

VETERANS ADMINISTRATION MEDICAL CENTER,
BUILDING 1
Spring Valley Drive
Huntington
Wayne County
West Virginia

HABS No. WV-245-A

HABS
WVA
50-HUNT,
1A-

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

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

HABS
WVA
50-HUNT
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HISTORIC AMERICAN BUILDINGS SURVEY

VETERANS ADMINISTRATION MEDICAL CENTER,
BUILDING 1

HABS No. WV - 245-A

Location: Spring Valley Drive, Huntington,
Wayne County, West Virginia.

USGS Catlettesburg quadrangle,
Universal Transverse Mercator
Coordinates: 17.367470.4248480

Present Owner: U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Present Occupant: Same

Present Use: Ward Building

Significance: The Veterans Administration Medical
Center is significant as an example of
the expansion policy of the Veterans
Administration in the 1930's; as the
first Veteran's Hospital in West
Virginia; for its association with a
prominent West Virginia physician and
politician, Henry D. Hatfield; as an
example of a significant architectural
style of the period, Georgian Colonial
Revival and as an example of the
influence of Federal standardized
design for projects of the period.
Building No 1 is significant as the
primary central structure in the
complex.

PART I. HISTORICAL INFORMATION

A. Physical History:

1. Date of Construction: 1931 - 1932. Drawings for Building No. 1, "Main Building" are dated May 20, 1931. The dedication ceremony was held on October 23, 1932 according to a Charleston Daily Mail newspaper article covering the dedication.
2. Architect: The drawings for the building contain a number of architect's names and signatures for various phases of the project. Chief of the Design Subdivision of the U.S. Veterans Bureau at the time was William Talbott. He probably had a hand in the conceptual design of the standard hospital set. Others listed on the drawings are R. E. Guard, no specific title, on all floor plans; M.P. Toone, drawer and tracer for the first floor plan; I.D. Wilkinson, ground floor plan; F. Lopez and G.L. Peeples, drawers, and F. Lopez, tracer, elevations; O.C. Harwell, drawer on second, third and fourth floor plans; C. Johnson on the fourth floor plan; and O. Hidalgo on the second floor plan.
3. Original and subsequent owners: U.S. Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420
4. Builder, contractor, suppliers: General contractor for Building No. 1 was Worsham Brothers, Knoxville, Tennessee. Plumbing, heating and electrical contractor was Redmon Heating Co. Louisville, Kentucky.
5. Original plans and construction: A complete set of original drawings is located at the engineering department on-site in the Huntington Complex. These also include alteration and addition drawings and sketches. The original drawings are dated May 30, 1931, and the set contains 42 drawings. The hospital

also maintains a collection of construction photographs and historical views of the complex in the engineering department on site. The collection includes 52 photographs of various views and construction activities on this building as well as additional photographs on other structures and the site. Photographs date from 1932 for most of the construction photographs, to later for additions and general views. The construction photographs were done by the Thomas Studio, Huntington, WV. Most others are unsigned.

According to the original plans the building has not changed significantly in its plans and general appearance. Photographs taken during construction and at completion show a similar structure to what is extant now. Construction costs are listed in the dedication ceremony and articles in local newspapers for the complex as a whole, which includes other structures in addition to Building No. 1, as \$1,137,701.00 for buildings.

6. Alterations and additions:

1952. The drawings indicate revisions dated August 1952. Modifications described in local newspapers indicate these included addition of air conditioning and other interior modifications as well as x-ray equipment.

ca. 1956. Newspaper accounts report on modifications to the administration building for relocation of out patient services from downtown Huntington. Also included in the descriptions are installation of vinyl asbestos tile; walls redone; office space; new ambulance and emergency room entrance and room; conference room ; and diagnostic laboratories. C.H. Johnson & Sons, Inc. is listed as the contractor from Huntington. Cost is \$166,100.

1959. Modifications indicated on the drawings appear to be for the inclusion of exit stair enclosures.

1963; Revisions are noted on the drawings for 1963, but specific details cannot be determined.

