PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDINGS SURVEY
MIDWEST REGIONAL OFFICE
National Park Service
U.S. Department of the Interior
1709 Jackson Street
Omaha, NE 68102
HISTORIC AMERICAN BUILDINGS SURVEY

ALLEN PARK VETERANS ADMINISTRATION HOSPITAL
BUILDING 1
(Hospital Building)

HABS No. MI-427-A

Location: Southfield Expressway and Outer Drive
Allen Park, Wayne County, Michigan

Present Owner: U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W., Washington, D.C. 20420

Present Use: Vacant.

Significance: Building 1 is the main hospital building at the Allen Park Veterans Administration Hospital and clearly dominates the hospital complex through its height, width, scale, and number of additions. Building 1 historically housed most of the essential hospital services, including administrative, medical, and patient rooms.

It is an excellent example of the Georgian Revival style used in VA hospital design nationwide in its symmetry, colonnaded portico, regular fenestration with multi-pane sash windows, brick and limestone edifices, and decorative details.

The building has gone through several sizeable expansions and innumerable interior alteration campaigns. These changes reflect shifts in medical technology, patient treatment practices, and the growth and decline of patient care and research activities at the Allen Park Veterans Administration Hospital. The building is significant for its physical representation of the importance of health care for American veterans.
PART I. HISTORICAL INFORMATION

A. Date of Erection:


B. Architect:

1. Unit A and Rear Center Wing: Anonymous Veterans Administration Construction Division staff architects under the direction of Frank T. Hines, Administrator; George E. Gains, Assistant Administrator; Louis H. Tripp, Director of Construction; William R. Talbott, Director of Design Service; and W. Ruretz, Subdivision Chief.

2. Units B and C: Anonymous Veterans Administration Construction Division staff architects under the direction of: Frank T. Hines, Administrator; George E. Gains, Assistant Administrator; Louis H. Tripp, Director of Construction; William Talbott, Director of Design Service; and William F. Breidenbach, Supervisor, Architectural Unit.

3. Units D and E: Smith Hinchman & Grylls Associates, Inc. The firm was based in Detroit, Michigan.

C. Owners, Occupants, and Uses: The building is part of a Veterans Hospital complex constructed for and owned by the United States Government from 1939 to the present. Uses have changed to reflect changes in medical technology and treatment procedures. Most changes in use have occurred in the older portions of the building, Unit A and the Rear Center Wing. These were converted from the original patient facility to more administrative uses over the years as patient rooms and treatment facilities were moved to the newer wings. The changes in use are more fully described in the descriptions of the interior below.

D. Builder, Contractor, Suppliers:

1. Unit A and Rear Center Wing: Cooper-Little Construction Company, Detroit (contract amount $1,112,000)
2. **Units B and C:** F.H. McGraw and Company, Hartford, Connecticut (contract amount $3,318,447)

3. **Units D and E:** Unknown

**E. Original Plans and Construction:** The hospital building is composed of a two-part original building and four added wings. The original building consists of the six-story-plus-basement H-shaped center portion, now called Unit A, and the five-story Rear Center Wing, which extends east to the rear. Unit A contains the main entrance on the second floor and connects to all of the additions. The additions are identified as Units B, C, D, and E. Units B and C, which extend to the north and south, respectively, were completed in 1947. They are eleven stories in height and connect at the eastern two ends of the H-shape formed by Unit A. Units D and E were added in 1960 and are three stories tall. They extend to the south and north, respectively off the hyphen of the “H”.

1. **Unit A and Rear Center Wing:** The original drawings (showing elevations, wall sections, and basement, and first through sixth floor plans) are dated April 15, 1937. The Veteran’s Administrations’ Administrator, Assistant Administrator, Director of Construction, and Chief of the Technical Division signed the drawings.

2. **Units B and C:** The original drawings (showing elevations, wall sections, details, and basement, first through eleventh floors, tower and roof plans) are dated September 15, 1945. The Veteran’s Administrations’ Administrator, Assistant Administrator, Director of Construction, and Chief of the Technical Division signed the drawings.

3. **Units D and E:** The original drawings (showing elevations, wall sections, details, and basement, first floor, second floor, third floor and penthouse plans) are dated March 10, 1959. The architecture firm’s Director of Design Services signed the drawings.

**F. Alterations and Additions:** Extensive additions to the hospital and alterations to the interior have occurred over the years. Additions to the original building include Units B, C, D, and E and the one-story Cobalt Therapy Unit off the east end of Unit C. Inside, the alterations generally include the removal and construction of interior walls to reconfigure spaces for offices, office suites, laboratories, operating rooms, patient rooms, public areas, recreational spaces, and other hospital service areas. Because of the complexity of this building, alterations to interior spaces are described together with current space configuration and uses in the descriptions of the interior below.

Alterations to the original materials are no less extensive. All floors have been replaced, generally with 12” x 12” vinyl tile. Most ceilings feature modern acoustic ceiling tiles within
a suspended metal frame. In many instances, the terrazzo baseboards have been removed or painted over.

PART II. ARCHITECTURAL INFORMATION

A. General Statement:

1. Architectural Character: Building 1, the main hospital building, is a grand building, constructed in the Georgian Revival style with Adamesque detailing. The original building, Unit A, with its colonnaded main façade, is a five-story, symmetrical structure. The central portion of Unit A rises up an additional floor to a height of six stories. The style used on this building set the standard for the other original 1939 buildings in the complex, including Building 6, Building 7, and Building 8. Building 1 displays stylistic elements important in understanding later applications of Georgian Revival architectural elements at the facility.

The Rear Center Wing, Units B, C, D, and E, Building 19, and Building 22 use the same stylistic components and exterior materials as the original building to give unity to the entire connected hospital structure.

2. Condition of Fabric: This building has suffered extensive water damage to its structure and interior finishes. Running and standing water have permeated many of the floors, causing ceilings to collapse and floor tiles to buckle. Water has also contributed to the growth of mold, mildew, algae, and moss inside sections of the building. On the exterior, the building is in good condition and its decorative features have been minimally altered from their original appearance.

B. Description of Exterior:

1. Overall Dimensions:

   a. Unit A: The overall dimensions of Unit A measure 296'-0" x 158'-0". The “H” plan building is six stories tall.

   b. Rear Center Wing: The dimensions of the Rear Center Wing measure 148'-0" x 57'-0". The rectangular building is five stories tall.
c. **Units B and C:** The overall dimensions of Units B and C measure 201'-6½" x 143'-6". The irregular plan buildings are eleven stories, with a basement and tower level.

d. **Units D and E:** The overall dimensions of Units D and E measure 137'-6" x 78'-2". The irregular plan buildings are three stories, with a basement and penthouse level.

