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Determination of NRHP Eligibility for the Eisenhower Army Medical Center Complex at Fort Gordon, Georgia

Adam D. Smith and Sunny E. Adams

December 2016

Construction Engineering
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Cover Photo: The Lyles, Bissett, Carlisle, and Wolff rendering of the Eisenhower Army Medical Center, 1970 (DPW at Fort Gordon).

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Final report

Prepared for Cultural Resources Manager
Directorate of Public Works
Fort Gordon, GA 30905

Under Project 450904, "NHPA Building Evaluations at Fort Gordon"

Abstract

This document is an architectural survey of the Eisenhower Army Medical Center complex located at Fort Gordon, Georgia. The Eisenhower Army Medical Center was designed by Lyles, Bissett, Carlisle, and Wolff beginning in 1970, with plans finalized in 1971, and construction completed in 1975. This survey satisfies Section 110 of the National Historic Preservation Act of 1966 as amended, and it was used to determine the eligibility of the Eisenhower Army Medical Center complex for inclusion on the National Register of Historic Places (NRHP). It is the recommendation of this report that the Eisenhower Army Medical Center (Buildings 300, 302, and 310) and associated landscape are significant under NRHP criteria, and that they retain enough integrity to be eligible for the NRHP under Criteria C as a historic district; however, the other buildings located in the complex, but outside the proposed historic district, are not eligible to the NRHP.

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Preface

This study was conducted for the Cultural Resources office in the Directorate of Public Works (DPW) at Fort Gordon, Georgia, under Project 450904, "NHPA Building Evaluations at Fort Gordon." The technical monitor was Ruth "Renee" Lewis (Archaeologist, DPW).

The work was performed by the Land and Heritage Conservation Branch (CNC) of the Installations Divisions (CN), U.S. Army Engineer Research and Development Center – Construction Engineering Research Laboratory (ERDC-CERL). At the time of publication, Dr. Michael S. Hargrave was Chief, CEERD-CNC; and Ms. Michelle J. Hanson was Chief, CEERD-CN. The Deputy Director of ERDC-CERL was Dr. Kirankumar Topudurti, and the Director was Dr. Ilker Adiguzel.

COL Bryan S. Green was the Commander of ERDC, and Dr. Jeffery P. Holland was the Director.

Unit Conversion Factors

Multiply	By	To Obtain
acres	4,046.873	square meters
miles (U.S. statute)	1,609.347	meters

Abbreviations

Term	Meaning
ACHP	American Council on Historic Preservation
DPW	Directorate of Public Works
ERDC-CERL	Engineer Research and Development Center – Construction Engineering Research Laboratory
HET	Hospital Education and Training
NARA	National Archives and Records Administration
NHPA	National Historic Preservation Act
NPS	National Park Service
NRHP	National Register of Historic Places
WIT	Warriors in Transition
WWII	World War II

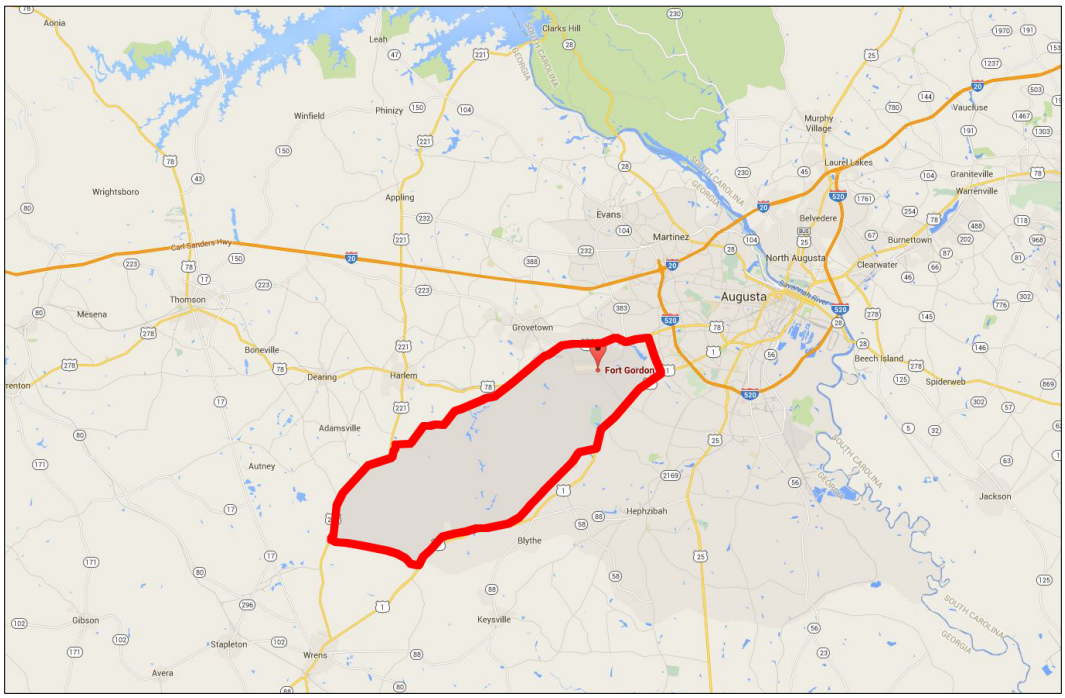
1 Methodology

1.1 Background

The U.S. Congress codified the National Historic Preservation Act of 1966 (NHPA), the nation's most effective cultural resources legislation to date, in order to provide guidelines and requirements for preserving tangible elements of our nation's past. This preservation was done primarily through creation of the National Register of Historic Places (NRHP). Contained within this piece of legislation are requirements for federal agencies to address their cultural resources, which are defined as any prehistoric or historic district, site, building, structure, or object (NHPA Sections 110 and 106). Section 110 requires federal agencies to inventory and evaluate their cultural resources. Section 106 requires the determination of effect of federal undertakings on properties deemed eligible or potentially eligible for the NRHP.

The U.S. Army first established Fort Gordon as a World War II (WWII) temporary camp in the Augusta, Georgia, area (Figure 1). Fort Gordon was nearing deactivation at the close of WWII; however, the Signal Corps Training Center relocated to Fort Gordon in 1948, preventing its closure. Currently, Fort Gordon remains home to the U.S. Army Signal Center. Fort Gordon is located in east-central Georgia, directly southwest of Augusta. Most of Fort Gordon is within Augusta-Richmond County, with small portions in Columbia, McDuffie, and Jefferson Counties. The Eisenhower Army Medical Center complex lies entirely within Augusta-Richmond County.

Figure 1. Boundary outline and location of Fort Gordon, Georgia, southwest of Augusta (www.google.com, accessed June 2016).



1.2 Objective

The objective of this effort was to assess the eligibility for the NRHP of the Eisenhower Army Medical Center complex. The hospital complex was designed in 1970 by Lyles, Bissett, Carlisle, and Wolff of Columbia, South Carolina, and construction was completed in 1975 (Figure 2). The hospital complex was previously surveyed for exceptional importance under Criteria Consideration G[1] of the NRHP in the *Fort Gordon Cold War Architectural Survey* (ERDC-CERL SR-05-7) published in 2005.[2] The report's recommendation, however, was that the hospital complex did not meet the standards for exceptional importance. This survey satisfies Section 110 of the NHPA of 1966 as amended, and it was used to determine the eligibility of the Eisenhower Army Medical Center complex for inclusion on the NRHP. This report includes recommendations for eligibility to the NRHP of all 37 buildings located within the boundaries of the Eisenhower Army Medical Center complex (Figure 3 and Table 1).

[1] Criteria Consideration G: "Properties that have Achieved Significance within the Past Fifty Years," https://www.nps.gov/nr/publications/bulletins/nrb15/nrb15_7.htm#crit con g.