Veterans Administration Medical Center, Building 1
HABS No. WV-245-A (Page 4)

1976. Electrical work was conducted in this year.

1979. Hospital reports state that the facility was totally renovated in all areas including wards and clinical areas.

PART II. ARCHITECTURAL INFORMATION

A. General Statement:

1. Architectural Character. This is the centerpiece of the entire Veterans Hospital complex. It is a good example of the Georgian Colonial Revival Style of architecture employed by the Veterans Administration for many of their hospitals, particularly in the eastern region of the country. It is situated on the highest point on the grounds.

2. Condition of fabric: The building is generally in excellent condition. The original roof and exterior fabric are all intact.

B. Description of Exterior:

1. Overall dimensions: The building is a long rectangular section with intersecting pavilions at each end and in the center. The overall length is 267' 10", including the end wings. The overall width of the main body is 36' 0". The end pavilions project out from the front of the structure 35' 6" and to the rear, 25' 0". They are 49' 9" wide. The center pavilion projects to the front 4' 2" and to the rear 35' 6". It is 34' 0" wide. At the front there is a portico/porch entrance 34' 0" X 10' 0" with 10 steps up from the ground level. At the rear, there is a connecting corridor to building no. 2. The building is four stories tall with a raised basement. Only 88' 4" of the center of the fourth floor is occupied: The remainder is attic space. This attic portion projects from the plane of the front facade approximately 2' 0". The present

Veterans Administration Medical Center, Building 1
HABS No. WV-245-A (Page 5)

exterior massing is identical to the original indicated in the drawings with the exception that there are now additions attached to both ends of the structure.

The front facade is 27 bays wide. The central pavilion is three bays wide; with an additional three on either side for the main block; each wing has three bays in a projecting pavilion with an end gable and a two bay extension on the ends. The connecting blocks have four bays each.

2. Foundations: The foundations are poured in place concrete.

3. Walls: The exterior materials of the walls, above the basement level, are red brick in a 5 row common bond. There are terra cotta quoins at the corners of plane changes on the main masses. Material on the basement level is coursed ashlar limestone. Pointing mortar for the bricks is in a contrasting light tan color. There are terra cotta spandrel panels beneath the windows on the first floor throughout the building and on the third floor in the central pavilion. These have mostly been removed and replaced with air conditioner grates. There is a belt course of terra cotta above the first floor. The windows on the first floor have terra cotta jack arch lintels. On the upper floors they have brick jack arches with terra cotta keystones. All window sills are terra cotta. The entrance pavilion on the first floor projects 4' 2" and has a brick facade with three round headed doorways. These have terra cotta surrounds with keystones and plinth blocks at the spring of the arches. Above this, the second floor projects only 1' 1". the remaining 3' 1" is a roof with four terra cotta round fluted columns that support a large flat terra cotta entablature at the fourth floor level. This entablature has a dentilated cornice and supports a terra cotta balustrade with paneled newel posts and urns at the corners. The urns are no longer extant. The columns have Corinthian capitals and wrought iron balusters span between them at the bases. The entrance portico is capped with a brick pediment that has a central shield and garlands of terra cotta. Each of the main bodies of the end pavilions has a gable end with a

porthole window with soldier course brick surrounds and terra cotta keystones at each quadrant. The only changes from the original drawings are the air grates beneath most window in lieu of the terra cotta spandrels, the air grates beneath windows that originally did not contain spandrel panels, the missing terra cotta balustrade in the end bays, and the bricking in of one window on the second floor in the central pavilion.

The walls are constructed with terra cotta tile backing and brick veneer.

4. Structural systems, framing: The structural system of the building is poured in place concrete floor slabs and columns. The spacing of the columns varies between 13 and 15 feet. Bays flanking the main corridor are 12 feet on center to provide for the depth of the rooms. The corridor is flanked with columns 8 feet apart. This spacing changes in the wings where the floor plans are more open to allow for larger wards and administration space. Exterior walls are infill construction of terra cotta tile with brick veneer. The roof structure for pitched roofs is wood framing.

