

VA Medical Center, Aspinwall Division  
5103 Delafield Avenue  
Aspinwall Vicinity  
Allegheny County  
Pennsylvania

HABS No. PA-5438

HABS  
PA,  
2-ASPWAY,  
1-

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDINGS SURVEY  
MID-ATLANTIC REGION, NATIONAL PARK SERVICE  
DEPARTMENT OF THE INTERIOR  
PHILADELPHIA, PENNSYLVANIA 19106

HABS  
PA  
2-ASPINWALL  
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HISTORIC AMERICAN BUILDINGS SURVEY  
VA MEDICAL CENTER, ASPINWALL DIVISION

HABS No. PA-5438

Location: 5103 Delafield Avenue, Aspinwall vicinity, O'Hara Township, Allegheny County, Pennsylvania.

USGS Pittsburgh East Quadrangle. Universal Transverse Mercator Coordinates: 17.594100.4483140

Present Owner: United States Veterans Administration

Present Occupant: United States Veterans Administration

Present Use: Veterans Hospital

Significance: The VA Medical Center at Aspinwall, Pennsylvania is representative of the Veterans' Bureau's efforts to provide adequate health care facilities for veterans following World War I. During the 1920s the newly formed Veterans' Bureau embarked on an ambitious program aimed at providing health care facilities for American veterans throughout the United States. The Aspinwall facility, which initially operated as a tuberculosis hospital, was the final facility constructed by the Bureau under a 1922 appropriation of \$17 million.

The Aspinwall VA Medical Center is a significant architectural ensemble, consisting of Georgian Revival style buildings carefully placed in a landscaped, campus-like setting. The facility was designed and constructed according to the dictates of an "architectural set" developed by the Veterans' Bureau during the early 1920s. This "set" established standardized plans for the various buildings associated with veterans' hospitals, while permitting regional variation in materials and detailing. The set also established policies regarding site location and landscaping. The Aspinwall facility is, therefore, representative of a group of standardized medical facilities constructed by the Veterans' Bureau, operators of the largest hospital system in the United States at the start of World War II.

In 1936 the facility was reorganized as a general care and surgical hospital. The ongoing growth and expansion of the facility, exemplified by major additions to the Infirmary Building in 1932 and 1938, are testimony to the important role played by the Aspinwall hospital in the provision of medical care to veterans.

The VA Medical Center, Aspinwall Division, is located near the town of Aspinwall, in O'Hara Township, on the northern outskirts of Pittsburgh, Pennsylvania. The site occupies a wooded hilltop north of the Allegheny River. Construction of the hospital began in June 1924 and the first patient entered the facility on October 12, 1925. Aspinwall originally functioned as a tuberculosis hospital. In 1936 the Veterans Administration converted the institution into a general medical and surgical hospital. The medical facility is currently undergoing an extensive program of demolition and new construction.

The history of veterans' benefits in the United States extends back to the time of the American Revolution. The Second Continental Congress adopted an invalid pension law in August 1776, and Congress' first act under the newly adopted Constitution in 1789 provided for payment of invalid pensions. By 1819 responsibility for pension programs rested with the Secretary of War, and administration of the program was carried out by the War Department's Bureau of Pensions.<sup>1</sup>

Congress established a marine hospital system in 1798 to care for sick or disabled merchant seamen. The first Marine Hospital opened in an existing building in Norfolk Virginia in 1801 and by 1804 the first building designed and erected specifically as a Marine Hospital had opened in Charleston, Massachusetts. In 1870 Congress, in an effort to prevent the introduction of epidemic diseases into the United States by merchant seamen, granted the Marine Hospital Service, which then operated under the supervision of a Surgeon General, authority to quarantine.<sup>2</sup>

In 1833 the United States Naval Home opened on a 24-acre tract of land near Philadelphia. The Home served, essentially as an old age home for sailors. The Military Asylum (United States Soldiers Home), established in 1850 in Washington, D.C., served a similar function for Army veterans. Neither facility admitted veterans who had served in volunteer or militia units.

The need to provide care facilities for volunteer and militia veterans became obvious in the years immediately following the Civil War. The vast majority of the soldiers and sailors who served in the Union Army and Navy volunteered for service. The existing government institutions for veterans' care did not

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<sup>1</sup>*The Nation Builds For Those Who Served: An Introduction to the Architectural Heritage of the Veterans Administration* (Washington: The Veterans Administration and The National Building Museum), 3-1.

