October 6, 1962, Deed Book 700, pages 282-292. United States of America to the County School Board of Roanoke County, VA, conveying 29.977 acres of land for educational purposes.

1963 Quitclaim Deed, May 13, 1963, Deed Book unknown. United States of America to Julian E. McCauley and Justine C. McCauley, conveying 2.13 acres of land for a consideration of $2,112.

1966 Easement, January 20, 1966, Deed Book 793, page 294. United States of America to the City of Salem, VA. The acquired land was used to construct a storm drain.

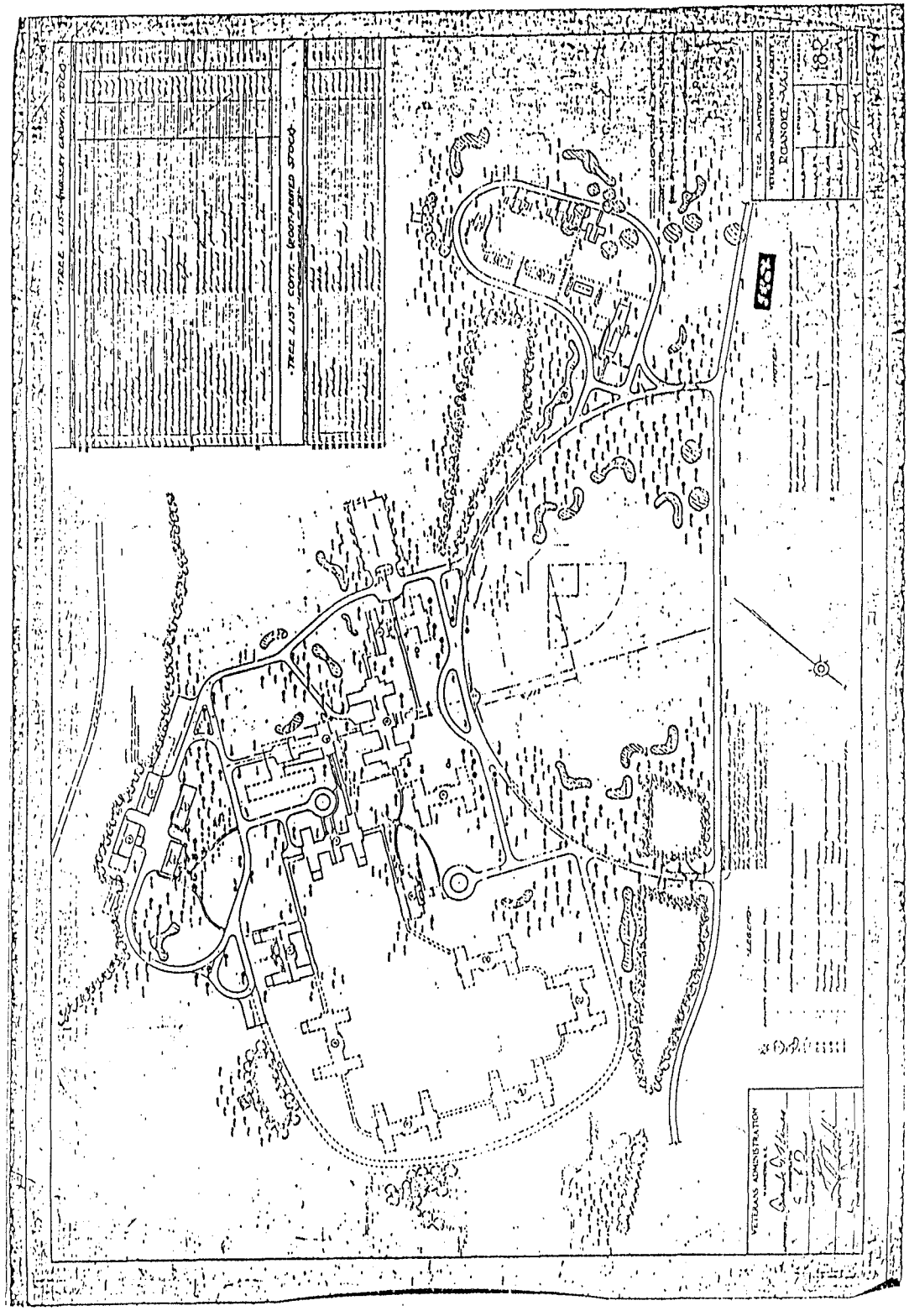
Under the authority of the Federal Property and Administrative Services Act of 1949 (63 stat. 377) and particularly as amended by Public Law 91-485 (84 stat. 1084), the following transaction was undertaken:

1980 Quitclaim Deed, June 25, 1980, Deed Book unknown. United States of America to the City of Roanoke, VA, 5.32 acres of land for the purpose of a recreation facility.