5. Porches, stoops, balconies, bulkheads: At the end of each wing there is a porch on the second and third floor. This is on the front and rear of the wing and they are connected by the large wards on the ends of the corridors. They were originally open to the air with two 6' 0" openings on each facade. These were filled with screens and wrought iron balustrades. They also contained terra cotta spandrel panels beneath the balustrade openings. The porches are no longer open. They were filled in ca. 1976 with brick and windows to match the remainder of the elevations. These are now patient and office rooms.

On the ground floor there was a port coche entrance originally. This was replaced during the ambulance entrance renovation, 1959. It had a stone raised loggia level with columns supporting a stone entablature. Above this was a terra cotta balustrade similar to the existing one at the central pavilion.

The central entrance portico has a stoop at first floor

level that is 34' 0" by 10' 0". It has a stone cap approximately 10" tall at the edges. This is capped with a wrought iron balustrade. The cap slopes along the edge of the steps as well. The stairs are the full width of the stoop. At the corner of the stoop there are cast iron light standards in a Colonial Revival gaslight type fixture.

6. Chimneys: The gable ends of the main 88 foot block of the building have a stepped parapet with double "H" brick chimneys.

7. Openings:

a. Doorways and doors. On the front facade the only doors into the building are in the central portico. They are located in three round headed arched openings. Originally each opening contained a pair of wood doors with 12 lights each. These were topped with a multipaned fanlight. There were screen doors on the exterior of these. Currently the center opening is the only operational one. The doors have been replaced with a modern metal double pane commercial entrance with flanking sidelights. The two side doors are now fixed panes with multipane snap in grids. The entrance door also contains snap in grids. The fanlights have been replaced with segmented round headed windows in eight divisions.

b. Windows and shutters. Original windows were 6-over-6 double hung, wood. From the historic photographs, black and white, they appear to be painted white. Windows in the raised basement, ground floor, were 6-pane fixed sash. There were no shutters. The openings in the porches at the ends of the wings contained screens. Currently all windows are aluminum double hung one over one sash. These were changed ca. 1976.

8. Roofs:

a. Shape, covering: The roof is a gable roof with an approximate pitch of 9 in 12. The roofing material originally was slate with copper flashing, etc. It is

now fiberglass shingles with aluminum flashing. The roof in the main section runs parallel to the main axis, while in the wings, it is perpendicular to the axis, forming gable ends to the front of the structure. The roofs over the projections at the ends of the wings are relatively flat and the covering material in this location is built-up roofing. There is a terra cotta balustrade around these flat portions.

b. Cornice, eaves: The cornice is built-up terra cotta sections with partial returns at the gable ends. The overall cornice is approximately two feet deep.

The gutter system consists of a recessed gutter in the slope of the roof near the cornice line. Downspouts are located at the corners of the wall/roofs. They run vertically through the building at the corners and are enclosed in furring and plaster chases.

c. Dormers, cupolas, towers: There is a cupola centered in the main block of the structure. It straddles the ridge of the roof. It sits on a square base of wood construction with wood quoins at the corners. Above this is the cupola proper, encircled by a balustrade with paneled newels and urns on the newels. The cupola is square in plan with the corners chamfered to form additional panels. Each corner contains a Doric pilaster which supports a large entablature. Above the cornice of the entablature are urns. The roof of the cupola is a bell shape dome, copper, supported on a drum that contains panels. The roof is capped with a finial and lightning rod. There are round headed openings in the campanile with surrounds and keystone. All materials are wood. The openings were filled with multipaned windows.

The extant condition of the cupola is much like it was originally. The changes are removal of the windows in the openings and infill of the arched portions of them. The urns no longer exist. The balustrade is currently a solid balustrade with a metal veneer. The base of the cupola is also covered in a metal veneer. There are openings cut into the drum under the roof.