[2] Adam Smith and Sunny Stone, *Fort Gordon Cold War Architectural Survey Vol. 1: Historic Context and Survey Results*, ERDC/CERL SR-05-7 (Champaign, IL: U.S. Army Engineer Research and Development Center, 2005), 56–57.

Figure 2. Location of the Eisenhower Army Medical Center complex in 2015 (DPW at Fort Gordon).

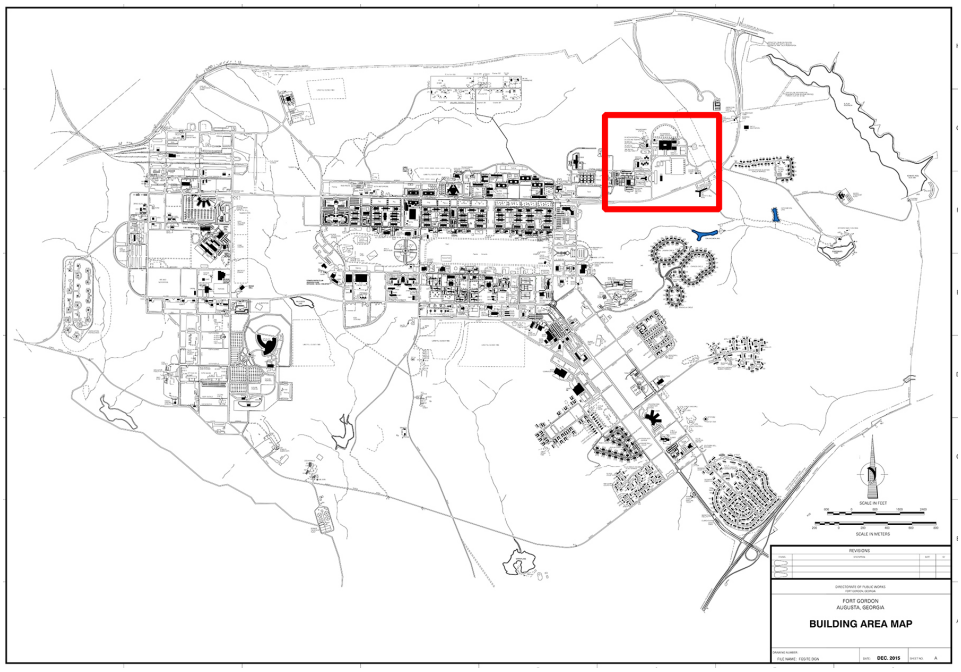
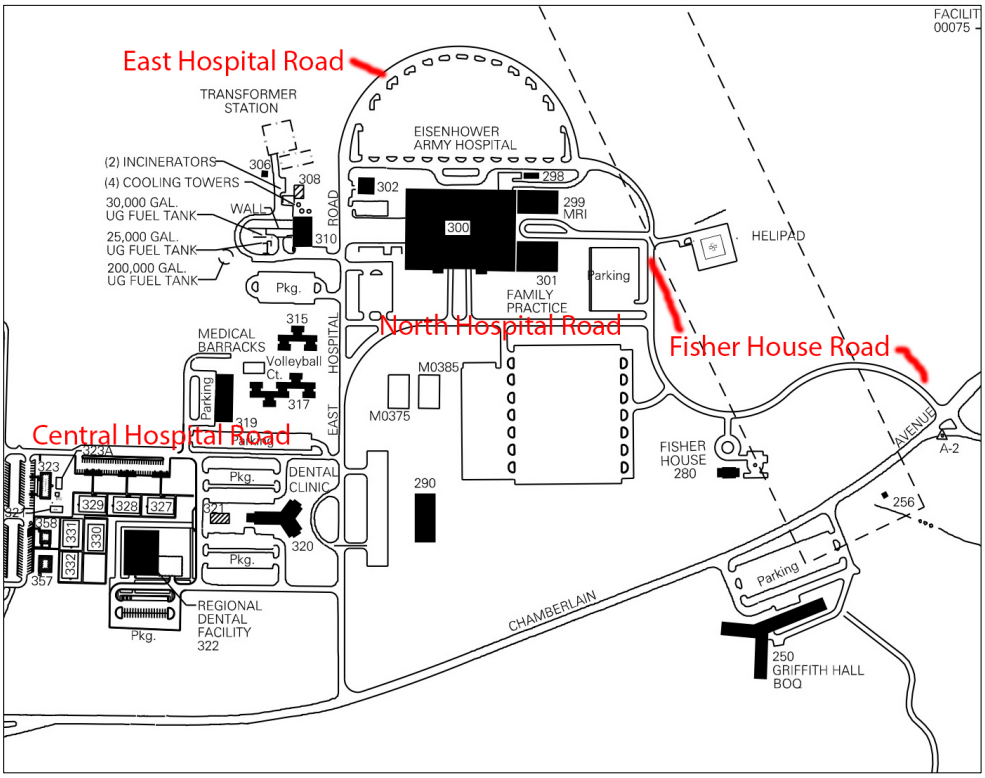


Figure 3. Layout of the Eisenhower Army Medical Center complex in 2015 (north is top of figure) (DPW at Fort Gordon).



An analysis of the buildings within the Eisenhower Army Medical Center complex was performed (Table 1), including their basic history and an assessment of their current conditions. For a property to qualify for the NRHP, it must meet at least one of the NRHP's Criteria for Evaluation, must be significantly associated with an important historic context, and must retain sufficient integrity to convey its significance. (See Chapter 3 for details.)

Table 1. List of buildings found within the Eisenhower Army Medical Center complex, 2015 (Fort Gordon Real Property Office).

Facility #	Year Built	Description
280	1993	Fisher House
290	2010	Child Development Center
296	2007	Laboratory
297	2008	Administration, General Purpose
298	1998	Laboratory
299	1990	MRI
300	1975	Eisenhower Army Hospital
301	1993	Family Practice
302	1976	Maintenance Shop
303	2007	Substation (replaced original from 1975)
304		Biohazard Storage
306	2008	Sewage Lift Station (replaced original from 1976)
308	1987	Administrative Building, General Purpose
310	1975	Combined AC/Heat Plant
315	1975	Barracks
317	1975	Barracks
319	1975	Company Headquarters (HQ) Building
320	1975	Dental Clinic
321	2008	Term Equipment Facility
322	1979	Regional Dental Facility
323	2007	Laboratory
323A	c. 2008	Storage
327	2008	Battalion HQ Building
328	2008	Administration, General Purpose
329	2008	Administration, General Purpose
330	2008	Company HQ Building
331	2008	Company HQ Building
332	2008	Company HQ Building

Facility #	Year Built	Description
334	2010	Bus Station
356	2010	Bus Station
357	1988	General Instruction Building
358	1991	HQ Building, Warriors in Transition (WIT)
BD001	2013	Blood Donor Center
T-300	2015	Operations HET* Building
T-301	2015	Operations HET Building
(No #)	2006	Flagpole
EH002	1990	Helicopter Pad

HET = Hospital Education and Training

This final report includes a short historic context and determination of eligibility for each building found within the Eisenhower Army Medical Center complex, and a description of the landscape found within the Eisenhower Army Medical Center complex.

1.3 Researchers

This project was conducted by the U.S. Army Corps of Engineers, Engineering Research Development Center, Construction and Engineering Research Laboratory (ERDC-CERL), based in Champaign, Illinois. The research team included Adam D. Smith, Master of Architecture, as project manager with 18 years of experience in military architectural history, and Sunny E. Adams, Master of Architecture, as architectural historian with 13 years of experience.

1.4 Site visits

1.4.1 Fort Gordon

ERDC-CERL personnel made one trip to Fort Gordon in May 2015 to inventory the Eisenhower Army Medical Center complex. During that week, members of the team evaluated the Eisenhower Army Medical Center complex buildings and landscape for historic integrity and architectural integrity.

Some photos used in this report are from a previous site visit made in 2004 for another project.