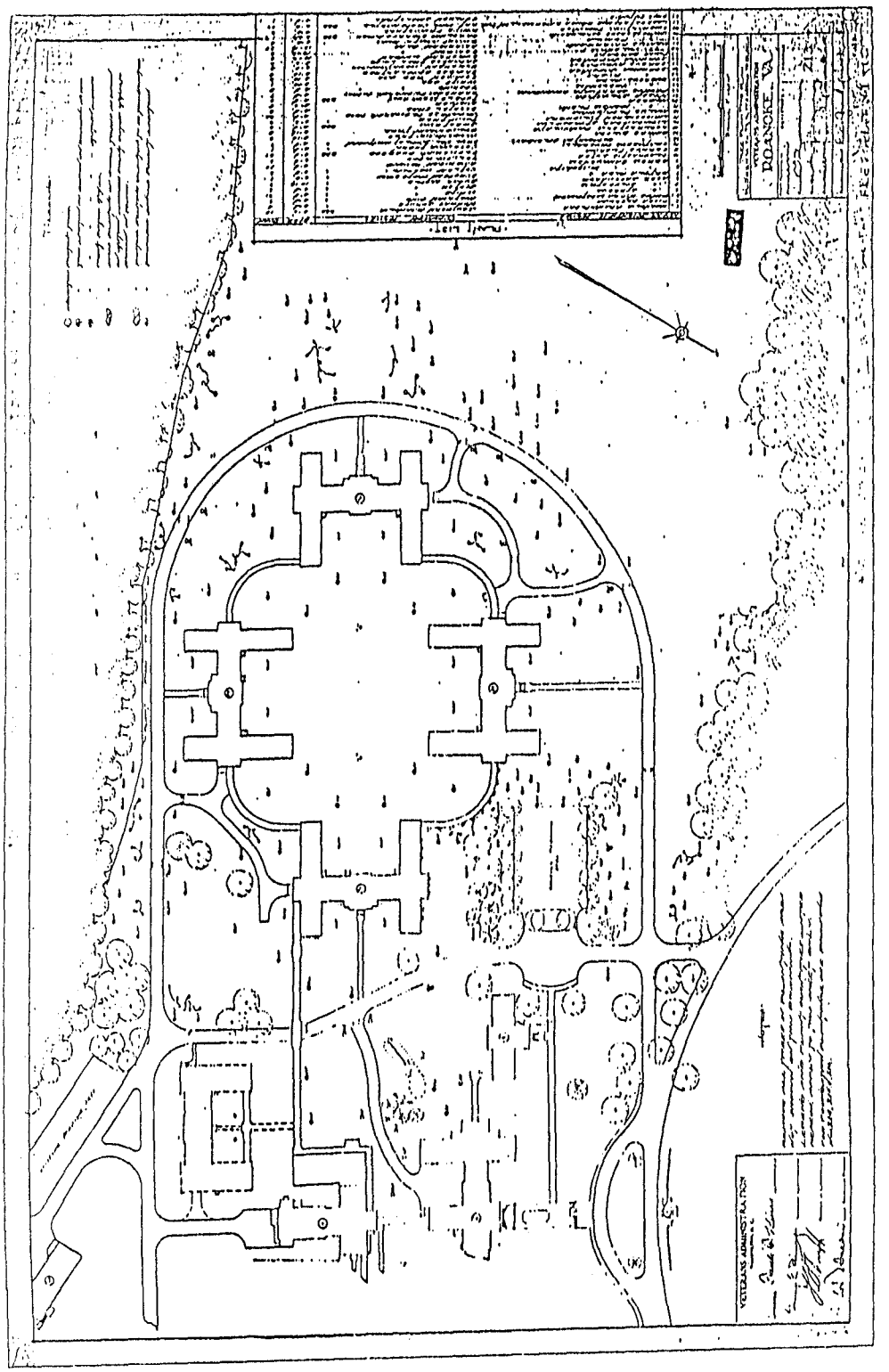
HABS, VA, 81-SAL, 2-

Roanoke Veterans Administration Hospital
(Salem Veterans Administration Medical Center)
HABS No. VA-1251 (Page 48)