There are four dormers on each elevation of the building symmetrically placed in the hyphens (two in each). They are gabled and have doric pilasters at the corners. Originally they contained 6-over-6 windows. Now they contain one-over-one windows and two in the rear elevation have wood louvered slats. There is also a newer shed dormer on the main block roof in the rear elevation. This is sided in roofing shingles.

C. Description of Interior

1. Floor plans: The floor plan is generally that of a double loaded corridor. The corridor runs the length of the center of the structure along the longitudinal axis. Each of the wings contains larger rooms such as wards or large administration rooms. The entrance lobby is in the center of the building and the elevator banks are opposite this towards the rear. Stairs are located at the center, opposite the elevators, and near the ends of the corridor at the location of the wing intersections.

The Ground Level contains admitting, waiting rooms, emergency, and outpatient functions on the east side and administration, nuclear medicine and rehabilitation medicine on the west.

The First Floor contains the main lobby, information, administration offices, laboratories, X-ray department and some wards.

The Second Floor contains wards and patient rooms. The rooms are arranged along the central corridor, while the wards at the ends, in the wings. The porches at the ends of the wards have been converted into additional ward space. The intensive care unit is located in the east wing.

The Third Floor is similar to the second, with the addition of the recovery room.

The Fourth Floor houses the original operating suite.

Refer to the plans for additional information.

2. Stairway. The location and number of stairs in the building has been previously described. Two of the stairs were constructed in 1959 and are contemporary concrete and steel, with no major decorative detailing.

3. Flooring: Original flooring was asbestos tile in the wards and most of the corridors. In the corridors, there was a terrazzo border and base with an asbestos tile infill strip 5' 11" wide. In laboratories and operating rooms there was a rubber floor to accommodate for static discharges and the possibility of explosions from flammable gasses. On the first floor there was linoleum in the east corridor. Today the terrazzo border is extant and the flooring is vinyl tile. In offices and administration spaces there is carpeting with vinyl bases.

4. Wall and ceiling finish: Original wall and ceiling finish was painted flat plaster throughout. The exception was in the operating rooms where there was ceramic tile on the ceilings and walls. The extant finishes are plaster and drywall in new additions and renovations. Ceilings throughout are lay in panels. In the corridors the walls have vinyl wall covering and vinyl handrails/bumper guards.

5. Openings:

a. Doorways and doors. Extant doors are fire rated wood in metal frames. These are similar to the originals. There is no significant architectural trim.

b. Windows. Windows are described in the exterior section. There are no significant architectural interior features.

6. Decorative features and trim: The major extant ornamental feature in the building is the entrance lobby. It has changed little since construction.

The lobby is located on the first floor and is approximately 30 feet by 17 feet. Entrance into the lobby from the exterior is in the center bay of the front

facade. On the east side is a pass window to the information and switch board centered in the east wall. On the west wall is a plaque in a corresponding location. The south side of the lobby contains three openings. The center one has three terrazzo steps and a wrought iron railing leading up to the first floor level. Each of the flanking openings are filled with wrought iron rails. These give the appearance of a loggia. All openings in the room, including the entrance doors and windows, the entrance to the first floor corridor and the pass window are in arched recesses. The recesses have painted wood trim surrounds with a backband and ogee molding. The center arch in the south wall also has a keystone.

The room is divided into thirds and has paneled beams running north south on the ceiling. These are supported on the south side by pilasters and on the north by a projecting wing wall approximately three feet long. Wall and ceiling surfaces are painted plaster. The floor surface is carpet with the original terrazzo border and base. Adjacent to the openings on the east and west walls there are recesses for radiators. These are covered with metal grills with a stamped out pattern. Grills are approximately three feet tall.