<sup>2</sup>Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 184-185.

provide for these men.<sup>3</sup> In 1865 federal legislation created the National Home For Disabled Volunteer Soldiers.<sup>4</sup> A series of ten branches of the National Home were established between 1867 and 1902, the first opening in the state of Maine. The National Homes provided both medical and non-medical services in suburban or rural settings removed from the "corruptions" of the city. The Homes functioned as self-contained communities for the residents, staff and their families, necessitating large sites, 600 acres being considered optimal.<sup>5</sup> Provisions were made for religious worship, a library, social rooms, and a theater. Landscaping of the grounds played an important roll in creating a proper environment for the rehabilitation of residents. Housing for staff and families created suburban style clusters, while wandering paths, rustic gates, groves, garden areas and ponds molded the environment.

Though the National Homes were envisioned as temporary retreats for the purpose of rehabilitation therapy, they eventually became self-sufficient planned communities providing vocational training, formal education, recreation, and opportunities for general re-adjustment to veterans.<sup>6</sup> Medical services eventually grew from an auxiliary function to a primary one. These services, however, were administered only to residents of the Homes.

During the nineteenth century the system of Marine Hospitals expanded to include facilities located in the inland reaches of the United States. As a result of this expansion in 1902 the Marine Hospital Service became the United States Public Health and Marine Hospital Service. Ten years later the organization again changed its name, to the United States Public Health Service.

The large numbers of physically and psychologically wounded veterans that emerged from the battlefields of World War 1 starkly revealed the urgent need for the provision of additional and more extensive medical benefits to military veterans. A 1917 amendment to the War Risk Insurance Act contained the first provision for the medical, surgical, and hospital treatment of veterans. This legislation only applied to those World War 1 veterans injured while in service, and totally neglected veterans of other wars or those whose injuries were not directly service-related. The Bureau of War Risk Insurance assumed responsibility for administering the new veterans' medical benefits authorized by the War Risk Insurance Act. The medical

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<sup>3</sup>Gustavus Weber, *The Veterans Administration: Its History, Activities and Organization* (Washington: The Brookings Institute, 1934), 276.

<sup>4</sup>*ibid.*, 73.

<sup>5</sup>*The Nation Builds*, 7.

<sup>6</sup>*ibid.*, 8.

facilities available to the Bureau included twenty Marine Hospitals of the Public Health Service, the Fort Stanton Tubercular Sanatorium in New Mexico, a handful of naval and military hospitals, and contracts with 1,500 civilian hospitals for assistance with specific services.<sup>7</sup>

World War I severely strained the medical facilities available to American veterans. As a result, a major expansion in the number of hospitals dedicated to the treatment of veterans began about 1919 and continued through the 1920s. In 1919 appropriations were made to provide additional hospitals, and by the end of the year the United States Public Health Service had opened ten new facilities. By 1920 the total number of hospitals operated by the Public Health Service had risen to fifty, with a total bed capacity of 11,600.<sup>8</sup> These facilities included new buildings, old Marine Hospitals, and converted military posts. The staff of these facilities consisted largely of Public Health Service officers working under the direction of the Bureau of War Risk Insurance. In addition to the medical treatment provided by these facilities, the federal Board For Vocational Education administered a variety of training, re-training, and rehabilitation programs for veterans.

The large number of government agencies involved in the administration and operation of veterans' hospitals proved unwieldy and inefficient. In 1921 the Veterans' Bureau was formed in an attempt to consolidate control and rectify this problem. The Veterans' Bureau assumed responsibility for the administration of all World War I veteran relief activities. However, The Pension Bureau and the Home For Disabled Volunteer Soldiers remained independent entities, providing services to non-World War I veterans. Legislation enacted in 1922 extended the services of the Veterans' Bureau to veterans of the Spanish-American War, the Philippine Insurrection, and the Boxer Rebellion. Civil War veterans continued to be cared for under the auspices of the Pension Bureau and the National Homes.<sup>9</sup>

The medical benefits initially provided by the Veterans' Bureau principally addressed neuropsychiatric and tuberculosis patients. In June 1924 coverage was expanded to include paralysis agitans, encephalitis lethargica, amoebic dysentery, and loss of sight in both eyes, regardless of whether these ailments resulted from military service.<sup>10</sup> A further increase in benefits in 1926 provided for certain coverage by Veterans' Bureau Hospitals of non-service related ailments.