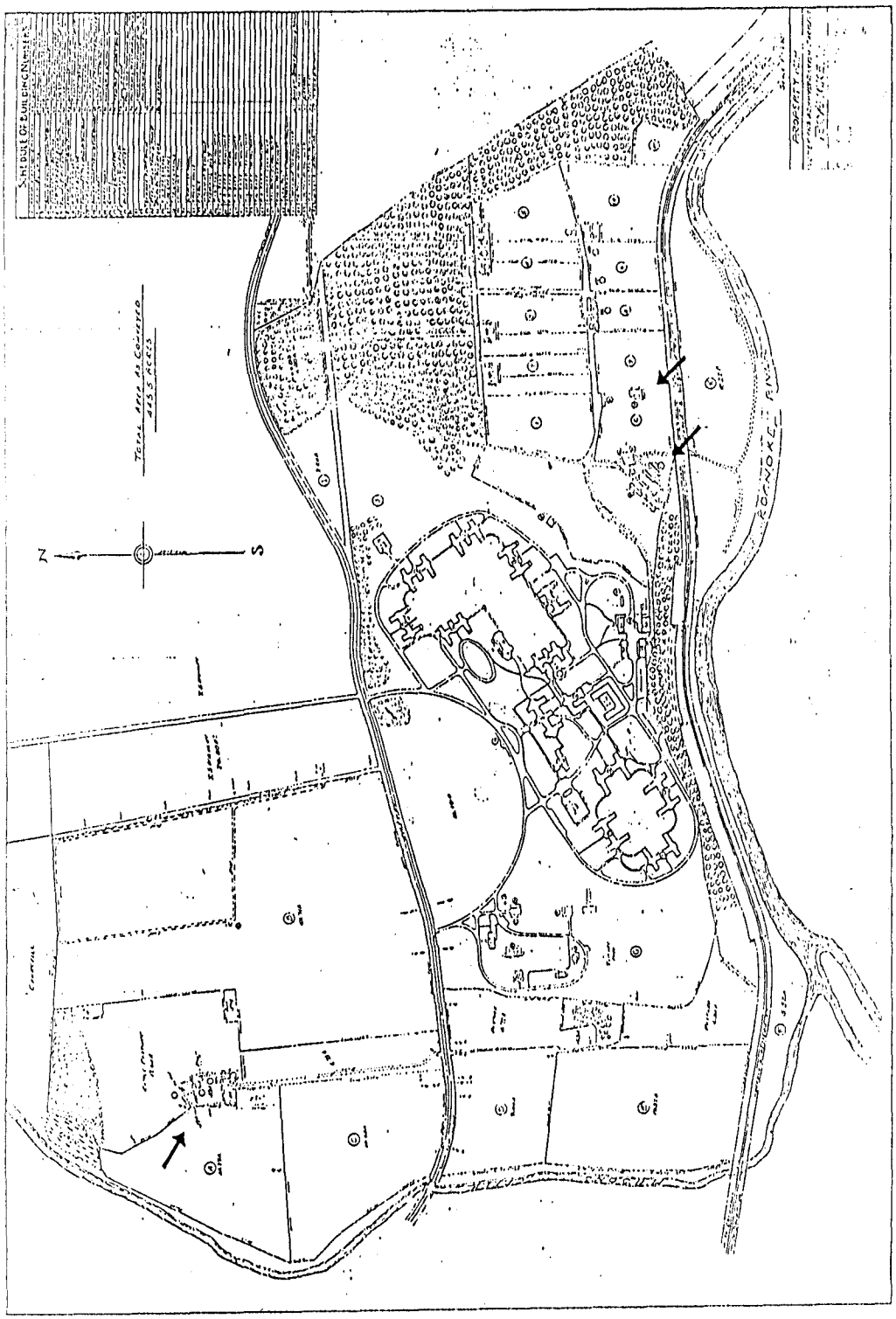
1. Original Planting Plan, 1934



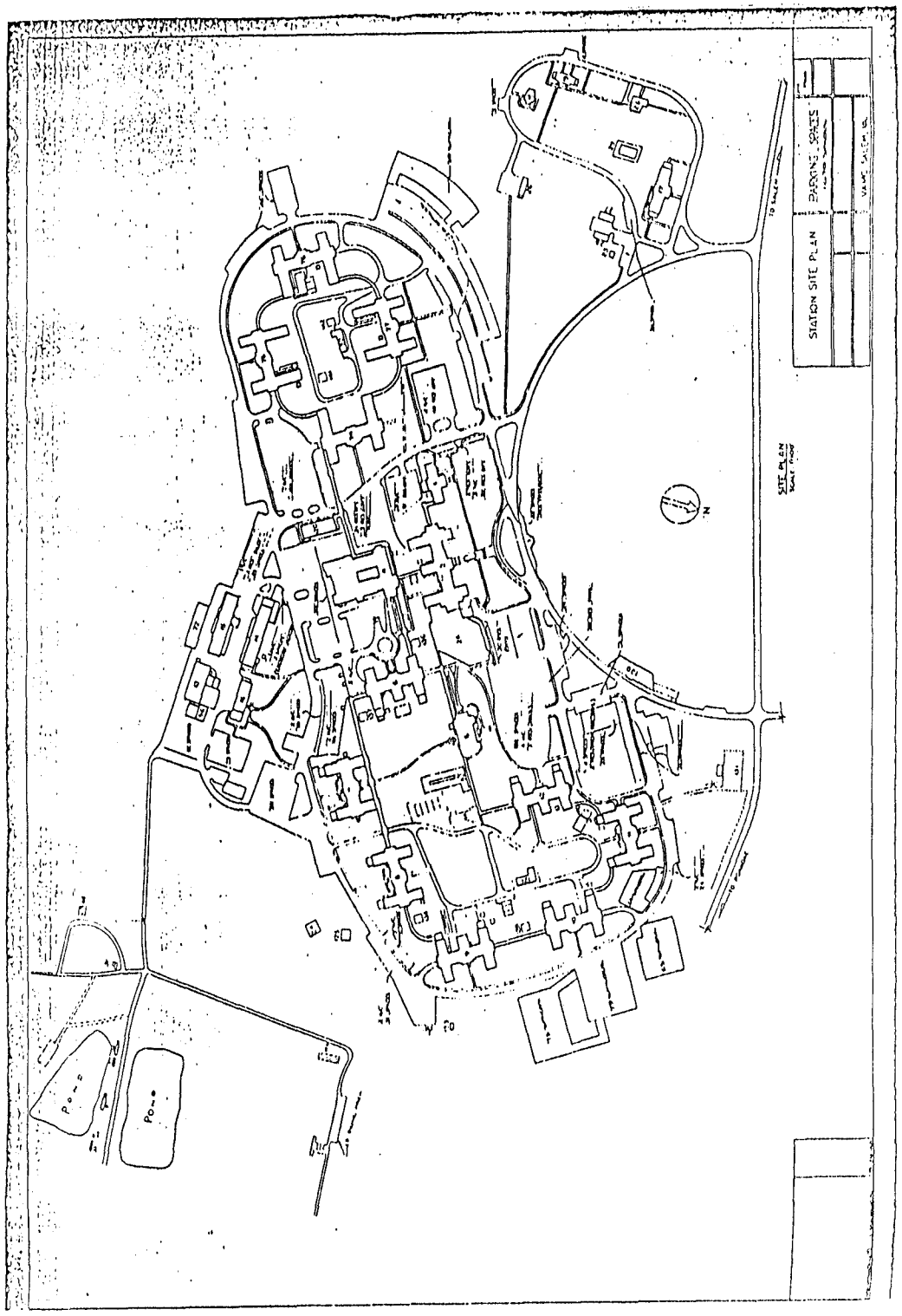
2.Planting Plan for West Circle, 1944



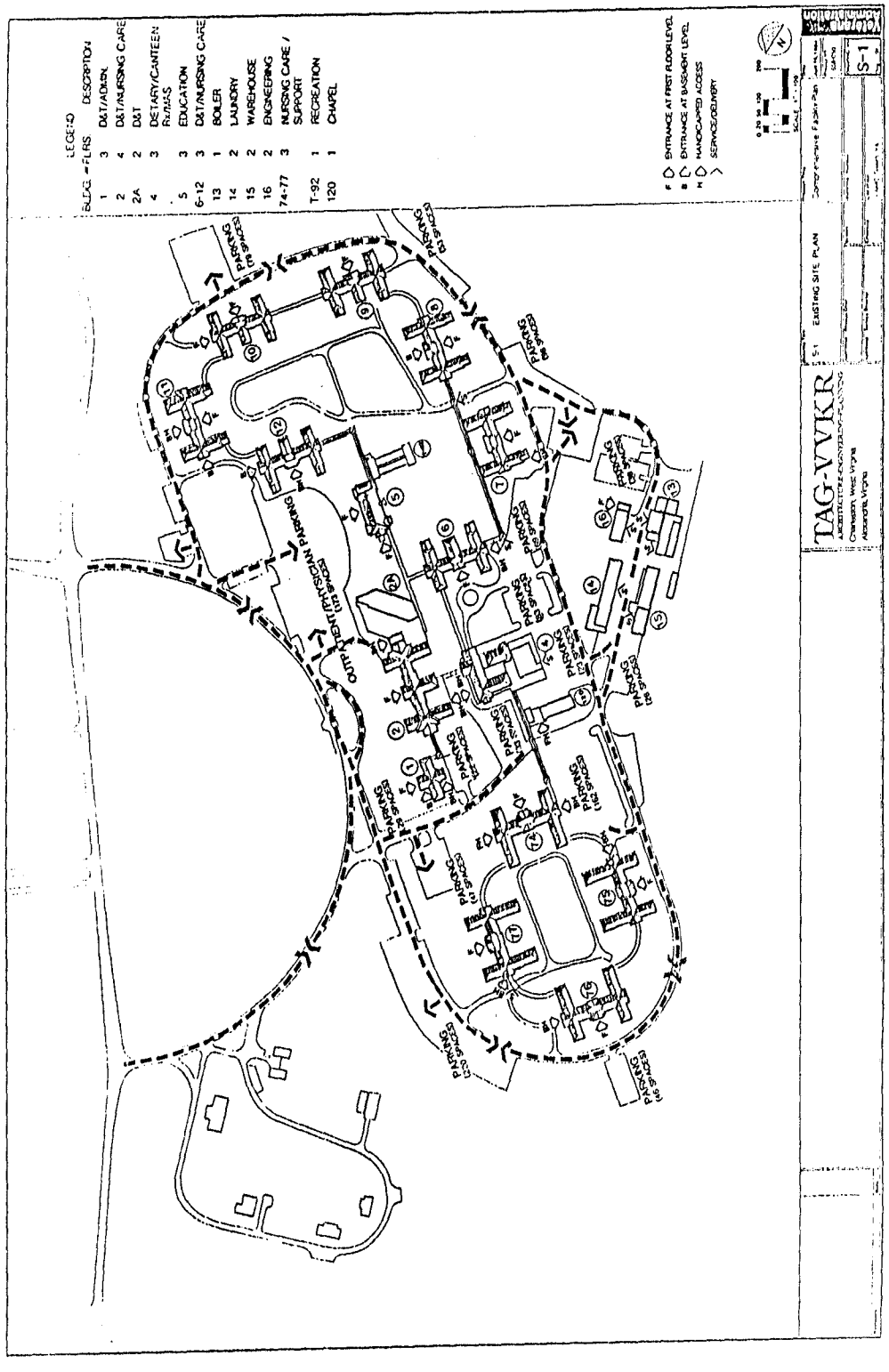
3.Site Map Showing Camp Jordan and Farm Structures, 1945