The pass window has a clamshell recessed niche above the window within the arch. The ceiling molding is a wide cornice with a cove molding and a flat band that projects over dentils. There are flat pilasters at each corner; at the south wall between the wall openings, beneath the beams; and at the corners, both inside and outside, of the wing walls. They are fluted the full length of the shaft and have plinths with ogee bases. The capitals are composite Ionic, with stylized leaves and volutes. Above the capitals are short segments of entablatures only as wide as the shafts of the columns. The columns are paired in the north and south walls. The wing walls have the entablature for the full extent of the wall.

There are Georgian Colonial Revival style brass wall sconces with two candelabra on the east and west walls.

7. Hardware: No original hardware remains.

8. Mechanical equipment:

a. Heating, air conditioning and ventilation: The original heating system for the building was a central steam boiler plant for the complex which serviced radiators that were recessed under the windows. The only radiator grills were described in the lobby discussion. Air conditioning was added ca. 1959 and ducts, etc. were concealed behind plaster and bulkheads.

b. Lighting: The extant lighting is provided by recessed fixtures in the lay-in ceiling panels.

D. Site:

1. General siting and orientation: The building is located on the highest point of the complex site. It is situated along a general east-west axis with the entrance in the north elevation. There is an asphalt driveway that parallels the building and connects it to the rest of the complex. Originally Building 1 was separate from the remainder of the structures in the complex, but additions on the east and west connect it to other buildings. In front of the structure, to the north, the site is level for the width of the drive, then drops off steeply. A new parking structure is being constructed at this location. To the rear the site drops somewhat less steeply and the utility building is located here. To the west the site gradually slopes and the drive follows the ridge line of the hill to the adjacent plateau where the residences are located.

2. Historical Landscape Design: The walk to the center of the building was the full width of the stairs and was flanked by a grass area. There were low shrubs against the raised basement walls. Opposite the entrance was a large tree encircled with shrubs. Currently the driveway extends to a concrete parapet wall opposite and parallel to the building.

3. Outbuildings: There are numerous other structures associated with the site. See the sketch site plans and narrative report on the complex for information.

PART III. SOURCES OF INFORMATION

A. Architectural Drawings: A complete set of original drawings is located at the engineering department on-site in the Huntington Complex. These also include alteration and addition drawings and sketches. The original drawings are dated May 30, 1931, and the set contains 42 drawings.

B. Historic Views: The hospital maintains a collection of construction photographs and historical views of the complex in the engineering department on site. The collection includes 52 photographs of various views and construction activities on this building as well as additional photographs on other structures and the site. A sample from this collection is included. Photographs date from 1932 for most of the construction photographs, to later for additions and general views. The construction photographs were done by the Thomas Studio, Huntington, WV. Most others are unsigned.

As these repositories are Departments of a public agency, the references are considered in the public domain.

C. Interviews: Mr. J. B. Finlay was interviewed on October 3, 1989, on site at the hospital. He is the construction supervisor for the hospital.

D. Bibliography:

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Veterans Administration Medical Center, Building 1
HABS No. WV-245-A (Page 15)

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Veterans Administration Medical Center, Building 1
HABS No. WV-245-A (Page 16)

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E. Likely source not yet investigated: na