2. **Foundations:**

   a. **Unit A:** The foundation of Unit A consists of 146 concrete columns set on concrete footings. Each footing caps anywhere from three to ten concrete piles. Eight concrete piles support the steps at the main entry.

   b. **Rear Center Wing:** The foundation of the Rear Center Wing consists of forty-eight concrete columns set on concrete footings. Each footing caps anywhere from three to six concrete piles.

   c. **Units B and C:** The foundations of Units B and C each consist of seventy-four steel columns encased in concrete and set on concrete footings. Each footing caps anywhere from three to fourteen concrete piles. Three concrete piles support exterior stairs.

   d. **Units D and E:** The foundations of Units D and E each consist of forty-four concrete columns set on concrete footings. Each footing caps anywhere from three to six concrete piles.

3. **Walls:**

   a. **Unit A:** The exterior facing of Unit A is five-course, common bond, red brick with limestone quoins at all of the corners. Limestone veneer panels cover the first floor and a projecting limestone belt course runs around the building between the second and third floors. A limestone band is located on the gable ends of the wings between the fourth and fifth floors. Decorative limestone features on the walls of Unit A include ornamental swags around windows, ornate window frames, keystones, and balustrades around the roof portico over the colonnade and on the parapets at the projecting ends of the main hyphen.

   b. **Rear Center Wing:** The exterior facing of the Rear Center Wing is five-course, common bond, red brick. A projecting limestone belt course runs around the building between the first and second floors.
c. **Units B and C**: The exterior facing of Units B and C is five-course, common bond, red brick with limestone quoins at all of the corners. Limestone veneer panels cover the first and second floors and a projecting limestone belt course runs around the building between the tenth floor and the top of the parapet. Decorative limestone features on the walls of Units B and C include ornate window frames, keystones, panels with a garland relief on the parapet, and balustrades around the parapets on the small projections. The towers atop Units B and C are constructed of concrete and are unadorned.

d. **Units D and E**: The exterior facing of Units D and E is five-course, common bond, red brick with limestone quoins at all of the corners. Limestone veneer panels cover the first and second floors. Units D and E are less ornate than their predecessors with no belt courses or decorative features. The penthouses atop Units D and E are constructed of brick and are unadorned.

4. **Structural System, Framing**:

   a. **Unit A**: Unit A is a concrete frame structure. The majority of the structural components, including the columns, beams, and floor slabs, are constructed of poured in place concrete. The roof framing system is constructed of wood.

   b. **Rear Center Wing**: The Rear Center Wing is a concrete frame structure. All of the structural components, including the columns, beams, floor slabs, and roof, are constructed of poured in place concrete.

   c. **Units B and C**: Units B and C are steel frame structures. Each of the columns and beams is encased in concrete. The floors are cast in place concrete slabs. The roof is flat with a concrete slab cast in place. The towers atop Units B and C are constructed of concrete and have steel beams supporting the roof.

   d. **Units D and E**: Units D and E are concrete frame structures. All of the structural components, including the columns, beams, floor slabs, and roof, are constructed of poured in place concrete.

5. **Porches, Stoops, Balconies, Bulkheads**:

   a. **Unit A**: A portico and the main entrance are centered on the front façade, on the west side of Unit A. The main entrance is accessed by a wide, grand granite stairway leading up to the second floor entry. The entry is flanked by a large window on each side. Both the entry and the large windows are topped with elaborate semi-circular
fanlights protected by ornamental metal grill-work in a sunburst pattern. One smaller, square window is located to each side of the trio of semi-circular arched openings. Limestone keystones with an acanthus leaf motif sit above the fanlights.

The projecting limestone-clad entrance supports the bases of the six smooth lotus capital columns, each of which is separated by a window bay. These columns are three stories in height, and support a massive entablature, which is surmounted by a half-story tall classical balustrade. An acanthus leaf motif is used on the top of the two pilasters located at either end of the portico. All of the portico components are constructed of limestone. Wrought iron railings are located between each of the columns at their bases, creating the appearance of a balcony.

b. **Rear Center Wing:** The Rear Center Wing has no porches, stoops, balconies, or bulkheads.

c. **Units B and C:** Units B and C each originally had their own main exterior entrances constructed of limestone. In Unit B the entrance is located in the corner formed by the west and north facades, this entrance has been closed with concrete blocks. In Unit C the entrance is located in the corner formed by the west and south facades. The entrances are triangular projections containing a single door with a transom and sidelights. Below the sidelights are raised wood panels. The door surrounds have quoins on the corners and a broken pediment with an urn in the center.

Unit B has a polyvinyl chloride (PVC) awning on an aluminum frame leading to a new exterior entrance constructed next to the original main exterior entrance for the building. The awning is arched and comes out from the building heading north and then turns to the east.

Each unit also has two exterior entrances to the courtyards between the units and the Rear Center Wing and an entry on the end of the north-south wing. These entrances all have rectangular concrete porches reached by a short flight of concrete steps. The porches have tubular steel railings and aluminum awnings with flat roofs.

d. **Units D and E:** Unit D has an enclosed concrete porch reached by a short flight of granite steps on the west side of the building. The walls have raised wood panels on their bottom half with windows above. A polyvinyl chloride (PVC) arched awning on an aluminum frame extends out west from the entry to the porch to the sidewalk. The rear entrance to Unit D has a rectangular concrete porch reached by a short flight of concrete steps. The porch has tubular steel railings and an aluminum awning with a flat roof. Unit E has no porches, stoops, balconies, or bulkheads.
6. **Chimneys:** There are two decorative chimneys present, one located at each end of the six-story central section of Unit A. These decorative chimneys are brick with large limestone caps and project upward through the gable-end roof peak to extend quite a few feet above the roof ridge. There are no other chimneys in Building 1.

7. **Openings:**

   a. **Doorways and Doors:**

      (1) **Unit A:** Unit A has four exterior doorways. The first doorway, the main entrance, is located in the center of the base of the portico; the second is centered in the first story of the west wall of the north end of the hospital. The first doorway contains a standard set of institutional double doors with brass frames and large single panes of glass. The remaining three entrances each contain a single metal door with a narrow, vertical rectangular single-pane window. All of the thresholds are made of granite.

      (2) **Rear Center Wing:** The Rear Center Wing has no exterior doorways.

      (3) **Units B and C:** Unit B and C each have four exterior doorways. Each doorway has a single metal door with a narrow, vertical rectangular single-pane window. All of the thresholds are constructed of granite.