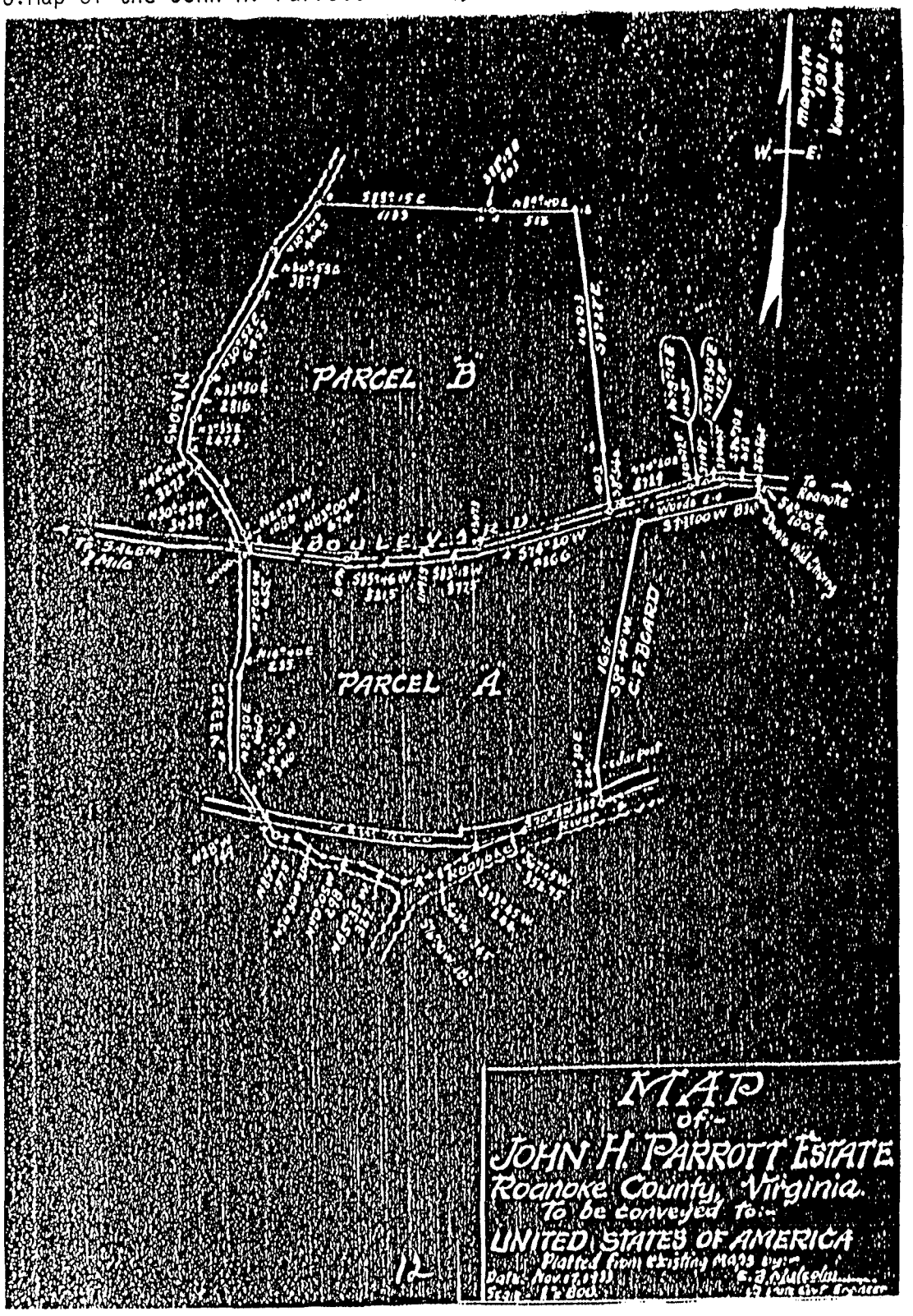
4.Site Plan Showing Growth of Parking Areas, 1986