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<sup>7</sup>Weber, *The Veterans Administration*, 153, 156.

<sup>8</sup>*ibid.*, 15B.

<sup>9</sup>*ibid.*, 161, 164.

<sup>10</sup>*ibid.*, 164.

Hospital shortages continued to be experienced following the 1919 construction program, and in March 1921 the Treasury Department appointed a committee of consultants to recommend a program of hospital construction. In November 1921 a federal Board of Hospitalization was established to review and approve the sites and plans for new hospitals.<sup>11</sup>

In 1922 nearly seventy hospitals were transferred to the Veterans' Bureau, most of which previously operated under the jurisdiction of the Public Health Service. Expansion of the Bureau's services continued throughout the 1920s as the federal government provided additional funds, and assumed more responsibility, for the care of the nation's veterans. In July 1924 a medical council was established for the purpose of improving medical and hospital service to Veterans' Bureau beneficiaries. The Council consisted of prominent medical professionals and was divided into four groups: hospitals, dispensaries, and general medical welfare; neuropsychiatry; tuberculosis; and investigation and research.<sup>12</sup>

On July 21, 1930 Executive Order No. 5398 combined the Bureau of Pensions, the National Home for Disabled Volunteer Soldiers, and the United States Veterans' Bureau, forming the Veterans Administration.<sup>13</sup> This Administration assumed responsibility for all veteran-related activities, a responsibility it continues to exercise at the present date.

During the early 1920s the Veterans' Bureau embarked on an ambitious program to expand the medical facilities available to American veterans. Paramount to the planning of these facilities was siting, and the most important factors considered included:

Demographics of the nationwide distribution of eligible veterans.

Type of facility -- long term care facilities to be located on large tracts of land away from major urban centers, acute care facilities to be located in or near major urban centers on less extensive parcels.

Availability of federal Lands from the transfer of existing federal enclaves such as military posts.

Local initiative from request of supportive local communities, state governments or citizens' organizations.<sup>14</sup>

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<sup>11</sup>Ibid., 162.

<sup>12</sup>Ibid., 161-162, 165.

<sup>13</sup>*The Nation Builds*, 3-1.

<sup>14</sup>Ibid., 19.

The Bureau analyzed the number and distribution of veterans in various regions of the country to determine if construction of a new facility was warranted. This process necessarily drew determined lobbying efforts from local communities, governments, and citizen organizations anxious to bring such a facility to their area. In Western Pennsylvania a variety of political and private interest groups actively campaigned for a veterans' hospital in the Pittsburgh vicinity. Mary Roberts Reinhart, a local author and personal friend of President Warren G. Harding and Veteran's Bureau director, Charles R. Forbes, and her husband, a tuberculosis specialist, assumed leading roles in the local lobbying campaign, which ultimately resulted in selection of the Aspinwall site for a Veterans' Bureau tuberculosis hospital.<sup>15</sup>

The Aspinwall site constituted the last Veterans' Bureau hospital funded using a \$17 million special appropriation approved by Congress in May 1922 for the provision of additional veterans' hospital facilities.<sup>16</sup> The Aspinwall facility also represented the first Veterans' Bureau institution located in Western Pennsylvania.<sup>17</sup>

The Veterans' Bureau developed an "architectural set" in the early 1920s that guided the selection of hospital sites, the placement of the hospital buildings on the site, and the plan and appearance of the individual buildings.<sup>18</sup> These guidelines enabled the Bureau to achieve a degree of standardization in its various institutions.

The National Homes for Disabled Volunteer Soldiers may have served as prototypes for the hospital siting criteria included in the "architectural set." Similarities exist in the use of landscaping, regional architectural stylings, and the overall ambiance created within the grounds. National Home sites required access to rail lines; however, the widespread adoption of the automobile permitted Veteran's Bureau facilities designed according to the dictates of the "architectural set" to be placed in virtually any location without sacrificing accessibility. Nevertheless, hospital sites still needed to conform to usage, size, and utility requirements. The "architectural set" called for tuberculosis facilities, such as that slated for the Aspinwall site, to be located on tracts of at least one hundred acres in areas removed

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<sup>15</sup>National Register of Historic Places -- Nomination Form (1980), Sec. 8, p. 1.