      (4) **Units D and E:** Unit D has a set of standard automatic double doors with metal frames and two large single panes of glass. Unit D also has two additional entrances which each have a single metal door with a narrow, vertical rectangular single-pane window. All of the thresholds are made of granite. Unit E has no exterior doorways.

   b. **Windows and Shutters:**

      (1) **Unit A:** The majority of the windows in Unit A are eight-over-eight double-hung wood sash. A number of these have been altered through the addition of brick infill. The door at the main entry is flanked by mirrored six-over-six Palladian windows with two-over-two sidelights in brass window frames. The semi-circular divided fanlights above have brass frames and are covered with iron grills. Six-over-six windows covered by iron grills with vertical scrollwork are located next to the Palladian windows. On the second and fifth floors on the gable ends of the wings are openings for double-hung arched wood sash windows. The opening on the fifth floor of the north wing and the center opening on the
second floor of the south wing has been in-filled with brick. On the sixth floor of the gable ends on the west façade there are small, wood frame, circular windows surmounted and flanked by elaborate limestone swags.

A variety of limestone surrounds are found above the main entrance and on the gable ends of the wings, including some with arched and triangular pediments. All of the windows, including those that do not have decorative limestone surrounds, feature limestone sills. Those windows without surrounds also have limestone keystones above. There are no shutters on Unit A.

(2) Rear Center Wing: The windows in the Rear Center Wing are six-over-six and eight-over-eight, double-hung, wood sash. All of the windows have limestone sills. There are no shutters on the Rear Center Wing.

(3) Units B and C: The windows in Units B and C are six-over-six or eight-over-eight, double-hung, metal sash. Some of the windows have been replaced with side-by-side, two-over-two, double-hung wood sash. A number of window openings on the first floor level have been altered through the addition of concrete block infill. All of the windows have limestone sills, and the windows above the second floor also have limestone keystones. There are no shutters on Units B and C.

(4) Units D and E: The windows in Units D and E are eight-over-eight double-hung metal sash. All of the windows have limestone sills. There are no shutters on Units D and E.

8. Roof:

a. Shape, Covering:

(1) Unit A: The intersecting gable roofs of Unit A are sheathed in treated terra cotta tiles manufactured to imitate slate shingles.

(2) Rear Center Wing: The Rear Center Wing has a flat roof covered with membrane roofing.

(3) Units B and C: Units B and C have flat roofs covered with membrane roofing. The towers on top of the units are capped with pyramidal roofs covered with standing seam metal roofing.
(4) Units D and E: Units D and E have flat roofs covered with membrane roofing. The penthouses on top of the units also have flat roofs covered with membrane roofing.

b. Cornice, Eaves:

(1) Unit A: A simple limestone cornice, with returns on the gable ends, surrounds the building.

(2) Rear Center Wing: A simple limestone cornice runs along the top of the parapet wall.

(3) Units B and C: A simple limestone cornice runs along the top of the parapet wall. A metal cornice surrounds the towers.

(4) Units D and E: A simple limestone cornice runs along the top of the parapet wall and the penthouse.

c. Dormers, Cupolas, Towers:

(1) Unit A: Twenty-four dormers with arched openings and roofs are located on Unit A. Each side of each dormer is sheathed with treated terra cotta tiles manufactured to imitate slate shingles and their roofs are covered with standing seam metal copper roofing. Some of the openings have arched double-hung, wood sash windows, while others have been altered and the windows replaced with horizontal metal vents.

(2) Rear Center Wing: The Rear Center Wing has no dormers, cupolas, or towers.

(3) Units B and C: A two-story tower containing the elevator mechanics is located on the top of both Units B and C. The square towers are constructed of concrete which has been painted a dark red color that matches the color of the bricks.

(4) Units D and E: A one-story penthouse containing the elevator mechanics is located on the top of both Units D and E. The rectangular penthouses are constructed of the same brick as the rest of the building.

C. Description of Interior: It should be noted that the hospital, with the exception of the first floor of Unit D, has been decommissioned and vacant since 1996. Since that time, extensive water damage and animal and bird infestations have occurred, making parts of the building inaccessible. Damage to the structure includes burst water pipes and standing water in the
halls and covering the floors. The extensive water damage has led to the growth of mold, mildew, algae, and moss, and has resulted in collapsed ceilings and floor damage in many areas of the hospital.

1. Floor Plans:

   a. **Unit A**: Unit A is essentially an H-shaped building with the center of the hyphen containing the west-facing main entrance, which is on the second floor. There is a partial basement under part of Unit A and an unfinished crawl space which contains plumbing pipes and HVAC ducts. The floor is dirt and the building’s concrete footings are partially visible. The remaining six floors follow the same floorplan of a central corridor with offices and patient rooms entering off either side. The elevator lobby, one stairwell, and restroom are located in the center of the hyphen. An additional stairwell and restroom are located at either end of the hyphen. An exterior exit lies at the base of each stairway. An additional exterior exit is located on the west façade in the northern portion of the building on the first floor.

   (1) **Basement**: A small Service Room was added in the basement after the initial construction (it appears on a 1947 plan of the building) along the east façade between the Rear Center Wing and the southern arm of the “H.” Exterior stairs provide access to this room, which houses mechanical equipment. Access was not possible at the time of the site visit.

   (2) **First Floor**: The first floor is partially below grade on the east side, but fully above grade on the west. No original plans of the first floor could be located. The earliest available plan dates to ca. 1949 and shows the center hyphen occupied by a large electrical equipment room under the lobby, a pharmacy, patient clothing storage rooms, and a records room. The northwest wing contained laboratories while the northeast had “Eye, Ear, Nose, and Throat” facilities and, interestingly, a museum. On the south side, the examination rooms and an outpatient waiting room occupied the southwest wing with offices in the southeast.

   By 1959, the hyphen had been converted for large occupational therapy rooms. The northwest wing had nuclear medicine labs, while the northeast had audiology and electron microscope facilities. The museum had become a walk-in refrigerator. The plans show planned X-ray facilities in the southeast wing and a room labeled “Burial Interview.” The southwest wing still contained examination rooms, but a shift from outpatient care to acute care is clear in the addition of an ambulance canopy to the exterior and the addition of admitting rooms.
By 1982, the entire south half of the first floor was devoted to ambulatory care. The north half had been converted to accommodate a growing nuclear medicine research and practice facility. Currently, this floor contains nuclear medicine laboratories, offices for clerical and security staff, and a telephone equipment room.

(3) Second Floor: The original building plans show the hospital lobby in its current location and configuration. The hyphen contained the finance, insurance, and other administrative offices to the north and doctors offices and patient rooms to the south. The north wing of this floor contained legal offices, while the south wing served as a patient ward.

By 1959, the hyphen housed a large nurses’ classroom in the finance area. Other rooms were used for nurses’ and chaplains’ offices. The northwest wing was used for personnel offices, the northeast for dietician facilities. On the south, the southwest wing contained the medical illustrations offices and the southeast had various offices, labs, and examination rooms.