1.4.2 Archival repositories

ERDC-CERL researchers conducted a review of books, archival repositories, and online resources related to Fort Gordon, Army hospitals, the architect, and the architectural styles of New Formalism, Expressionism, and Brutalism.[3] The following places were contacted and/or searched:

- NRHP listings and nomination forms (https://www.nps.gov/Nr/publications/index.htm);
- Historic drawings, maps, photographs, and information provided by the cultural resources office in the Directorate of Public Works (DPW), Historian's Office, and the Real Property database at Fort Gordon;
- National Archives and Records Administration (NARA) College Park, Maryland (NARA 111-SC Box 836) was visited the week of 5 August 2015.

1.4.3 Analysis and evaluation

After initial research was completed, the team analyzed the gathered information. Archival information and field information were integrated throughout the course of the project. Using archival sources, the research team extracted relevant historical information. The information available was contained in text documents, photographs, and historic maps. The material was then combined to tell the story in both text and images.

Using information from the historic context, the overarching integrity (as defined by the NRHP) was evaluated. A cultural resource can retain or lose its historic integrity, meaning that it either does or does not convey its historic significance. From this evaluation process, a recommendation of eligibility to the NRHP was made. The evaluation followed guidelines published by the National Park Service (NPS) in National Register Bulletin #15, *How to Apply the National Register Criteria for Evaluation*;[4] National Register Bulletin #16A, *How to Complete the National Register Registration Form*;[5] the National Register Bulletin, *How to Prepare*

[3] Judith H. Robinson and Stephanie S. Foell, *Growth, Efficiency, and Modernism: GSA Buildings of the 1950s, 1960s, and 1970s* (Washington, DC: U.S. General Services Administration, office of the Chief Architect, Center for Historic Architecture, 2003).

[4] NPS, *National Register Bulletin #15: How to Apply the National Register Criteria for Evaluation* (Washington, DC: U.S. Department of the Interior, National Park Service, 1997).

[5] NPS, *National Register Bulletin* #16A: *How to Complete the National Register Registration Form* (Washington, DC: U.S. Department of the Interior, National Park Service, 1997).

National Historic Landmark Nominations;[6] and *The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for the Treatment of Cultural Landscapes.*[7]

[6] NPS, *National Register Bulletin: How to Prepare National Historic Landmark Nominations* (Washington, DC: U.S. Department of the Interior, National Park Service, 1999).

[7] Kay D. Weeks and Anne E. Grimmer, *Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for the Treatment of Cultural Landscapes* (Washington, DC: U.S. Department of the Interior, National Park Service, 1995).

2 Historic Context

2.1 Fort Gordon development pre-1965[8]

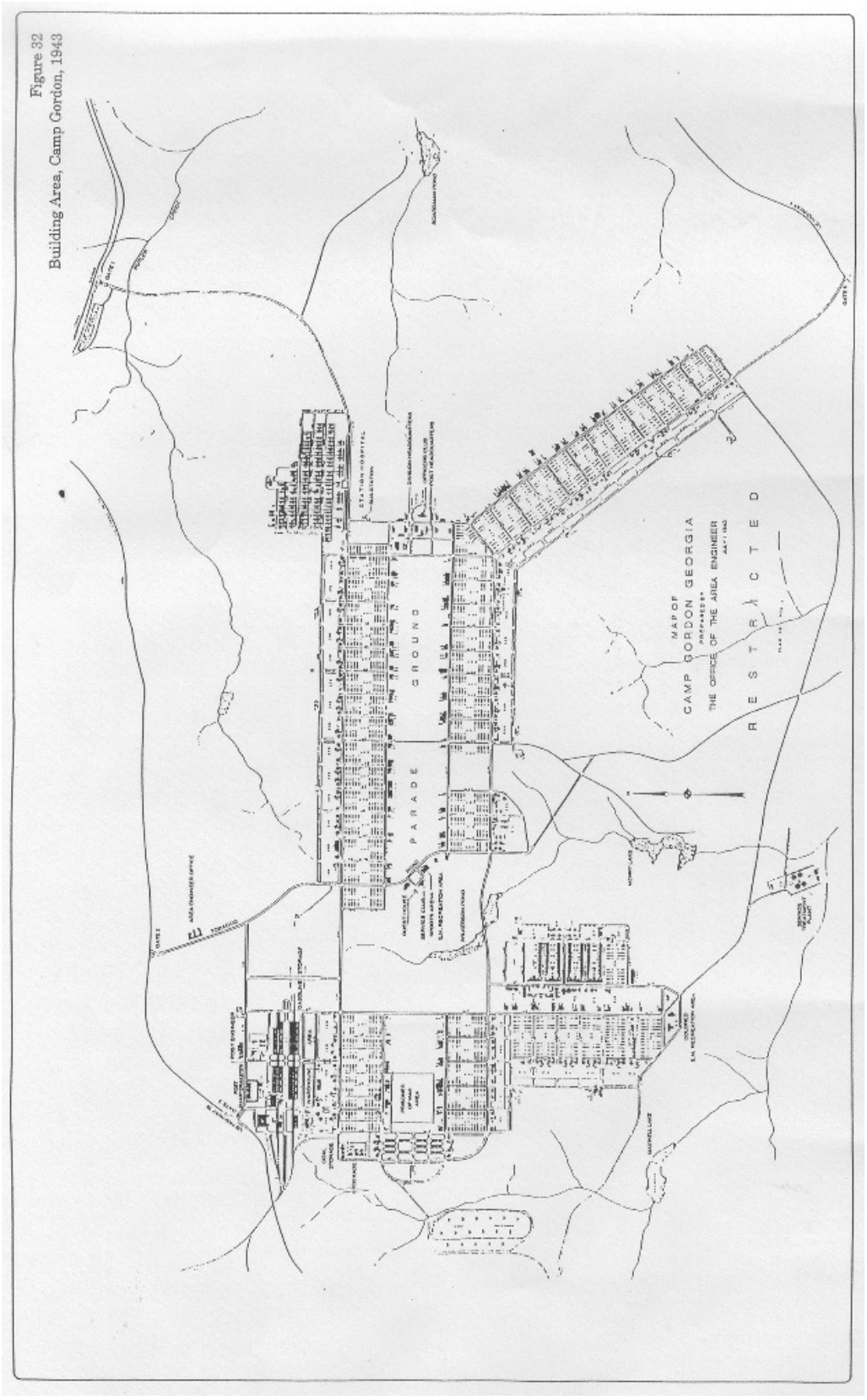
Camp Gordon was formally established on 18 October 1941, when the official groundbreaking and flag-raising ceremony took place. Although facilities were incomplete, on 17 December 1941 the 4th Division arrived for combat training at Camp Gordon from Fort Benning, Georgia. The design of the cantonment followed the standard U.S. Army Quartermaster plans of a large parade field surrounded by wooden WWII temporary buildings (Figure 4). The cantonment, located in the northeastern portion of the installation, was separated into the following distinct areas (Figure 4):

- Administrative/community area on the eastern edge of the parade field
- Station hospital area in the northeastern part
- barracks compounds to the north and south of the parade field (a dogleg containing barracks compounds extended to the southeast of the parade field)
- Recreational facilities on the western edge of the parade field
- Warehouse/maintenance area on the far west, separated from the main cantonment by McCoys Creek.

On 21 March 1956, Camp Gordon became a permanent Army post and was redesignated as Fort Gordon.

[8] For a full historic context of Fort Gordon prior to 1957, please refer to either or both of these two references: Adam Smith and Sunny Stone *Fort Gordon Architectural Survey: 1942 to 1956* (ERDC/CERL SR-05-1), prepared for United States Army Signal Command and Fort Gordon Directorate of Public Works, Logistics (Champaign, IL: U.S. Army Engineer Research and Development Center, 2005); Carol E. Stokes, ed., *A History of Fort Gordon, Georgia* (Fort Gordon, GA: Command Historian Office, 1993).