<sup>16</sup>Weber, *The Veterans Administration*, 163.

<sup>17</sup>National Register of Historic Places -- Nomination Form (1980).

<sup>18</sup>*The Nation Builds*, 18.

from urban centers.<sup>19</sup> Provision of a proper facility called for extensive landscaping of the grounds, not unlike that provided at National Home facilities, and the development of a campus-like setting with lawns, tree-lined walks, and an overall sense of restfulness. This approach to the appearance of the hospital grounds reflected contemporary attitudes towards the treatment of tubercular patients, which called for the provision of fresh air, places to walk, and a peaceful bucolic environment.

Inherent to the "architectural set" were standardized floor plans that assured that all buildings serving a common purpose shared a common floor plan.<sup>20</sup> Regional variations in style, largely limited to the materials, ornamentation, and detailing of the various buildings, were permitted within the confines of the "set."

In January 1923 the federal government purchased a 147.5-acre tract for the Aspinwall facility from the Peoples Savings and Trust Company of Pittsburgh, for \$125,000.<sup>21</sup> The site, formerly the R. C. Hall farm, included two barns, a springhouse, and a farmhouse which were initially utilized by the Hospital.

The initial building program at Aspinwall, begun in June 1924, resulted in the construction of thirteen buildings, erected at a cost of \$1,013,000.<sup>22</sup> The Veterans' Bureau designed these buildings and prepared their plans and specifications. Original architectural drawings are signed by Major L. H. Tripp, Chief of the Bureau's Construction Division, and Charles C. Coffin, Superintendent of Construction. The Infirmary Building served as the focal point of the hospital grounds, with buildings housing administrative and support functions, including quarters for attendants, nurses, and doctors, occupied surrounding locations. The campus setting associated with the "architectural set" was achieved through the specific placement of buildings on the site, the integration of the landscaping into the overall composition of buildings and grounds, and the consistent use of specific architectural stylings.

The major buildings on the site are loosely based on Georgian Colonial architecture and reflect a favorite architectural motif of the Veterans' Bureau. Thirty-five hospitals constructed by the Veterans' Bureau during their expansive building campaign, mostly in the eastern half of the United

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<sup>19</sup>*Federal Architect*, 13 (October 1944), 28.

<sup>20</sup>*The Nation Builds*, 18.

<sup>21</sup>Oeed Files, VA Medical Center, Aspinwall Division. On file at Engineering Services, VA Medical Center, Oakland Division, Pittsburgh, PA.

<sup>22</sup>Historical Files -- Aspinwall Facility. On file at Engineering Services, VA Medical Center, Oakland Division, Pittsburgh, PA.

States, are designed in the Georgian Revival style.<sup>23</sup> This style reflects both national trends and historical associations representative of the time. A commitment to Georgian Revival stylings at Aspinwall has provided the site's architecture with a considerable degree of stylistic cohesion.

The gently rolling landscape of the hospital site is approached from the northwest off of Delafield Avenue. The hospital grounds are entered past a gatehouse on a road that originally led to the Hall farm, but which now winds past the old farmhouse to the Hospital's main grounds.

The Infirmary Building is located on a slight rise at the end of the main entry drive and is surrounded by expansive lawns and formal walkways. These landscaping features emphasize the building's dominant position on the hospital grounds. As originally constructed the Infirmary was loosely H-shaped in plan, in conformance with the standard infirmary plan developed as part of the Bureau's "architectural set." The plan of Aspinwall's Infirmary differs slightly from the prototype due to site conditions and the specific medical requirements associated with the facility's function as a tuberculosis hospital. The principal variation entailed the elongation of the south facade's east and west wings, which improved the views available to confined patients and increased the circulation of fresh air on the wards.