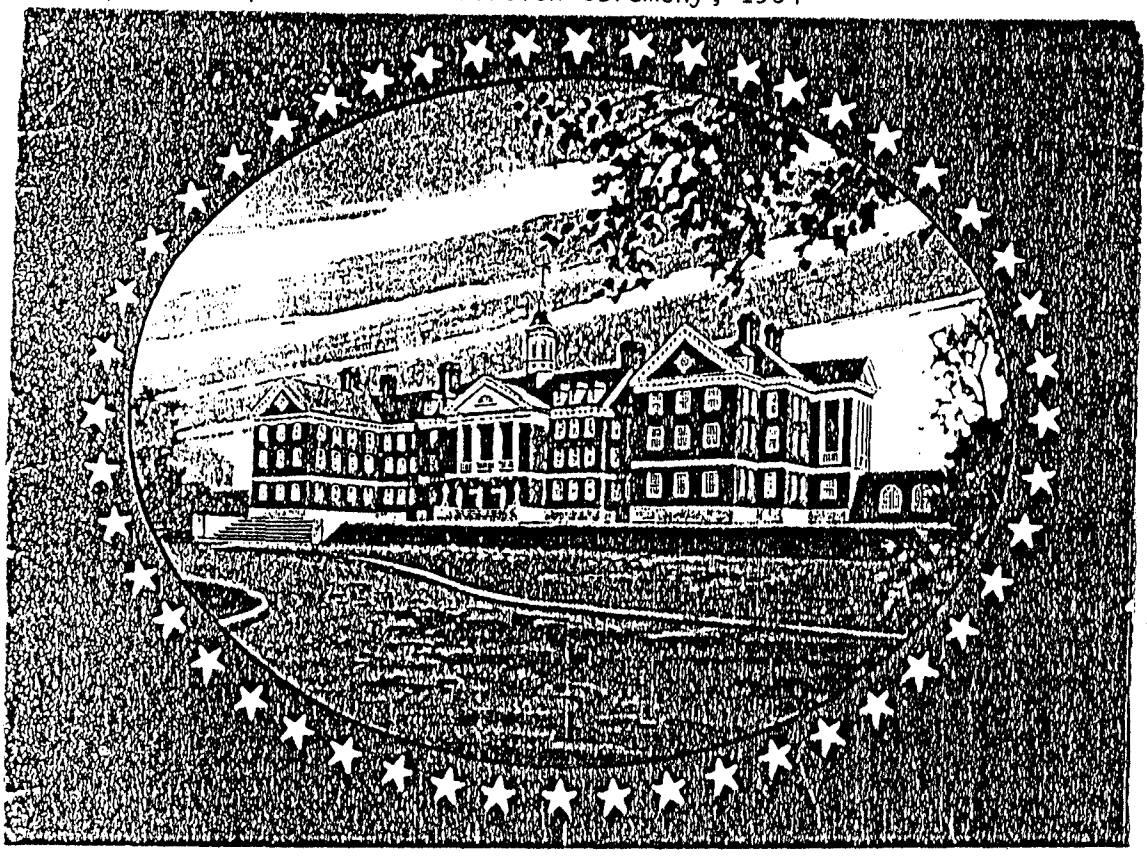
5.Site Plan, 1984 (from Comprehensive Facility Plan, TAG-VVKR)



6. Map of the John H. Parrott Estate, 1933

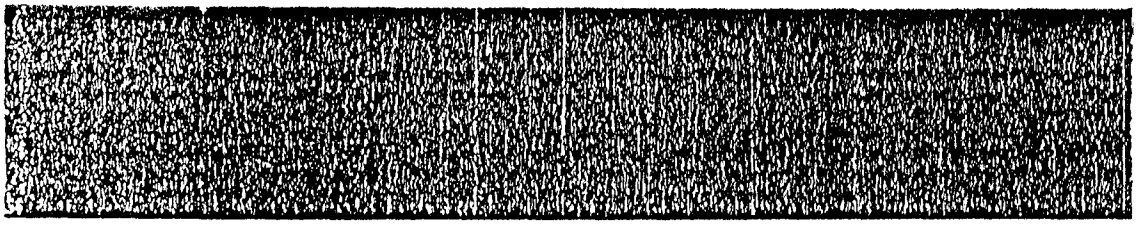


7.Pamphlet Prepared for Dedication Ceremony, 1934



Dedication of the

VETERANS HOSPITAL



ROANOKE, VIRGINIA

OCTOBER 19, 1934

(Dedication Pamphlet Continued)

(Dedication Pamphlet Continued)

BRIGADIER GENERAL FRANK T. HINES
Administrator of Veterans Affairs

(Dedication Pamphlet Continued)

Dedication of Veterans Administration Hospital

ROANOKE, VIRGINIA

OCTOBER NINETEENTH, NINETEEN HUNDRED AND THIRTY-FOUR
AT THREE-THIRTY O'CLOCK P. M.

ORDER OF CEREMONIES

HONORABLE CLIFTON A. WOODRUM, M. C., *Presiding*

INVOCATION . . . . . REV. NOLAN B. HARMON, JR.
Pastor, Greene Memorial Methodist Episcopal Church, South, Roanoke, Virginia. Member American Legion Post Number 3

OPENING REMARKS . . . . . REPRESENTATIVE CLIFTON A. WOODRUM

ADDRESS . . . . . BRIGADIER GENERAL FRANK T. HINES
Administrator of Veterans Affairs

PRAYER . . . . . RABBI MAURICE GOLDBLATT
Temple Emanuel, Roanoke, Virginia

SONGS:

"Recessional" . . . . . Reginald De Koven
"When the Flag Goes By" . . . . . George B. Nevin

KAZIM TEMPLE CHANTERS
Roanoke, Virginia

PRESENTATION OF THE PRESIDENT OF THE UNITED STATES . . . . HONORABLE GEORGE C. PEERY
Governor of Virginia

THE PRESIDENT OF THE UNITED STATES

BENEDICTION . . . . . REV. JAMES GILSENAN
Pastor, Our Lady of Nazareth Church Roanoke, Virginia

"Hail to the Chief" . . . . . VIRGINIA POLYTECHNIC INSTITUTE BAND
Blacksburg, Virginia

(Dedication Pamphlet Continued)

The Dedication Committee

HONORABLE CLIFTON A. WOODRUM
MEMBER U. S. HOUSE OF REPRESENTATIVES
Chairman

LIEUTENANT-COLONEL E. W. JORDAN
MANAGER, VIRGINIA REGIONAL OFFICE
VETERANS ADMINISTRATION
Vice Chairman

COLONEL MARION S. BATTLE
U. S. ARMY, RETIRED

MR. ROY P. BISHOP
CITY MANAGER, SALEM

MR. H. POWELL CHAPMAN
EDITOR, THE ROANOKE TIMES

DR. FRANK S. COOPER
ROANOKE, VIRGINIA

HONORABLE W. R. CROSS
MAYOR OF SALEM

MR. JUNIUS P. FISHBURN
PUBLISHER, THE ROANOKE TIMES AND
THE WORLD-NEWS

MR. W. J. JENKS
VICE PRESIDENT, NORFOLK AND WESTERN RAILWAY

MR. CLEM D. JOHNSTON
PRESIDENT, ROANOKE PUBLIC WAREHOUSE

MR. BEN F. MOOMAW
SECRETARY, CHAMBER OF COMMERCE
ROANOKE, VIRGINIA

HONORABLE J. W. REYNOLDS
MAYOR OF VINTON

HONORABLE SYDNEY F. SMALL
MAYOR OF ROANOKE

DR. CHARLES J. SMITH
PRESIDENT, ROANOKE COLLEGE

HONOR GUARD

VIRGINIA MILITARY INSTITUTE
VIRGINIA NATIONAL GUARD
MARINE RESERVE
EAGLE SCOUTS

MUSIC

VIRGINIA POLYTECHNIC INSTITUTE BAND
KAZIM CHANTERS
116TH INFANTRY BAND, VIRGINIA NATIONAL GUARD
CHAMPION AMERICAN LEGION JUNIOR DRUM AND BUGLE CORPS
OF WYTHEVILLE, VIRGINIA