Figure 4. The layout of Camp Gordon, with north to the left, 1943 (DPW at Fort Gordon).



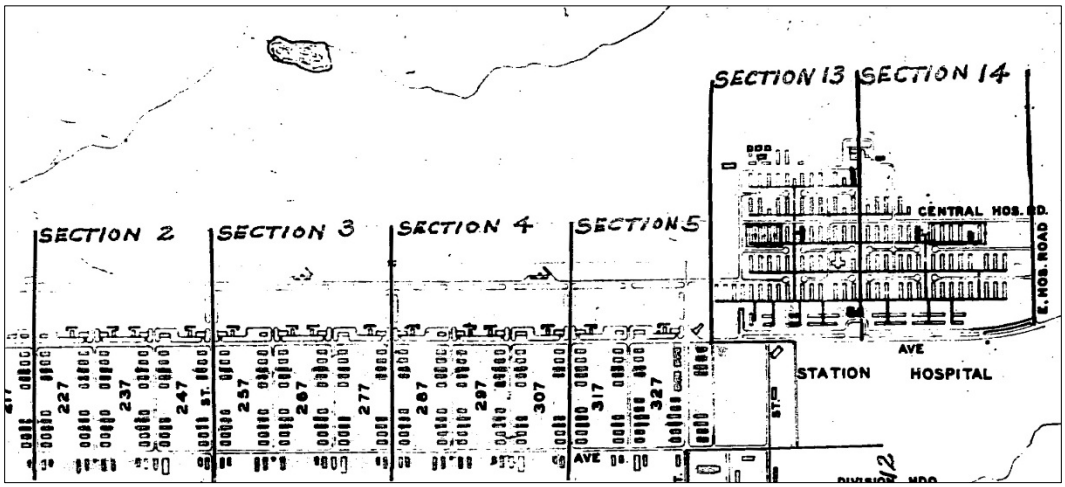
2.2 1965 to 1975 redevelopment of Fort Gordon

A major reorganization at Fort Gordon occurred in June 1964. The Third United States Army redesignated the U.S. Army Garrison at Fort Gordon as the U.S. Army School/Training Center, Fort Gordon. The U.S. Army Signal Training Center became the U.S. Army Training Center, Signal, and basic training was redesignated the U.S. Army Training Center, Infantry. By the end of 1964, Fort Gordon contained the U.S. Army School/Training Center, the U.S. Army Hospital, the U.S. Army Civil Affairs School, the U.S. Army Military Police School, the U.S. Army Southeastern Signal School, and the U.S. Army Criminal Investigation Laboratory.

The original WWII layout of the cantonment remained intact until the mid-1960s. when the new Signal School buildings were constructed west of the WWII hospital area and north of the WWII barracks area (Figure 5).

The original station hospital area was constructed for WWII; it was located on the northeastern side of the cantonment, north of Chamberlain Avenue (Figure 5). During the 1950s and 1960s, the hospital area grew into a sprawling complex of 139 single-story wood buildings that spanned over 89 acres and were connected by almost 8 miles of corridors (Figure 6).[9]

Figure 5. Detail of northern side of the WWII cantonment from 1943 map (Figure 4), with north at the top of figure. (DPW at Fort Gordon).



[9] Stokes, ed., *A History of Fort Gordon, Georgia.*

Figure 6. Portion of the original hospital complex in 1968 (Historian Office, Fort Gordon).

On 17 April 1967, the Office of the Secretary of Defense approved a new Army hospital to be built in the southeastern United States. Congressional and presidential approval followed in 1970. The Corps of Engineers Savannah District let a contract to Lyles, Bissett, Carlisle, and Wolff of Columbia, South Carolina (Louis Wolff was principal architect) for the design of the new hospital (Figure 7) and the master plan for the surrounding area (Figure 8). A contract was also let to Patchen, Mingledorff and Associates of Augusta, Georgia, for the engineering and siting needed for construction of the hospital, which was to be directly to the east of the WWII hospital complex.[10] Lyles, Bissett, Carlisle, and Wolff also designed the Moncrief Army Community Hospital located at Fort Jackson, South Carolina, that was completed in 1972. The two Army hospitals followed similar design tenets, but they are not constructed from the same plan or design.

[10] Stokes, *A History of Fort Gordon, Georgia*, 138.

Figure 7. South elevation of the new hospital from 1971 drawing (DPW at Fort Gordon).

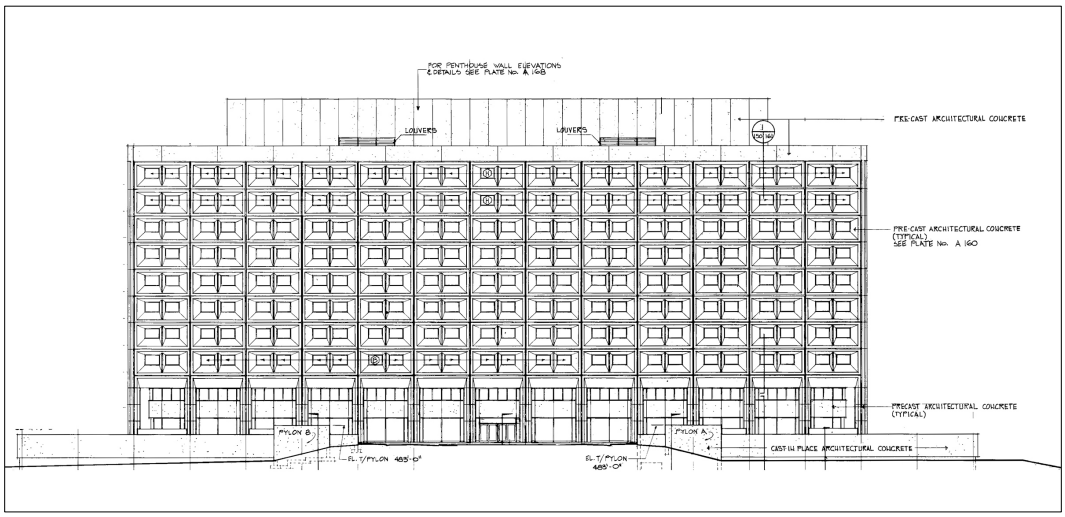
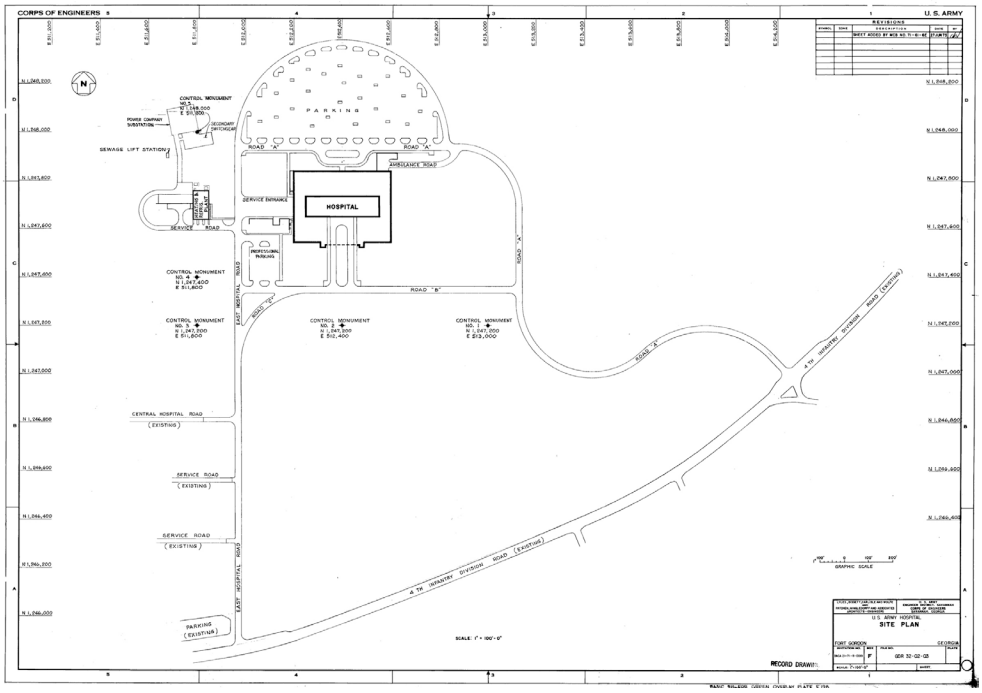


Figure 8. Site plan for the new hospital, 1971 (DPW at Fort Gordon).