F. Supplemental material: na

PART IV. PROJECT INFORMATION

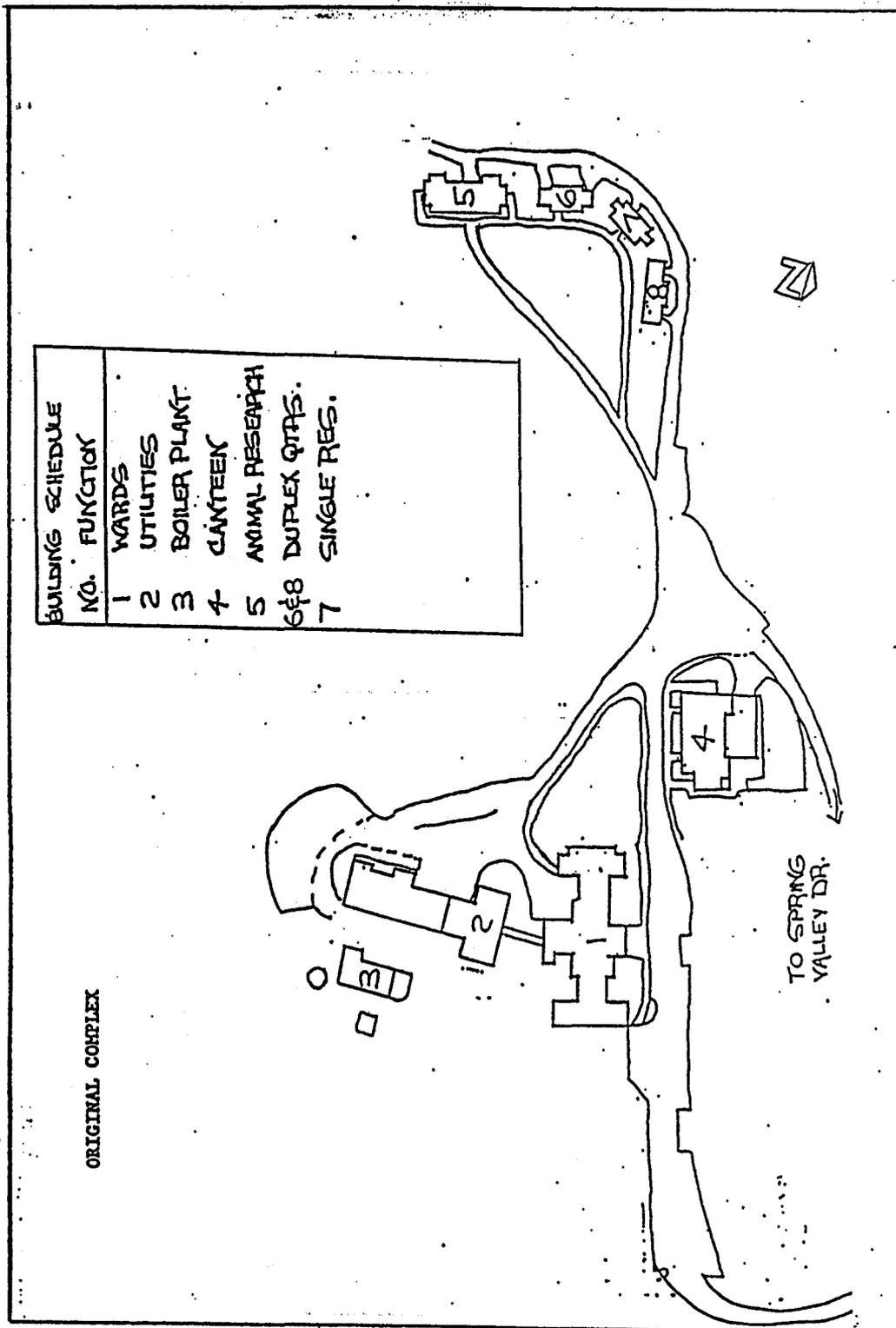
The project under question at this time is to add a second and third floor to Building 1A. This connects Buildings 1 and 12. This is in conjunction with a clinical addition on the rear. The roof of the addition will be slate with dormers and a 9/12 pitch to match the existing buildings. The front facade will be limestone and brick to match. The ambulance entrance on

Veterans Administration Medical Center, Building 1
HABS No. WV-245-A (Page 17)