SALUTE

111TH FIELD ARTILLERY (RICHMOND HOWITZERS), VIRGINIA NATIONAL GUARD

(Dedication Pamphlet Continued)

(Dedication Pamphlet Continued)

VETERANS ADMINISTRATION HOSPITAL

October 19, 1934, Roanoke, Virginia

THE PRESIDENT OF THE UNITED STATES comes to Roanoke to dedicate the latest addition to the neuropsychiatric hospitals which the Veterans Administration has established since the World War. This hospital will provide beds for a total of 472 patients. It is situated two miles west of the city limits of Roanoke, and about the same distance east of the old town of Salem, the county seat of Roanoke County.

On a magnificent site, containing 445 acres, sixteen buildings are being erected, using brick throughout with stone trimmings and slate roofs. The style of architecture chosen is an adaptation of the late seventeenth and early eighteenth century Virginia Colonial, reflecting a quiet charm, grace and dignity in consonance with the historic environment.

The site of the hospital is bounded on the north by the old Salem Road, one of three linking Roanoke with Salem; on the south by the Roanoke River, and on the west by Mason's Creek which flows into the Roanoke River at the southwestern corner of the site. As the elevation is approximately 200 feet above the general level of the City of Roanoke, from almost every point a beautiful panorama of mountains and valleys is unfolded. Looking toward the southwest and the west, the roofs of Salem can be easily discerned in the distance, framed by towering mountains.

Access to the main group of buildings is had through two formal entrances about 1,200 feet apart, midway between the eastern and western limits of the property.

The central structure of the group, placed 1,000 feet back from the old Salem Road, commands immediate attention. It is known as the Main Building, 280 feet long, three stories high and is surmounted by a cupola, the top of whose weathervane is over 100 feet above the entrance drive. The major axis of this building runs northwest and southeast, thereby affording a maximum of sunshine and circulation of air. Entering the Main Building through a large brick entrance porch, with tile floor, one comes at once into a spacious lobby from which point corridors radiate in three directions, giving access to the clinical section, the receiving ward, and the main dining room. In the clinical section especially is evidenced the most modern development of hospital design. Here will be found the pharmacy and drug storage, the conference room and medical library, the general laboratory with its adjoining office and work room, the cardiograph and metabolism, the dental operating suite consisting of operating room, office, X-ray and dental laboratory, a minor operating room, the eye, ear, nose and throat section, and an extensive X-ray suite, which latter occupies the entire wing on the main floor. In addition, ample waiting space has been conveniently located at the entrance leading from the corridor connection to the Administrative Building.

The receiving ward, which is to the left of the main lobby in the northeast wing, has a capacity of 35 beds, including an isolation section of five beds. This section is complete within itself, having a doctors' and a nurses' office and utility room, several wards of various sizes, and patients' toilets and baths.

(Dedication Pamphlet Continued)

The hydro and electrotherapy section, the autopsy, service and transformer rooms, as well as the locker and storage rooms are in the basement.

On the second floor single rooms and large and small wards, including four isolation beds, make provision for 91 patients. Ample day rooms, a diet kitchen, the dining room and a visitors' room complete this floor.

The operating suite, anesthetizing room, sterilizing room, nurses' work room and a doctors' dressing room also occupy a wing on this floor. The total bed capacity of this building will be 202.

The Administrative Building of two stories and basement is situated to the west of the Main Building and connected with it by a two-story, enclosed passageway. The first and second floors of this building are arranged for the various offices of the hospital, while the basement provides file and storerooms.

The Dining Hall, situated at the rear of the Main Building, is connected to the Main Building and the Acute Building by means of enclosed passageways, making it conveniently accessible for the patients and personnel. In the basement are storage and preparation rooms for food, the bakery, and ice cream-making rooms, the large refrigerators for bulk storage and the various service and machinery rooms necessary to the maintenance of this vast establishment. On the first floor are the large main kitchen and the dining rooms for the patients, the staff and the attendants. On the second floor are sleeping quarters for 24 white attendants as well as a comfortable living room and ample bathroom facilities.

The Acute Building, to the northeast of the Dining Hall, is two stories and basement in height and will be occupied by the most disturbed patients, and has a total capacity of 128 beds. Large and small ward and day rooms to accommodate 66 patients are on the first floor, as well as a kitchen and dining room large enough to provide ample seating capacity for every patient in this building. On the second floor are beds for 62 patients, in addition to the large, continuous-flow tub room which is located in the rear central wing. The physiotherapy section is in one wing of the basement, the remainder being devoted to locker and storage rooms.

East of the Acute Building and connected with it by means of an enclosed corridor is the Colored Patients' Building of the same length and breadth as the Acute Building. An interesting feature of this building is the enclosed garden formed by the two end wings and the connecting corridor. This building has a patient bed capacity of 142—75 beds on the first and 67 beds on the second floor. Day rooms, wards, single rooms, toilets, baths, utility rooms, doctors' and nurses' offices, etc., are on each floor and on the second floor there are also a small dining room and diet kitchen and continuous-flow tub room. There are two stairways and an elevator and also two large porches located conveniently, one at each end. A complete hydro and electrotherapy section, a large recreation room, patients' locker and shower rooms and attendants' locker room, service rooms, a large serving kitchen and two dining rooms (one for patients and the other for personnel) occupy the basement of the building.