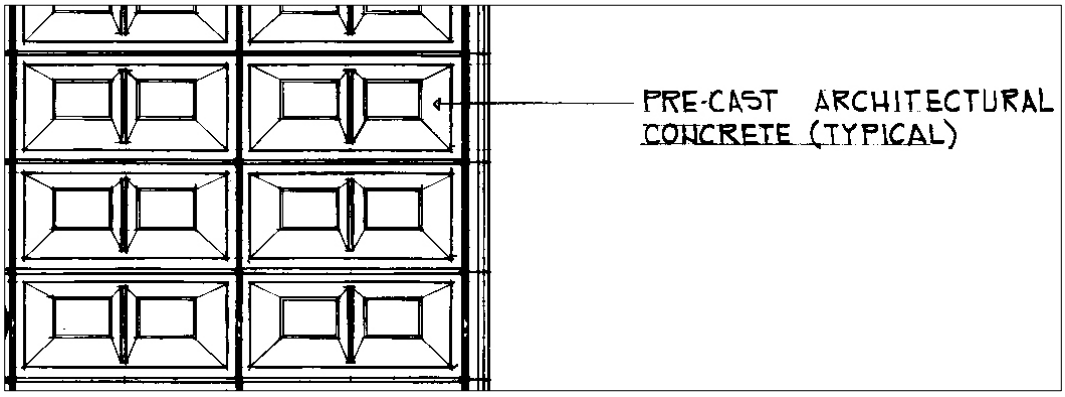


The firm of Lyles, Bissett, Carlisle, and Wolff was founded in 1948 by William Lyles, T.J. Bissett, William Carlisle, and Louis Wolff. Louis Wolff was raised in Allendale, South Carolina, and he studied architecture at Clemson University and at University of Pennsylvania for his master's degree. Lyles, Bissett, Carlisle, and Wolff is known as "the most prominent

architectural firm ever to come out of the Southeast."[11] Prominent buildings designed by the firm are Cooper Library at Clemson University in Clemson, South Carolina, 1966; U.S. Post Office in Columbia, South Carolina, 1968; State Capitol Complex in Columbia, South Carolina, 1969; and Banker's Trust Tower in Columbia, South Carolina.[12]

The design for Fort Gordon's hospital is a combination of styles. The hospital's design displays the massiveness, exposed concrete, and recessed windows of the Brutalist architecture ideals, combined with the strict symmetry and flat roof lines of New Formalist architecture ideals. The hospital tower is composed of precast architectural concrete panels,[13] with deeply recessed windows (Figure 9) and set upon large concrete columns (Figure 10).

Figure 9. Detail of precast concrete wall panels (DPW at Fort Gordon).

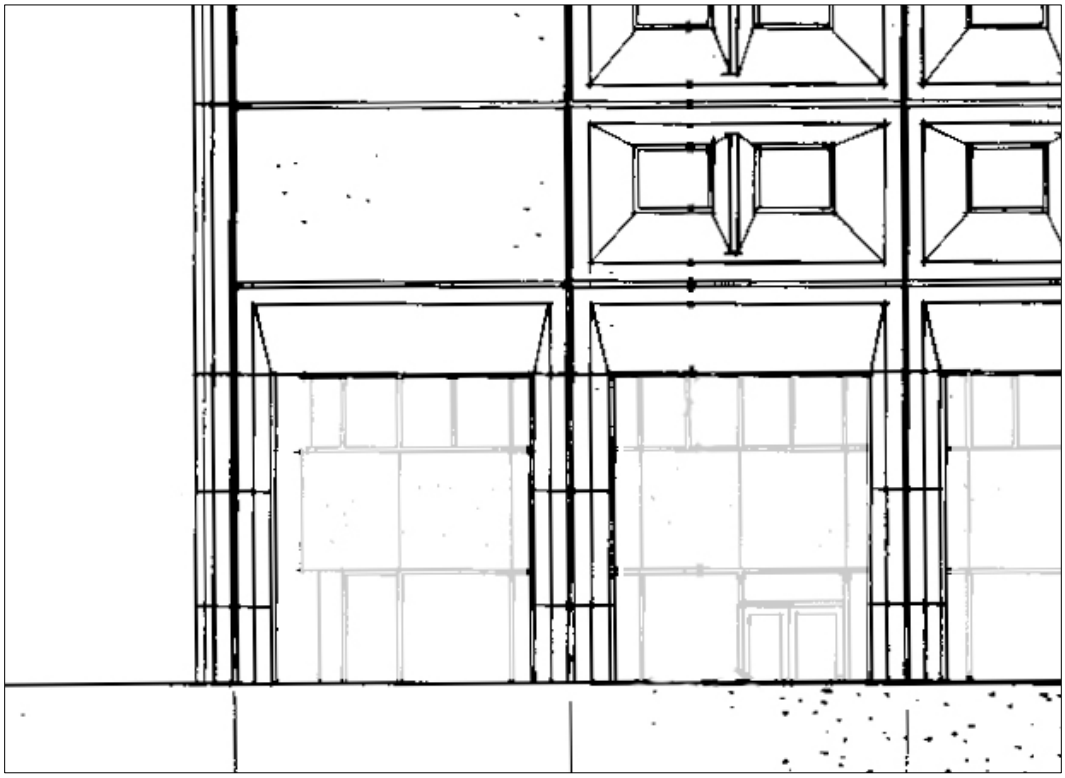


[11] Terri Wolff Kaufman, "*Mid-Century Modern*," self-published, 23 September 2013 at http://imageous.com/twkwriter/?p=339.

[12] R.R. Bowker, LLC. *American Architects Directory, 3rd edition* (Washington, DC: American Institute of Architecture, 1970), 565.

[13] Architectural concrete is formed by the use of heavily grained wood forms.

Figure 10. Detail of concrete columns (DPW at Fort Gordon).



The master plan for the hospital complex had the hospital set far back from Chamberlain Avenue (Figure 8), with a formal entrance on the south side of the building and the main public parking on the north side of the building. The Combined AC/Heat Plant (Building 310) was sited to the west of the main hospital building. The entire building was placed on a large, concrete, structured, landscaped plinth. The hospital's formal entrance was on the 4th floor (ground floor on the south side) and was accessed by a formal-landscaped circular drive, with the hospital's flagpole at the southern end of the axis (Figure 11–Figure 13) now known as Myer Plaza. The top of the plinth (top of building's 3rd floor) was landscaped with grass, and the concrete planters/walls were planted with a variety of vegetation including juniper (Figure 14).

Figure 11. The Lyles, Bissett, Carlisle, and Wolff rendering of the new Fort Gordon hospital showing landscaped drive and flagpole, 1971 (DPW at Fort Gordon).

Figure 12. Detail of the new hospital's 4th floor from 1971 plan, showing main entrance with associated drive and the landscaped plinth at lower center of photo (DPW at Fort Gordon).