The lobby of the original hospital complex is located in the center of Unit A and remains as the most ornate interior space at the Allen Park Veterans Administration Hospital complex. The lobby retains much of its integrity as it has been little altered over the years. From the front door, the lobby is accessed through a small vestibule with radiators within the walls behind metal filigree screens. A set of double bronze doors, each with a large single pane of glass, opens into the lobby. Features include Federal-style wood paneling around the lower walls, painted white, which is offset by molded wood dados and baseboards, painted pink. A crown molding with dentils surrounds the room. Also present are ornate pilasters covering the locations of the building’s concrete-encased steel structure. These pilasters are painted pink with the recessed flutes painted gold. The capital is essentially incorporated into the crown molding. A gold-painted flower decorates each one just below the crown molding.

A semi-circular arched fanlight with radiating wood muntins surmounts the doorway between the vestibule and lobby. This fanlight mirrors the ones over the two windows that flank the front entry and the door that leads from the vestibule outside. The interior wood trim includes scrolled “keystones” painted pink and gold, “springer” stones with a flower motif carved in relief, and an acanthus leaf frieze underneath.
A wide segmental arch opening marks the door from the lobby into the main hospital building accessed by three marble steps with ornamental metal railings. The only changes to the lobby include covering the plaster walls with wallpaper and replacing the floor covering with 12” x 12” vinyl tile. A receptionist’s window was added through the south wall.

In addition to the lobby, this floor currently houses administrative offices in the north half, primarily the hospital employment office. In the south half, are offices and examination rooms for the orthopedic unit.

(4) **Third Floor:** The earliest available floorplans for the third floor date to ca. 1968 and show the floor as occupied by a large transcribing unit and other records management offices in the hyphen, labs in the northwest wing, social workers’ offices in the northeast, spirometry facilities in the southwest, and eye care facilities in the southeast. Dietetic offices had moved up from the second floor to the central rear extension of the hyphen. In the 1980s, the laboratories were replaced with offices. An exercise room that had been located at the end of the southwest wing was converted into an office.

At the time of the site visit, the third floor was mostly used as office space. A large transcribing unit occupies the area over the lobby. Social services offices were located along the northeast corridor. Eye examination rooms were located along the southeast corridor; an examination chair and optometry equipment are still present in room A349.

(5) **Fourth Floor:** When the hospital was constructed, the fourth floor contained only patient rooms, called wards. These ranged in size from single-bed to nine-bed occupancy. The floor had a total capacity of ninety-five beds. The large rooms at the ends of the hyphen were open day rooms. In 1953, the plans state that the floor contained fifty-two beds and thirty-seven new tuberculosis beds were being added. Most of the rooms remained patient rooms in the hyphen and the south wing. The north wing, however, was given over to offices for nurses, the American Legion, social workers, and pathologists.

By 1985, there were virtually no regular patient rooms on this floor. Speech and audiology rooms were located in most of the hyphen and northeast wing. Volunteer services moved into the northwest wing. The south wing contains the coronary care unit with an added nurse’s station. The large nine-bed ward at the west end was converted into single-bed rooms. The day room at the north end of the floor was converted into offices.
Currently, the north half of this floor is largely devoted to audiology and speech functions. Room A404 functioned as an audiology studio with the original equipment (record player, reel to reel) in place and sound-reducing acoustic tiles on the wall. The south half of this floor contains the coronary care unit with single and multi-bed rooms.

(6) Fifth Floor: When built, the fifth floor was nearly identical to the fourth, with patient rooms occupying most of the space. By 1968, major alterations had converted the floor to the Surgery and Intensive Care Units. Nine new operating rooms were created in the north wing and the north half of the hyphen. The north corridor was relocated to the outside wall with operating rooms opening into the interior of the building. Anesthesia rooms were added in the former day room. The rear center portion was occupied by surgeons’ offices. In the south wing, bedrooms were subdivided and the day room transformed into the Intensive Care Unit (ICU).

By 1985, the whole southwest wing had been converted to the ICU, a function it served until the hospital closed. It is one large open room with exposed piers and space for six beds, each with a control panel to monitor patients’ statistics still in place on the walls. The former ICU unit in the day room was converted into a nurses’ lounge and locker room. Further alterations came in the early 1990s when a new Surgical Services suite was constructed on the north side of the rear center extension. This new area included a corridor which provided easier access from the operating rooms to the newer post-op rooms located in the Rear Center Wing.

The operating rooms are windowless and are accessed through automatic sliding doors. The floors are covered with composition resilient tiles in black with flecks of grey and white. The walls are covered with black marble veneer and glazed tiles. Large operating lamps are still present in some of these rooms. The hallway in the operating room wing has a high plaster ceiling and floors are covered with 8” x 8” black resilient tile. Outside room A526 is a centralized anesthesia system with gauges for monitoring oxygen, nitrous, and vacuum levels.

(7) Sixth Floor (Attic): No original plans were located for the sixth floor, or attic, but it is believed that the space was unfinished and vacant. However, finished rooms in the center of the hyphen were in place at least as early as 1947. At this time, these six rooms provided two-bed quarters for resident interns. Also present are a toilet and shower room, and a lounge. A large room for air conditioning equipment is located to the north of these finished rooms. In ca. 1968, a multi-room Medical Equipment Repair Unit was added in the formerly unfinished
southeast wing. Today, most of the floor is used for storage units, with the space divided into units with metal grates.

(8) Seventh Floor (Penthouse): The seventh floor, or penthouse, is a small single room construct located off the east side of the Unit A gable, partially resting on the roof of the Rear Center Wing. The penthouse contains the elevator equipment.

b. Rear Center Wing: The rectangular Rear Center Wing is original to the hospital. It stands five stories in height. A stairwell is located in the northeast corner of the building. The building does not have exterior access.

(1) First Floor: Original plans show the first floor containing transformers and other equipment. This floor was converted to patient use by the 1950s when plans show a divided floorplan with rooms for hydrotherapy, corrective exercise, massage tables, and examination rooms. The rear, or east, portion still contains the upper part of the transformer and service rooms. The first floor was most recently used as the physical therapy unit. The former massage room contains exercise and other rehabilitative equipment. The hydrotherapy rooms still have tubs of various sizes in place. The walls and floors in the tub rooms are tiled with square ceramic tiles.

(2) Second Floor: The second floor originally contained the food storage and preparation facilities with rooms for subsistence and flour storage, walk-in refrigerators, and areas reserved for baking, meat preparation, and ice cream making. Men's and women's locker rooms and toilets were located at the western end. By 1958, the second floor was being used as the hospital’s sterile supply unit. Some interior partition walls were removed and large shelving units installed. Plans dated 1968 with 1981 revisions show the current floorplan. The medical and patients’ library occupy the east half of the floor while the open plan inpatient pharmacy is located on the north. The east end of the building contains a corridor which connects to the recently constructed B and C wings.