Connected with the Acute Building by a corridor at the basement level is a Recreation Building of two stories and basement. In the basement are the lounge and general library, the canteen and the service room. The first floor contains the auditorium, a large lobby, smoking and social rooms. The auditorium, which is accessible from three sides, has a seating capacity of 360 on the main floor with 50 additional in the balcony. The large stage is adequately equipped with all modern appliances, lights and screen to take care of theatrical entertainments, motion and talking pictures, etc. Adjoining is a service kitchen and entry, and several dressing rooms are

(Dedication Pamphlet Continued)

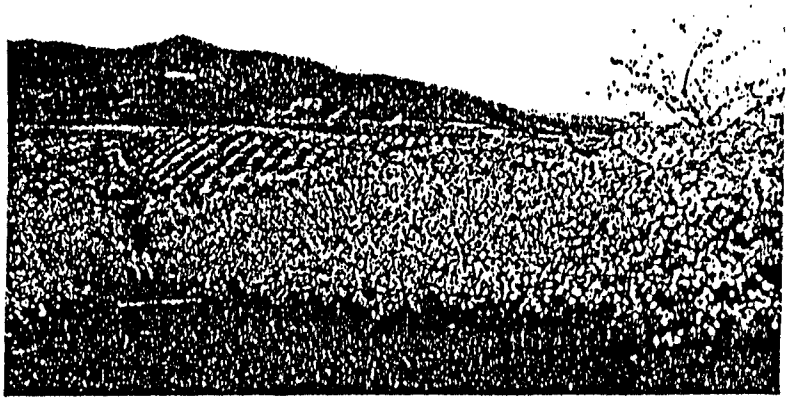
located above, reached by stairs from the sides of the stage. On the second floor, in addition to the balcony and projection room, there are two comfortably arranged rooms which may be assigned for use as game or card rooms.

A large area to the east has been reserved for future buildings, should developments necessitate additional facilities for patients. Such buildings would be provided with corridor connections to the Dining Hall, the Main Building and the Recreation Building.

Approached by a road branching from the main driveway near the western entrance is the residential group consisting of residences for the manager, medical staff and the nurses' quarters which occupies a beautiful knoll to the west of the hospital buildings.

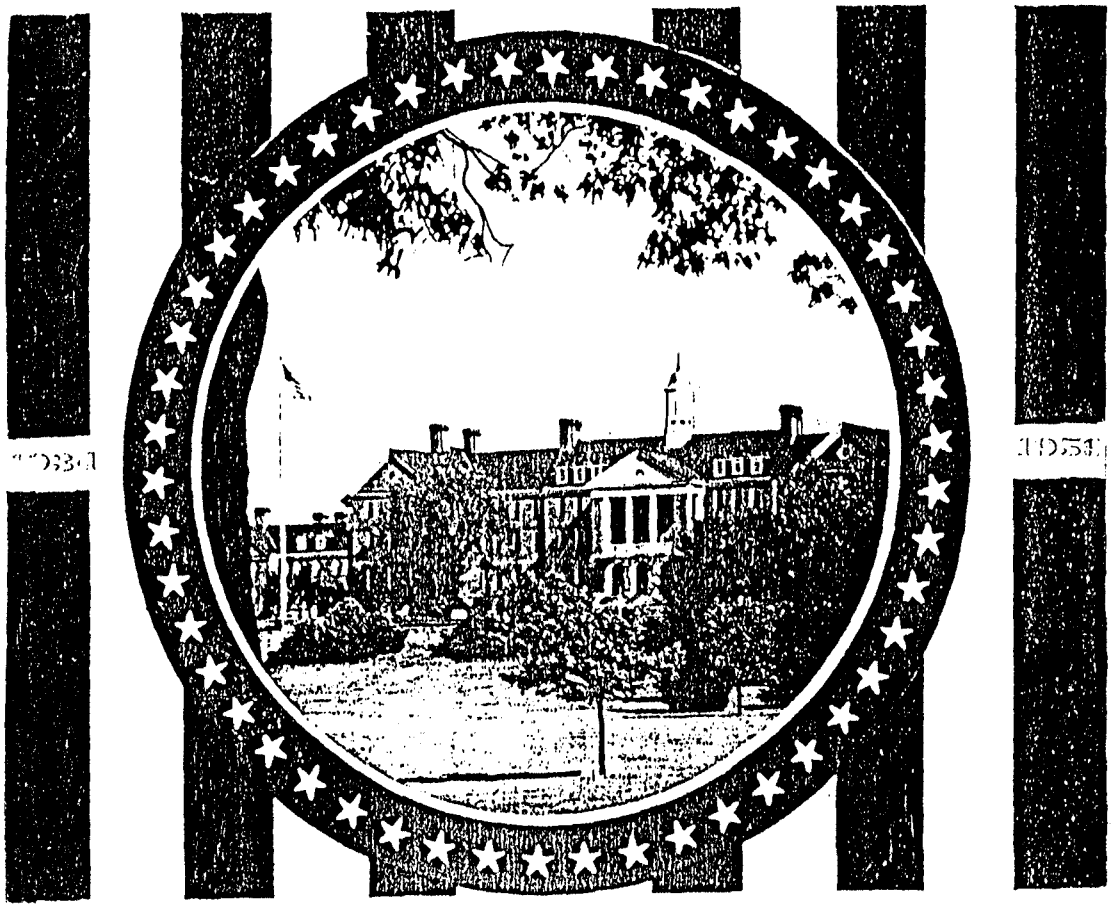
The nurses' quarters accommodate 35 nurses, aids and dietitians, etc. Provision has been made for a future dining room and kitchen for the staff which will be built as a separate wing to the rear.

The manager's residence and three duplex residences for the staff may be augmented by other quarters as the hospital expands.



ROANOKE VALLEY AND TWELVE O'CLOCK KNOB
FROM THE VETERANS HOSPITAL

11.Silver Anniversary Pamphlet, 1959



SILVER ANNIVERSARY

--- OPEN HOUSE ---

VETERANS HOSPITAL

ROANOKE, VIRGINIA

NOVEMBER 10, 1959

(Silver Anniversary Pamphlet Continued)

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

A FRIENDLY PARTNERSHIP FOR TWENTY-FIVE YEARS

Nineteen hundred and fifty-nine marks the twenty-fifth year of a friendly partnership -- the Roanoke VA Hospital and the Roanoke Area Community. On a brisk autumn day in 1934, according to Associated Press reports, approximately forty thousand people gathered on these grounds to attend the hospital dedication ceremony. Since then an even greater multitude of people -- fifty thousand veterans --- have received medical treatment as patients at this hospital.