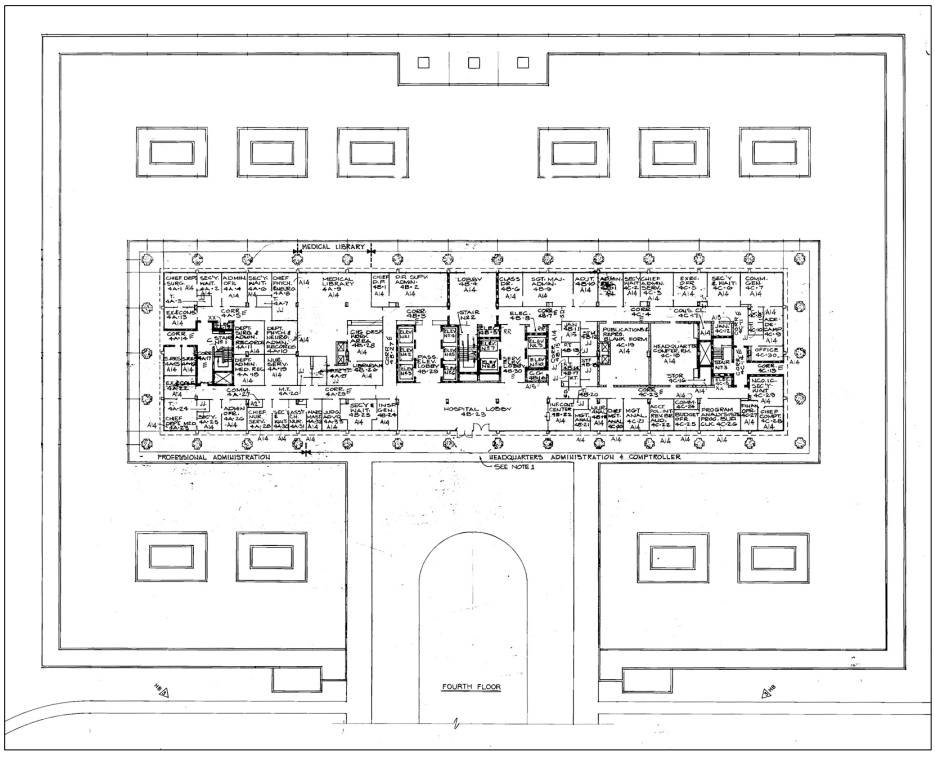
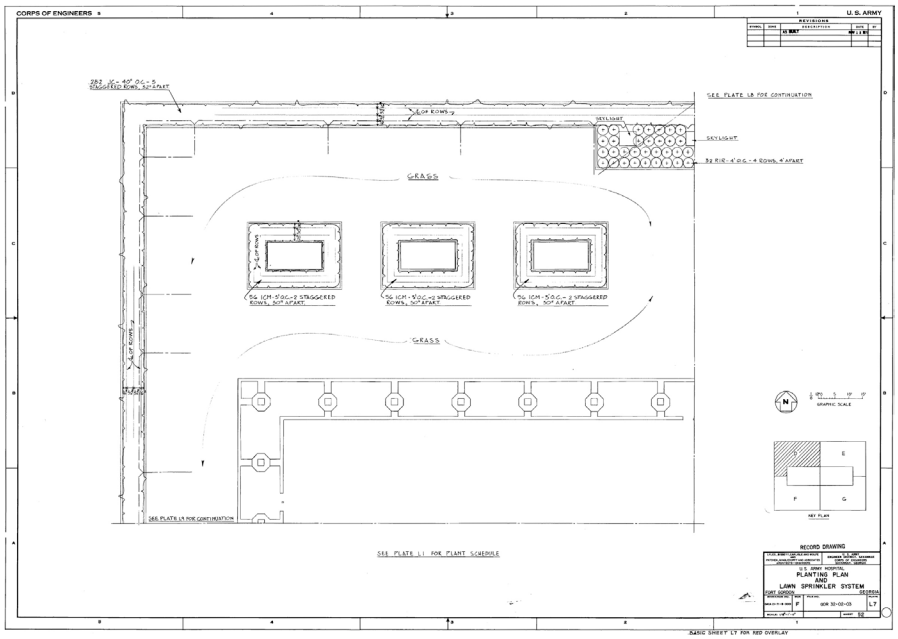


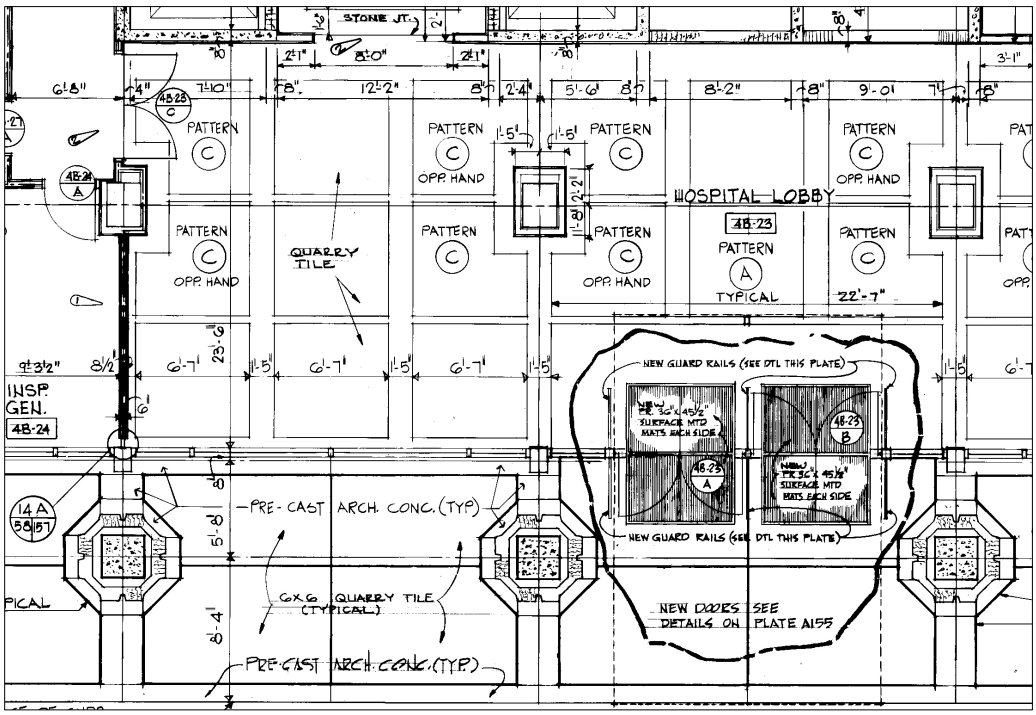
Figure 13, View of the landscaped ceremonial drive and flagpole in front of the new hospital, April 1975 (NARA College Park RG111CCS-Box 25 96722).

Figure 14. Detail of the 4th floor plinth, showing 1971 landscaping plan (DPW at Fort Gordon).



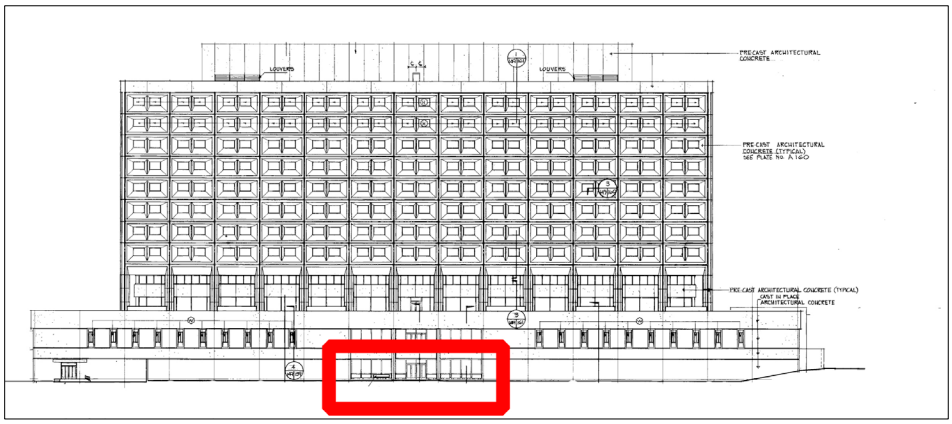
The ceremonial lobby on the south side of the 4th floor was decorated simply—with drywall walls, quarry tile floors banded with concrete, and wood paneling on the columns (Figure 15).