Various auxiliary and service-related buildings were grouped near the Infirmary. The Boiler House, Storehouse and Station Garage formed a complex of utility buildings arranged in a "U" around a central courtyard just east of the Infirmary. A brick wall, with two openings, served as a buffer between the service facilities and the Infirmary, while the exposed rear facades of the utility buildings took advantage of the site's sloping topography to provide a second level of access to the buildings. These three structures, although more utilitarian in style than other buildings on the grounds, utilized a similar palette of materials, linking them to the more architecturally sophisticated buildings at the site.

Two large support buildings are located immediately to the west of the Infirmary and are connected to that building by a covered corridor. The Recreation Building (Building No. 7) dates to 1926, while the Dining Hall (Building No. 17), was erected in 1930. Located southeast of the Infirmary are the Ambulant Quarters, which originally housed tuberculosis patients who were not confined to their rooms. The Attendants' Quarters (Building No. 6) are located northwest of the utility group. In 1932 an annex (Building No. 22) containing additional quarters was constructed adjacent to the original quarters building. A greenhouse occupied a location between the utility group and the attendants' quarters. Patients worked in this building as part of their therapy.

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<sup>23</sup>*The Nation Builds*, 19.

The remainder of the buildings comprising the "architectural set" at Aspinwall consist of a residential group located north of the Infirmary along a formal tree-lined road that runs perpendicular to the main entry drive. Buildings located along this road include four duplexes used as officers' quarters. The Nurses' Quarters are located across an ellipse formed at the juncture of the main entry drive and this axial road. The quarters of the Medical Officer in Charge (MOC) are located at the east end of a circle located at the far eastern end of the axial road. The original buildings that comprised the "architectural set" at Aspinwall are consistent in materials, scale, and style, forming a cohesive unit around the Infirmary Building.

Guided by the "architectural set," the campus effect at Aspinwall is created through landscaping as well as by the placement and style of the buildings. Records indicate an expenditure of \$11,000 for landscaping during fiscal year 1926.<sup>24</sup> Treatment of tubercular patients in the 1920s entailed provision of plenty of fresh air, places to walk, and an overall sense of restfulness. The tree-lined roads and walkways and the arrangement of lawns, terraces, and shrubbery created both a proper approach to the buildings and provided a pleasant campus-like setting for the patients.

The prevailing philosophical approach to hospital design within the Veterans' Bureau began to change about 1925, just as Aspinwall received its first patients. The former notion of hospitals designed, within the context of the "architectural set," to handle specific types of cases was replaced by the notion that facilities ought to be able to handle every class of patient. In the case of tuberculosis hospitals

. . . in the past it was customary to design for one class of patients only which made it impossible to use, for instance, an ambulant building for semi-ambulant or infirmary cases, etc. Thus many buildings were not utilized to their fullest extent. All buildings are now designed to care for practically every class of patient and to be more independent of the central main wing.<sup>25</sup>

Aspinwall, the last hospital constructed under the Veterans' Bureau's 1922 appropriation, was completed just as this new philosophy was first articulated. The facility appears to be the last hospital constructed according to the old planning philosophy. The 1932 addition to Aspinwall's Infirmary reflects newer attitudes on hospital design, which suggests that

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<sup>24</sup>U.S. Veterans' Bureau, *Annual Reports of the Director United States Veterans' Bureau* (Washington: GPO, 1926), 333.

<sup>25</sup>U.S. Veterans' Bureau, *Annual Reports of the Director United States Veterans' Bureau* (Washington: GPO, 1925), 344.

the initial building program at the facility constituted had been superceded by a new philosophical approach.

The Aspinwall tubercular facility experienced an ongoing series of alterations and expansions almost from the date of the first patient's admission in October 1925. In 1926 the farm buildings underwent a \$4,000 remodeling.<sup>26</sup> At present the farmhouse is still actively used by the hospital. The original design of the 1924 Infirmary allowed for easy expansion, and in 1932 a T-plan wing was constructed at the north end of the original building, increasing bed capacity from 226 to 480.<sup>27</sup> The addition, known as A-wing, abutted the north end of the original building's north-south axis. As a consequence of this work the principal entry to the Infirmary was relocated from the east facade to the new north facade. Additional Attendants' Quarters (Building No. 22) were constructed to the rear of the existing Quarters Building (Building No. 6) in conjunction with this expansion of the Infirmary.