(3) Third Floor: The kitchen and dining areas originally occupied most of the third floor. The east end operated as the kitchen, while the large open central portion provided the patients’ dining room. The attendants’ dining room and staff dining room occupied the north and south halves of the western end, respectively. By 1981, the floor had been largely subdivided. While an open area still occupied much of the south half of the floor, including part of the former kitchen, building
management and dietician offices were added to the north. By 1985, the open area was divided to create a computer room and offices for technical staff.

(4) **Fourth Floor:** The original patient and medical libraries were located at the west end of the fourth floor. The east half contained a theatre with no integral seating, so that chairs could be moved to create an open recreation room. A stage occupied the eastern end of the room. Later changes converted the entire floor to a sterile work area where the stage had been located. A sterile storage area and soiled work area occupied the theatre. A medical conference room occupied the former library. The entire floor was still in use as a sterile work area at the time the hospital closed. The area was two stories in height with nine-over-nine-light windows with three-over-three-light sidelights. The ceiling, however, was dropped and covers the top half of the windows.

(5) **Fifth Floor:** A small fifth floor was added in the former fly loft. This space contained locker rooms and lounge areas for attendants and nurses. More recently the rooms were converted to storage areas. Currently the fifth floor contains only a single open space with a low fiberglass tile ceiling and vinyl tile flooring and was probably used for storage.

c. **Unit B:** Unit B was constructed between 1945 and 1947 and has a T-shaped plan, with the long arm extending to the north and the cross arm running east-west at the south end. Unit B extends off the northeast hyphen end of Unit A. A door entered the unit on the west façade in the right angle formed at the intersection of the two wings. A connecting bridge was added between Unit B and the Rear Center Wing on the second and third floors. The elevator lobby on each floor is located where the two wings that compose Unit B cross. In general, the lower two floors contain labs, offices, and examination rooms while the upper floors are devoted to patient rooms, each with a nurse's station. A central corridor runs the length of both wings with rooms opening to either side. Projections to the east and west off the north wing and to the west off the south wing are only located on floors one through five.

While some room configurations and uses on the lower two floors changed, the upper floors were continually used as patient wards with few changes in configuration, but with alterations to finish materials.

(1) **Basement:** There is no full basement under Unit B, only an unfinished crawl space containing mechanical equipment and pipes.
(2) First Floor: The first floor of Unit B traditionally was used as a laboratory. In 1958, there were large seriology, chemistry, and bacteriology labs in the north wing and smaller labs and offices in the main hallway. The south wing contained the autopsy facilities and morgue. By 1985, individual labs and offices had been replaced by a large open lab work space.

The morgue area remains in its original configuration. It is a well-ventilated room with tiled walls and flooring. Refrigerated storage units for the deceased were located at the west end of the room. Equipment, including built-in metal cabinets and the autopsy table, is still intact.

(3) Second through Fifth Floors: The second through fifth floors were all built identically with patient rooms throughout. Two four-bed rooms occupied the northern end; eleven-bed wards were in the projections off the north end, with the remainder of the main hall and west part of the south wing having been used for two- and four-bed rooms. Midway down the main hall were bath, toilet, and shower rooms, a nourishment kitchen, doctor’s office, and changing room. The east half of the south wing contained single-bed rooms, which were paired around a shared toilet room. The southern projection was used as a day room. Nurses’ stations occupied a corner of the elevator lobby on each floor.

Later, general changes to these floors included a transition in the west half of the south wing to offices and the division of the eleven-bed wards into two four- and five-bed wards. In most areas of these floors, metal handrails were added to the walls to assist patients.

In more recent years, a dermatology clinic was added on the second floor in the southwest wings. A pan-shaped metal light on a moveable arm is still in place in one of the offices. Also on this floor is the Credit Union, which was added just off the bridge to the Rear Center Wing. On the fifth floor, a surgery postoperative area was added at the west end of the south wing. This area connected to the operating rooms in the fifth floor of Unit A.

The seventh and eighth floors were used in more recent years as the psychiatric ward. Alterations include installing vertical wood laminate paneling on the lower walls with textured wallpaper above in the east wing hall and offices. In the west end of this hall on the seventh floor, former four-bed wards were converted to locked seclusion rooms, in which the beds were bolted to the floor and windows had locked metal screens. On both floors, the day room at the north end of the hall also functioned as a dining room for patients who were located on this floor.
The large room at the south end was used for group therapy sessions on the seventh floor and for crafts on the eighth.

Other interesting features on both the seventh and eight floors are the locked elevator lobbies, doors to the stairwells which could not be accessed from the hallway, and the addition of shuffleboard courts inlaid in the floor in the main corridor.

(4) Sixth through Tenth Floors: The upper floors do not have projecting arms off the north end of the main hall, nor do they have a projection off the west side of the south wing, which contained eleven-bed wards. The west end of the south wing contained four rooms, for various offices and storage areas. With these two exceptions, the rooms were originally arranged identically to the lower floors. Changes to the upper floors are more substantial. These upper floors were converted ca. 1953 to tuberculosis wards. Several former bedrooms were identified as multipurpose rooms. Dividing walls between rooms at the north end were abolished to make large day rooms. A small dining room was added on the eighth floor in the west wing. In the 1970s, the sixth floor main hall was reconfigured to eliminate the central hall and install an open-plan dialysis ward with a central nurses’ island. Finishes in this area include new vinyl tile floors, textured wallpaper on the walls, and thin metal panels meant to resemble wood boards on the ceiling.

(5) Eleventh Floor (Attic): This floor contains unfinished open storage space and a staircase into the tower space above. The tower contains elevator equipment.

d. Unit C: Unit C was constructed between 1945 and 1947 and was built as a mirror image in plan of Unit B. Unit C also has a connecting bridge to the Rear Center Wing on the second and third floors off the northeast corner and an exterior door on the first floor in the angle formed by the intersection of the two wings.

(1) Basement: There is no full basement under Unit C, only an unfinished crawl space containing mechanical equipment and pipes.

(2) First Floor: The earliest available plans for the first floor, dated 1955, show a waiting area and the elevator lobby off the main vestibule. Most of the offices in the north wing are related to X-ray facilities. The south half of this floor was dedicated to dental care, with a large open room at the south end used as the dental operating room. This area was reconfigured and this room broken into smaller spaces to accommodate new uses associated with the added Cobalt
Therapy Unit. The Cobalt Therapy Unit is a one-story concrete facility which was added onto the east end of the south wing of Unit C. Although the interior was inaccessible at the time of the site visit, plans indicate that it contained the cobalt therapy room, an examination room, X-ray storage room, control room, and waiting area.