Figure 15. Detail of the 4th floor lobby from 1971 plan (DPW at Fort Gordon).



The primary patient lobby on the north side of the 2nd floor (Figure 16) also utilized drywall walls and quarry tile floors banded with concrete. The quarry tile extended out the lobby doors toward the sidewalk that connected the 2nd-floor lobby to the large patient parking lot on the north side of the building.

Figure 16. North elevation of the new hospital from 1971 plan, with main patient entrance outlined by red box (DPW at Fort Gordon).



Lyles, Bissett, Carlisle, and Wolff developed a complex landscaping scheme for the entire hospital complex (Figure 17). The roads were lined with trees (Figure 18), the large patient parking lot had groves of trees placed beyond the curved boundary, and trees were planted at the ends of each row (Figure 19). The trees were typical Southern trees such as Southern magnolia, longleaf pine, and hackberry, which were combined with more exotic species such as flowering crab and sugar maple. The shrubs were Japanese holly, juniper, and crepe myrtle (Figure 17).

Figure 17. Landscape planting list, 1971 (DPW at Fort Gordon).

PLANT SCHEDULE

SYMBOL	QUAN.	BOTANICAL NAME	COMMON NAME	SIZE CALIPER	SIZE HEIGHT	ROOTS	REMARKS
		TREES					
CO	4	CRATAEGUS OXYCANTHA 'PAULI'	PAUL'S SCARLET HAWTHORN	2"-2½"	10'-12'	B&B	
CP	3	CRATAEGUS PHAENOPYRUM	WASHINGTON HAWTHORN	2"-2½"	10'-12'	B&B	
GBA	8	WILLOW OAK		5"-5½"	12'-14'	B&B	MALE TREES ONLY
GTI	30	GLEDITSIA TRIACANTHOS INERMIS	THORNLESS HONEYLOCUST	2½"-3"	12-14'	B&B	
QP	9	QUERCUS PALUSTRIS	PIN OAK	4"-4½"	14'-16'	B&B	
ZS	10	CELTIS LAEVIGATA	SUGAR HACKBERRY	4"-4½"	14'-16'	B&B	
QLD	34	QUERCUS COCCINEA	SCARLET OAK	2"-2½"	12'-14'	B&B	
MF	30	MALUS ELEYI	JAPANESE FLOWERING CRAB	2"-2½"	8'-10'	B&B	
QW	7	QUERCUS PHELLOS	WILLOW OAK	5"-6"	18'-20'	B&B	
AR	5	ACER RUBRUM	RED MAPLE	4½"-5"	16'-18'	B&B	
AS	19	ACER SACCHARUM	SUGAR MAPLE	4"-4½"	14'-16'	B&B	
MG	56	MAGNOLIA GRANDIFLORA	SOUTHERN MAGNOLIA	4"-4½"	12'-14'	B&B	AS UNIFORM AS POSSIBLE IN FORM
PP	101	PINUS PALUSTRIS	LONGLEAF PINE	—	2'-5'	—	SEEDLINGS
I.O.C.	11	ILEX ODACA CROONENBERG	CROONENBERG HOLLY	2"-2½"	12'-14'	B&B	
		SHRUBS AND GROUND COVERS					
PF	110	PYRACANTHA FORMOSANA	FORMOSA FIRETHORN	—	3'-4'	B&B	
VM	34	PHOTINIA 'FRAZERI'	JAPANESE VIBURNUM	—	4'-5'	B&B	
CS	72	CAMELLIA SASANQUA 'MINENO-YUKI'	CAMELLIA 'SNOW ON THE MOUNTAIN'	—	4'-5'	B&B	
LI	140	LAGERSTROEMIA INDICA RED	RED-FLOWERED CRAPE MYRTLE	—	12'-14'	B&B	MULTI-TRUNKS-2-3
ICM	560	ILEX CRENATA ROTUNDIFOLIA	LITTLE LEAF JAPANESE HOLLY	—	24"-30"	B&B	
EPF	606	ELEAGNUS PUNGENS 'FRUITLANDI'	FRUITLAND'S ELAEAGNUS	—	3'-4'	B&B	
RIK	64	RAPHIOLEPIS INDICA ROSEA	PINK INDIA HAWTHORN	—	10"-12"	B&B	
JC	1,144	JUNIPERUS CONFERTA	SHORE JUNIPER	—		B&B	18"-24" SPREAD
JHP	2,470	JUNIPERUS HORIZONTALIS 'PLUMOSA'	ANDORRA JUNIPER	—		B&B	18"-24" SPREAD
EF	27,550	EUONYMUS FORTUNEI	WINTERCREEPER (SMALL LEAF)	—		FLATS	ROOTED CUTTINGS
LJM	1,700	LIRIOPE MUSCARI	JAPANESE LIRIOPE	—		CLUMPS	2-3 BIB CLUMPS

Figure 18. Detail of the 1971 planting plan for the southeast portion of the complex, showing streets lined with trees (DPW at Fort Gordon).

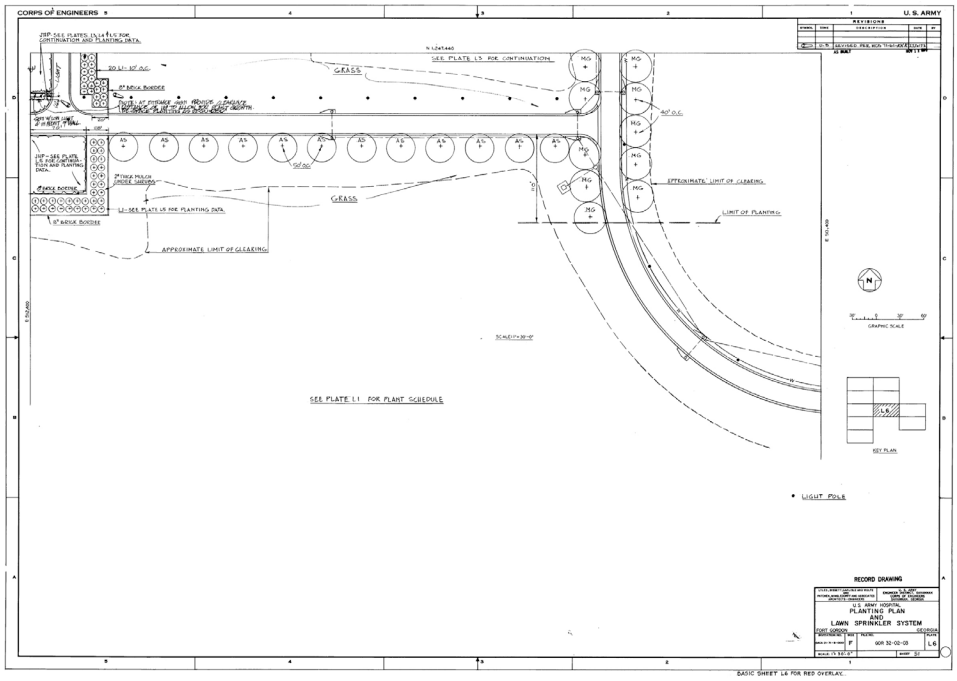
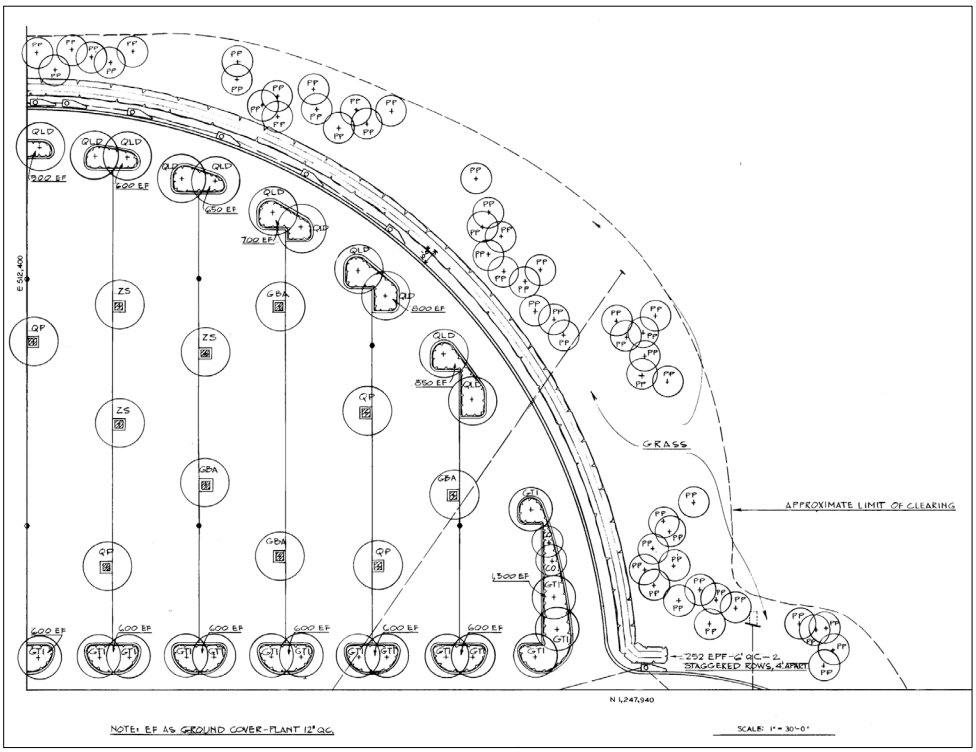