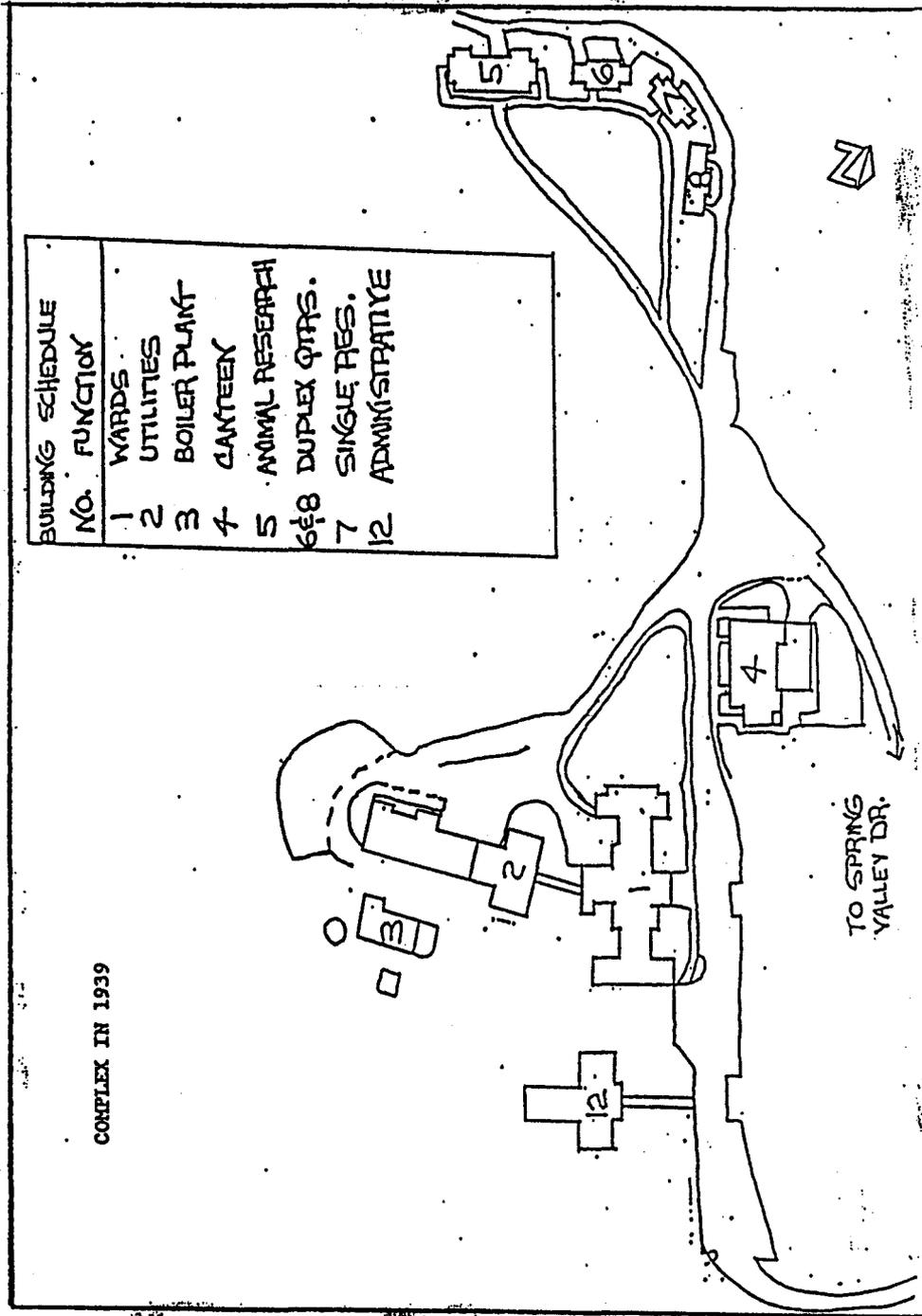
the front of Building 1 will be removed. A new curved walk will serve handicapped access with a new entrance for Building 1. A five story parking garage will be constructed opposite Buildings 1 and 12. The majority of the massing will be below grade at the south elevation, the side facing the buildings in question. The top floor will be shielded from the site by a six foot concrete wall.

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Veterans Administration Medical Center, Building 1
 HABS No. WV-245-A (Page 19)



Veterans Administration Medical Center, Building 1
 HABS No. WV-245-A (Page 20)