(3) Second Floor: This floor originally mirrored the patient room configuration found in Unit B. Plans dated 1985 show that wards had been converted to use as offices for various service organizations, such as Disabled American Veterans, Veterans of Foreign Wars, and the Marine Corps League. A barber shop was installed in a former four-bed ward at the north end. Although partition walls were not removed, the former main hall wards were now occupied almost exclusively by social workers’ offices. The south end of the building was completely reconfigured to convert the large open eleven-bed wards to an office suite.

(4) Third through Tenth Floors: The plan of these floors is reversed, but otherwise identical to those in Unit B. As on the second floor, the large wards at the southern end were broken into smaller spaces on the third floor. While interior partitions were changed somewhat to accommodate new uses, the room configuration largely remains intact on these floors. Exceptions include dividing the two eleven-bed wards into four four-bed wards on the fourth and fifth floors, and opening up space on the ninth floor at the south end of the main corridor into one large dining room.

(5) Eleventh Floor (Attic): The attic plan in Unit C is reversed, but otherwise identical to Unit B.

e. Unit D: Unit D was added to the south end of the hyphen of Unit A in 1960. It is a T-shaped building that stands three stories in height over a partially subterranean basement. There is one elevator in the building on the east side of the main hall where it connects to the south wing. The first floor is the only part of the hospital that remains open. It serves as an outpatient health clinic.

(1) Basement: The basement was built as essentially two large rooms, one for patient clothing storage and one for patient records storage. A transformer room occupied the space on the west side of the hall across from the elevator. More recent changes to this floor have added a number of individual work areas through the installation of partition walls. The use remained the same, however, with area for records and clothing storage as well as the transformer.
(2) First through Third Floors: The floorplan for each floor in Unit D is essentially the same. Small rooms occupy both sides of the main hallway with a large open area with exposed concrete piers in the south wing. The first floor contained a patient receiving area, with a waiting room in the open area and examination rooms along the main corridor. This area likely served those who arrived by ambulance to the ambulance platform at the rear of the building where it joins Unit A. On the second floor, examination rooms lined the hall with the open area serving as the pharmacy. On the third floor, the small rooms were used for psychologists’ offices as the floor served as the hospital’s mental health services unit. Later changes to this floor added psychiatrists’ offices in the formerly open area at the south end.

Changes were made ca. 1985-1990 to the second floor pharmacy counter area, which is located at the south end of the main corridor. The added partition wall is angled and stepped back, creating individual service areas, each with its own dispensing window. Changes were also made around the same time to the first floor of Unit D, which remains the only operating facility on the hospital complex. This area serves as an outpatient clinic, which is open two days a week. Entrance is through a vestibule on the west façade, which opens into a large waiting area. A small office was enclosed in the southwest corner for security staff. The eastern half of the south wing is also separated from the waiting area as the reception and processing desk. The rooms down the main corridor are used as examination and changing rooms.

(3) Penthouse: A penthouse housing mechanical equipment is located on the roof where the two wings of the building intersect.

f. Unit E: Unit E was built in 1960 and on the same plan as Unit D, only in reverse. It projects from the north side of Unit A with a north wing at the end of its main corridor. Like Unit D, it stands three stories in height with only a partial basement containing the transformer room. It was designed to house hospital administrative offices with dental care facilities on the third floor.

(1) First Floor: The first floor was designed with large work rooms down the main corridor and in the north wing. These contained offices for purchasing, the mailroom, forms storage, and a volunteer work room. Some rooms were partitioned in later years, but the floor continued to serve administrative functions. Currently, many of the offices serve as laboratories. Laboratory furniture, including stainless steel cabinets and counters, have been added.
(2) **Second Floor:** Since construction, the second floor of Unit E has housed the hospital director's office on the west end of the north wing. The current suite was updated after 1985 and is currently accessed through an automatic glass door with glass sidelights and transom. The walls have textured cream-colored wallpaper. The ceilings have been lowered and are covered with acoustic tile. The floors have been carpeted. Offices for the recreation department, secretaries, and for the fiscal staff occupied the remainder of this floor.

(3) **Third Floor:** This floor originally contained social worker and psychology offices in the main corridor and a dental clinic in the north wing. The clinic was designed as one large space with partial wall dividers for treatment rooms. This floor still houses the dental unit in further subdivided space. Dentists' chairs and large lamps are still present in many of the dental examination rooms.

(4) **Penthouse:** The penthouse is reversed but otherwise identical to Unit D.

2. **Stairways:** All of the stairways in Units A, B, C, D, E and the Rear Center Wing are open with metal steps with checkered plate steel treads. The steps and landings are made of terrazzo, which, in some stairwells, has been covered with 12” vinyl tiles. The balusters and newels throughout the building are metal and the handrails are wood. In the space between the runs of the stairs in Units B and C is a pipe chase. The chase is encased by a metal frame in which the openings have been enclosed with blue and frosted plexiglass panels. Ships ladder staircases are used to provide access to the basements and attics.

3. **Flooring:** The floor coverings in the hallways and patient rooms throughout the building are 12” tan vinyl tile. Several of the floors have patterns or the floor number inlaid in vinyl. The office floors have been covered with carpet. The baseboards were originally made of terrazzo, except in Building E which had tile baseboards, which were coved to prevent the collection of dust. Terrazzo has been variously replaced with rubber tile, ceramic tile, or brown vinyl baseboards in the various units. Additionally, the terrazzo has been painted brown in some of the hallways. The bathroom floors throughout the building are covered with ½” tile in a variety of colors, including yellow and light blue.

4. **Walls and Ceilings:** The original walls in Units A, B, C, and the Rear Center Wing were constructed of metal lath hung on a metal frame and finished with plaster. Interior partition walls were hollow clay tile finished with plaster and painted. In Units D and E, the walls were of metal frame construction hung with gypsum panels. Modern partition walls are generally of wood or metal frame construction finished with painted drywall. Some office suites and specific service areas, such as the Intensive Care Unit have been
wallpapered, but most of the hallways, individual offices, and patient rooms are painted white.

Many of the service rooms, particularly research rooms, electrical closets, mechanical and janitorial rooms are finished with oblong glazed tiles in shades of white, pink, and tan. Often this tile work only extends from the floor midway up the room. At window openings, the tiles are curved to create a sill with no sharp edge. Bathrooms are also tiled. Floors usually have small ceramic tiles (1” x 1”) and walls often have highly glazed ceramic tiles approximately 6” square.

Ceilings throughout Building 1 show varied replacement as mechanical systems were upgraded, replaced, and/or removed. In the hallways, the ceilings were originally finished with perforated metal acoustic ceiling tiles. These remain intact in many locations, but have often been dropped to allow for the installation of equipment. In some instances, they were replaced with fiberglass acoustic ceiling tiles. Some offices and patient rooms had higher ceilings, finished with plaster. Most often, however, these have been dropped and finished with the same metal or fiberglass tiles as the hallways. Some window tops have been obscured because of the lowered ceilings.