The Aspinwall hospital functioned as a tubercular facility for eleven years. In 1936 the facility was converted to a general medical and surgical hospital, and the following year the Veterans Administration regional office

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<sup>26</sup>Veterans' Bureau, *Annual Reports* (1926), 333.

<sup>27</sup>*25 Anniversary: Veterans Administration Hospital, Aspinwall, Pennsylvania* (1950), 6.

relocated to Aspinwall.<sup>28</sup> By June 1937 a total of \$2,122,000 had been expended on the facility.<sup>29</sup>

By 1939 all major construction at Aspinwall had been completed. A total of thirty-two buildings comprised Aspinwall's building stock.<sup>30</sup> A new Laundry Building (Building No. 27), erected on the site of the original greenhouse, removed the hospital's laundry from its initial location in the Boiler House (Building No. 4). Other buildings constructed during the mid-1930s included additional duplex quarters for officers, a new Administration Building (Building No. 32), and a four-story addition, known as B-Wing, attached to the east facade of the Infirmary. Both the Administration Building and B-wing were constructed by the Public Works Administration (PWA) as public works projects. The PWA also appears to have constructed an amphitheater, no longer extant, located south of the Infirmary.

Increased demand upon veterans' hospital facilities resulting from the United States' entry into World War II resulted in an increase in Aspinwall's bed capacity to 943 by 1944.<sup>31</sup> Temporary buildings erected south of the Infirmary and in a variety of other locations helped absorb the increased number of patients. During this period the Veterans' Administration regional office relocated to downtown Pittsburgh.

Following World War II the Aspinwall facility scaled back its operations. A new VA Hospital opened in the Pittsburgh neighborhood of Oakland in 1955, relieving some of the demands made on Aspinwall. In 1955 97 acres of excess land was sold to the public, reducing the site from 147 acres to its present 50 acres.<sup>32</sup>

The facility at Aspinwall initially functioned as a tuberculosis hospital. During the early 1930s an orthopedic section was added to the facility. In 1933 the hospital pioneered the development of surgical methods for treatment

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<sup>28</sup>Ibid.

<sup>29</sup>Letter dated March 18, 1938 from E. L. Burke to Manager of Pittsburgh Hospital Facility, Historical Files -- Aspinwall Facility. On file at Engineering Services, VA Medical Center, Oakland Division, Pittsburgh, PA.

<sup>30</sup>"Location & Grading Plan -- Bldg. #32, Veterans Administration Facility, Pittsburgh, Pennsylvania," Drawing No. 32-1 (November 19, 1938). Historic Architectural Drawing on file at Engineering Services, VA Medical Center, Oakland Division, Pittsburgh, PA.

<sup>31</sup>*Hospital Handbook* (1962), 1-2.

<sup>32</sup>Ibid.

of active pulmonary tuberculosis.<sup>33</sup> The conversion of the facility to a general medical and surgical hospital in 1936 introduced new areas of medicine to Aspinwall. In 1941 the facility was designated an allergy center and began to manufacture and distribute allergens to other VA and Army hospitals across the country. The facility was also designated as a special training center for graduate physicians. By the hospital's twenty-fifth anniversary in 1950 the medical departments included Internal Medicine, Dermatology, Syphilology, Radiology, Pathology, Allergy, General Surgery, Urology, Otolaryngology, Plastic Surgery, as well as a variety of other specialties.<sup>34</sup>

The evolution of the Aspinwall facility, from a specialized tuberculosis facility to a general medical and surgical hospital with a host of specialized departments is indicative of the growth and expansion of medical services provided by the Veteran's Bureau, and later the Veterans Administration. The hospital continues to fulfill its initial function, that of providing medical care to American veterans. The architecture and landscape architecture at the site reflect the current medical treatment philosophies of the 1920s and constitute an example of the initial series of medical facilities erected by the Veteran's Bureau.

This documentation was undertaken in July 1989 in accordance with a Memorandum of Agreement between the United States Veterans Administration, the Pennsylvania State Historic Preservation Officer, and the Advisory Council on Historic Preservation as a mitigative measure prior to the demolition of the subject buildings at the Aspinwall Division Medical Center.

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<sup>33</sup>25 Anniversary, 11.

<sup>34</sup>Ibid., 7.

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