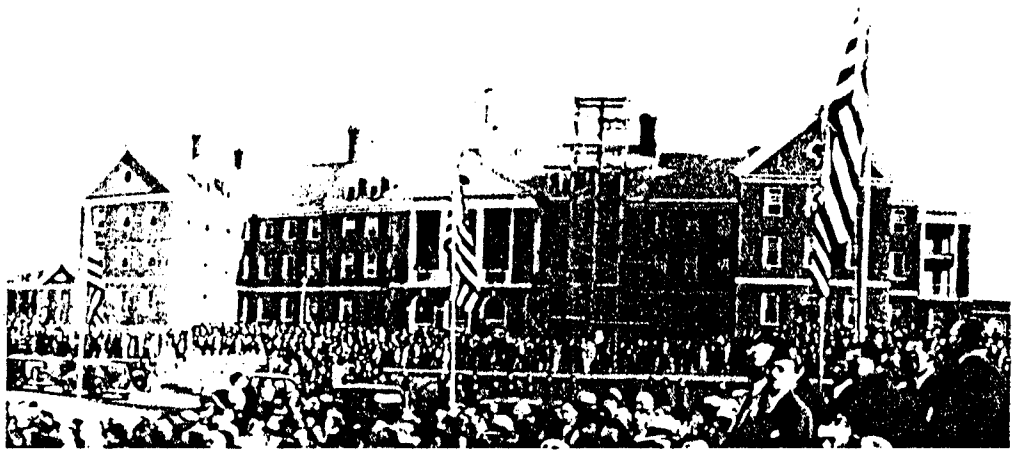
When the late President Franklin D. Roosevelt stated in the opening ceremony, "I commend them (the veterans) to your care," he achieved more than the dedication of a hospital and its grounds; he gained for the hospital neighbors and friends who throughout the years have continuously demonstrated human understanding and selfless interest in the care, treatment and acceptance of our patients.

In the years to come, the continued interest, acceptance, and help extended to the hospital by the members of our community will serve as an inspirational force to our patients and to those who are dedicated to serve them -- the hospital staff.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

12. Fiftieth Anniversary Pamphlet, 1984

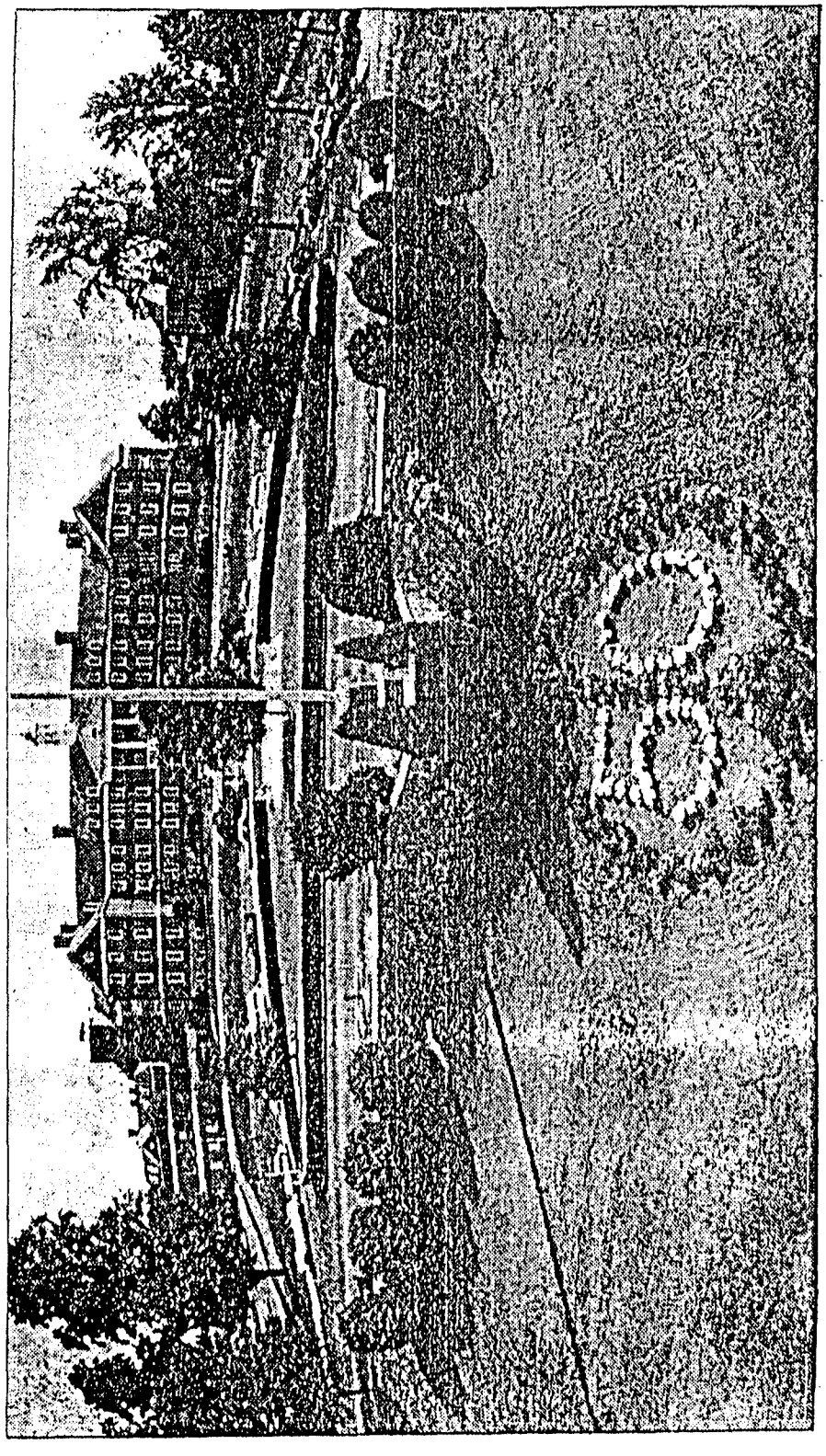
HALF A CENTURY OF CARING
1934-1984



VETERANS ADMINISTRATION MEDICAL CENTER
SALEM, VIRGINIA

50th ANNIVERSARY
OCTOBER 19, 1984

(Fiftieth Anniversary Pamphlet Continued)



Staff photos by DAN DOUGHTIE

A '50' made of flowers decorates a sloped area in front of the VA Medical Center main building