5. Openings:

a. Doorways and Doors: The main hospital entrance into Unit A is through a vestibule with modern double metal and glass doors within a metal frame. Doors leading from the vestibule into the lobby are the original brass-plated double doors with upper glazing and wide brass push bars. The entrance into the still-operating clinic in Unit D leads through automatic double sliding metal and glass doors. Other exterior doors were wood within wood frames, but have all been replaced with metal doors. The exterior doors on the west façade of Unit B and C have been infilled with concrete blocks.

Interior doors were designed with metal frames. The original doors to patient rooms had grates along the bottom portion to allow for ventilation. Most doors have been replaced with hollow core wood laminate or metal doors painted in primary colors within the original metal frames. Fire doors in hallways and between wings are metal and often contain fireproof glazing. Nearly all hallways within Building 1 have doorframes with brown painted trim. Some suites have automatic sliding glass doors. The library located in the Rear Center Wing has this type of door, as does the Director’s suite on the second floor of Unit E.
b. **Windows:** Windows in Unit A and the Rear Center Wing are eight-over-eight-light wood sashes. In Units B, C, D, and E, they are eight-over-eight-light metal sashes. In most examination rooms and bathrooms, the window panes are frosted.

6. **Decorative Features and Trim:** The primary decorative feature in Building 1 is the artwork located throughout Units B and C. There are seven hand-painted murals in Unit B and at least thirteen of them in Unit C, on nearly all of the floors. The majority of the murals are in the elevator lobbies and on corridor walls. Two of them are inside day rooms. Most of these works of art are unsigned, but several bear the name James McBride. Because of the style and subject matter, it is believed that all murals were painted by Mr. McBride, who was a patient at the hospital in the late 1940s and early 1950s. The murals depict outdoor scenes such as seascapes, hunting or fishing scenes, or idyllic landscapes.

Another decorative feature, found in Unit A, is the placement of water fountains within arched niches. While the fixtures themselves have been replaced, this architectural feature remains in many of the hallways.

On the seventh and eighth floors of Unit C, the floor tiles spell out the floor number in the elevator lobby (i.e. 8C) for easy identification when exiting the elevator.

7. **Hardware:** Ceiling tracks for curtains remain in many patient wards. Handrails were added along corridor walls in most of the patient areas in Units A, B, and C. In Unit A, the handrails are plastic and in B and C they are metal tubes, which are found on every floor except the seventh and eighth. The stairwell door handles in Unit A are metal with golf-club-shaped opening mechanisms with the word “PUSH” decoratively incised on them.

Throughout the hospital are built-in cabinets and shelf units. Overall, these are metal, designed in a utilitarian Moderne style, often with frosted or clear glass doors, and stainless steel hardware. These are original in many instances, but many were added in later years.
8. Mechanical Equipment:

a. Heating, Air Conditioning, Ventilation: In Unit A and the Rear Center Wing, heat was originally provided through steam radiators, which were located in wall recesses beneath the windows. The radiators were hidden behind decoratively filigreed metal screens. Air conditioning was installed in the hospital, but was never adequately functional. Individual window units were installed in many windows to help moderate the temperature in the summer.

Ventilation was critical to the function of the hospital, especially given the amount of medical research conducted here. Fume hoods are located in most laboratories, with ventilation to provide negative pressure for exhaust through the roof.

b. Lighting: Throughout the hospital the original incandescent light fixtures have been replaced with fluorescent panels which are flush with the ceiling surface.

c. Plumbing and Fixtures: Bathrooms were consistently located above each other on each floor. Patients often had separate facilities from staff. Plumbing facilities included toilet rooms, shower rooms, and tub rooms, in addition to the hydrotherapy needs in the Rear Center Wing. Plumbing and bathroom fixtures were replaced as needed, there was no universal overhaul of the plumbing system; sink, toilet, and tubs are generally porcelain or stainless steel. This as-needed replacement process holds true for bathroom finishes as well. Most have tile floors covered with 1” x 1” tiles of a tan color. The walls are generally tiled as well, often with 6” x 6” ceramic tiles in various colors. One bathroom in Unit B and one in Unit C are believed to contain the original marble stall dividers.

An interesting plumbing feature, specific to hospitals, is the bedpan cleaner. These devices, located in service rooms throughout the building, are enameled metal plumbing fixtures attached to the walls. The foot-operated device opened for insertion of a bedpan. When the pedal was released, the system would flush out the bedpan and its contents.

In the janitorial closets, low-level corner tubs were installed for easy dumping of mop buckets.

d. Elevators: Original elevators were electric and installed in both Unit A and the Rear Center Wing in February 1939. The current elevators use a hydraulic system and the equipment is located in the penthouses of Units A, D, and E and in the towers of Units B and C. Each unit had elevators for passengers and at least one elevator was
designated as a service unit. None of the current stainless steel elevators are original to the building.

The elevator lobbies are similar in each unit. They all have curved corners around the elevator openings. On many floors, these curved edges have been covered by curved metal plates to protect the walls from damage caused by rolling wheelchairs, gurneys, and other equipment.

There is a dumbwaiter in Building D which was used to transport medications from the pharmacy on the second floor to other parts of the building.

e. **Fire Equipment:** Fire equipment closets are located throughout the building on every floor. These were shielded by full- or half-length red metal doors. The doors had multiple panes of fireproof glass. In addition, a sprinkler system was installed throughout the hospital in 1985.

D. Site:

1. **General Setting and Orientation:** This building is located on the western edge of the Allen Park complex, and adjoins Building 1’s Unit A Rear Center to the east, Unit B to the northeast, Unit C to the southeast, Unit D to the south, and Unit E to the north. It faces west, overlooking the main plaza.

2. **Historic Landscape Design:** Mature ornamental coniferous and deciduous shrubs surround the building on its north, west, and south sides. A sidewalk runs all the way around the building. Along the south façade of Unit D, the cement has been inscribed in several locations by patients with names, dates, units, and the conflicts in which they were involved.

   A courtyard area is formed by the building at the main entrance. The area has been enclosed with a limestone balustrade as that matches the one located along the top of the front portico. The area contains mature ornamental coniferous and deciduous shrubs. Two large stone urns are located at the base of the stairs and once held plantings.

   Additional courtyard areas are located on all sides of the building and are formed by the building plan. The only other landscaped area is located on the north façade between Units B and E. The area contains grass and mature ornamental coniferous and deciduous shrubs. The other courtyards are covered with asphalt.

3. **Outbuildings:** None
PART III. PROJECT INFORMATION

This complex was recorded by URS Corporation, Gaithersburg, Maryland, on behalf of the U.S. Department of Veterans Affairs, from January to March of 2002. Architectural Historians Amy Barnes, Anne Brockett, and Caleb Christopher completed the fieldwork for this project in January 2002. The photographer was Andrew Baugnet and the Historian was E. Madeleine Scheerer. The project was reviewed by Fred Holycross and Mark R. Edwards.

As stipulated in the deed in which Henry and Clara Ford donated the land on which the Allen Park Veterans Administration Hospital is located, when the property ceases to be used as a Veterans hospital, the land is to revert in ownership to the Ford family heirs. Since inpatient and outpatient veteran medical service is now provided at the John D. Dingell Veterans Administration Hospital in Detroit, which opened in 1996, and the Allen Park Veterans Administration Hospital ceased all operations in 2002, the land is to be turned over to the Ford Motor Land Development Corporation (FMLDC) in compliance with the original deed. A Congressional appropriation of $14 million, to be disbursed to the FMLDC over a seven-year period beginning in 2002, was designated for the demolition of the Allen Park Veterans Administration Hospital complex.

PART IV. SOURCES OF INFORMATION

A. Architectural Drawings:


B. Early Views:


C. Bibliography:


Reduced Copy of Current Plan, February 2002
Unit A, First Floor
Reduced Copy of Current Plan, February 2002
Unit A, Second Floor
Reduced Copy of Current Plan, February 2002
Unit A, Third Floor
Reduced Copy of Current Plan, February 2002
Unit A, Sixth Floor
Reduced Copy of Current Elevation, February 2002
Unit A
Reduced Copy of Current Elevation, February 2002
Unit A
Reduced Copy of Current Elevation, February 2002
Unit A
Reduced Copy of Current Elevation, February 2002
Unit A
Reduced Copy of Current Elevation, February 2002
Unit A
Reduced Copy of Current Elevation, February 2002
Unit A
Reduced Copy of Current Plan, February 2002
Rear Center Wing, First, Fourth, and Fifth Floors
Reduced Copy of Current Plan, February 2002
Rear Center Wing, Second and Third Floors
Reduced Copy of Current Elevation, February 2002
Rear Center Wing
Reduced Copy of Current Plan, February 2002
Unit B, First Floor
Reduced Copy of Current Plan, February 2002
Unit B, Third Floor
Reduced Copy of Current Plan, February 2002
Unit B, Fourth Floor
Reduced Copy of Current Plan, February 2002
Unit B, Fifth Floor
Reduced Copy of Current Plan, February 2002
Unit B, Sixth Floor
Reduced Copy of Current Plan, February 2002
Unit B, Eighth Floor
Reduced Copy of Current Plan, February 2002
Unit B, Ninth Floor
Reduced Copy of Current Plan, February 2002
Unit B, Tenth Floor
Reduced Copy of Current Plan, February 2002
Unit B, Eleventh Floor and Attic
Reduced Copy of Current Elevation, February 2002
Unit B
Reduced Copy of Current Elevation, February 2002
Unit B
Reduced Copy of Current Elevation, February 2002
Unit B
Reduced Copy of Current Plan, February 2002
Unit C, First Floor
Reduced Copy of Current Plan, February 2002
Unit C, Second Floor
Reduced Copy of Current Plan, February 2002
Unit C, Third Floor
Reduced Copy of Current Plan, February 2002
Unit C, Fourth Floor
Reduced Copy of Current Plan, February 2002
Unit C, Fifth Floor
Reduced Copy of Current Plan, February 2002
Unit C, Sixth Floor
Reduced Copy of Current Plan, February 2002
Unit C, Eighth Floor
Reduced Copy of Current Plan, February 2002
Unit C, Ninth Floor
Reduced Copy of Current Plan, February 2002
Unit C, Tenth Floor
Reduced Copy of Current Plan, February 2002
Unit C, Eleventh Floor and Attic
Reduced Copy of Current Plan, February 2002
Unit D, Basement and First Floor
Reduced Copy of Current Plan, February 2002
Unit D, Second and Third Floors
Reduced Copy of Current Plan, February 2002
Unit E, Third Floor and Penthouse
Reduced Copy of Current Elevation, February 2002
Unit E
Reduced Copy of Historic Plan, dated September 9, 1947
Unit A, First Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated April 15, 1937
Unit A, Second Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated April 15, 1937
Unit A, Third Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 9, 1947
Unit A, Fourth Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated April 15, 1937
Unit A, Fifth Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 9, 1947
Unit A, Sixth Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Elevation, dated April 15, 1937
Unit A
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Elevation, dated April 15, 1937
Unit A
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Elevation, dated April 15, 1937
Unit A
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Elevation, dated April 15, 1937
Unit A
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Construction Detail, dated April 15, 1937
Unit A
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Construction Detail, dated April 15, 1937
Unit A
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Construction Detail, dated April 15, 1937
Unit A
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Construction Detail, dated April 15, 1937
Unit A
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Construction Detail, dated April 15, 1937
Unit A
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Construction Detail, dated April 15, 1937
Unit A
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated April 15, 1937
Rear Center Wing, First, Second, Third, and Fourth Floors
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated November 28, 1944
Connecting Corridors, First, Second, and Third Floors
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Construction Detail, dated November 28, 1944
Connecting Corridors
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 15, 1945
Unit B, First Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 15, 1945
Unit B, Second Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 15, 1945
Unit B, Third Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 15, 1945
Unit B, Fourth Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 15, 1945
Unit B, Fifth Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 15, 1945
Unit B, Sixth Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 15, 1945
Unit B, Seventh Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 15, 1945
Unit B, Eighth Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 15, 1945
Unit B, Ninth Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated September 15, 1945
Unit B, Tenth Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated November 28, 1944
Unit B, Eleventh Floor, Tower and Roof
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Elevation, dated November 28, 1944
Unit B
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated November 28, 1944
Unit C, First Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated November 28, 1944
Unit C, Second Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated November 28, 1944
Unit C, Typical Floor Plan for Floors Two through Ten
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated November 28, 1944
Unit C, Sixth Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated November 28, 1944
Unit C, Eleventh Floor, Tower and Roof
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Construction Detail, dated November 28, 1944
Unit C
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated March 10, 1959
Unit D, Basement and First Floor
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated March 10, 1959
Unit D, Second and Third Floors
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated March 10, 1959
Unit D, Roof
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated March 10, 1959
Unit D, Pharmacy
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Elevation, dated March 10, 1959
Unit D
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated March 10, 1959
Unit E, Basement, First and Second Floors
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Plan, dated March 10, 1959
Unit E, Third Floor and Roof
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan
Reduced Copy of Historic Elevation, dated March 10, 1959
Unit E
On file at the John D. Dingell Department of Veterans Affairs Medical Center, Detroit, Michigan