Figure 19. Detail of the 1971 planting plan for the northeast portion of the complex, showing part of the patient parking lot (DPW at Fort Gordon).



On 23 April 1971, construction began on the 12-story hospital complex and its associated air conditioning and heat plant (Figure 20). The project was completed on 24 April 1975 (Figure 21) for a cost of $35 million.[14] Lyles, Bissett, Carlisle, and Wolff created the master plan for the entire complex; however, the master plan did not include other buildings also completed in 1975 and located southwest of the hospital including the dental clinic (Building 320), medical barracks (Buildings 315 and 317), or the company administration building (Building 319) (Figure 22). The dental clinic was designed by the Savannah District, U.S. Army Corps of Engineers (Figure 23). The medical barracks and company building were constructed in 1975. Both the barracks (Figure 24) and company building coincidentally utilized standardized Army plans designed by Lyles, Bissett, Carlisle, and Wolff, but these buildings were not part of the firm's master plan for the hospital.

[14] Stokes, *A History of Fort Gordon, Georgia*, 138.

Figure 20. Looking north toward the hospital while it was under construction, 1974 (NARA College Park RG111CCS-Box 25 090801).

Figure 21. View of the completed hospital in 1978 (NARA College Park RG111SC photo 675497).

Figure 22. Layout of the Eisenhower Army Medical Center complex in 1972 (DPW at Fort Gordon).

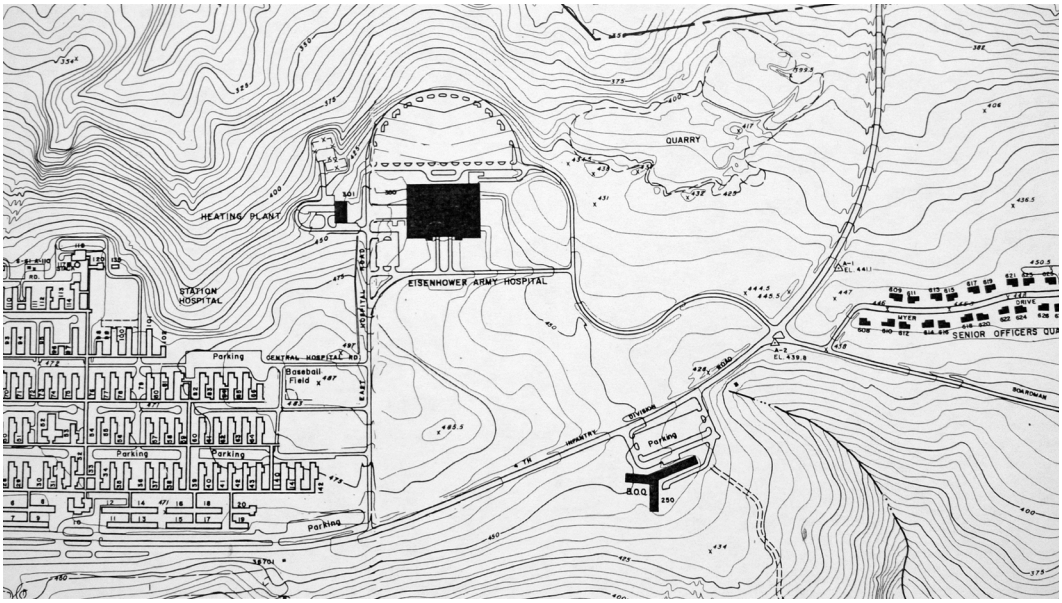


Figure 23. Looking southwest toward the new dental clinic, April 1975 (NARA College Park RG111CCS-Box 25 96723).

Figure 24. Example of a 1975 barracks at Fort Gordon, no date (Historian Office, Fort Gordon).

In 1976, a small maintenance building (Building 302) was added to the northwest corner of the hospital and then in 1979, a second dental clinic (Building 322) was added to the complex. Directly to the east of the hospital, large buildings were constructed on the eastern side of the plinth which included a laboratory (Building 296) in 2007, a small office building (Building 297) in 2008, a laboratory (Building 298) in 1998, a MRI facility (Building 299) in 1990, and a family practice building (Building 301) in 1993. Temporary "relocatable" buildings were placed to the north and west of Building 322 in 2007, 2008, and 2010. A large parking lot was added to the south side of the hospital in the 1980s. Building 280 (Fisher House) was constructed in 1993, and a child development center (Building 290) was constructed in 2010. Myer Plaza was redesigned and rebuilt in 2006. This work replaced the original driveway and sidewalks with gray, stamped concrete; replaced the juniper landscaped island with grass; moved the flagpole closer to the building; and added two large concrete benches on the northern edge of the plaza and two square planters near the main entrance. Two large relocatables (T-300 and T-301) were added to the complex in 2015, but they are scheduled for removal in 2017.

3 Determination of Significance

The identification of historically significant properties is achieved only through the evaluation of their position within the larger historic context. According to the NRHP, historic contexts are defined as "…the patterns, themes, or trends in history by which a specific occurrence, property, or site is understood, and its meaning (and ultimately its significance) within prehistory or history is made clear."[15] A historic property is determined significant or not significant based on the application of standardized NRHP criteria within the property's historical context. To qualify as historic, a property must have an association with a relevant historic context as well as having retained its physical integrity through which its historic significance is conveyed.

The NRHP Criteria for Evaluation describe how properties and districts are significant for their association with important events or persons (Criterion A and Criterion B), for their importance in design or construction (Criterion C), or for their information potential (Criterion D). A property may be significant under one or more criteria. The following is a brief description of each of the four NRHP Criteria for Evaluation, excerpted from *National Register Bulletin #15: How to Apply the National Register Criteria for Evaluation*:[16]

> **A. Event**—associated with events that have made a significant contribution to the broad patterns of our history; or
>
> **B. Person**—associated with the lives of persons significant in our past; or
>
> **C. Design/Construction**—embodies the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction; or

[15] NPS, *National Register Bulletin #15, 7*.

[16] ibid., 2.

D. Information Potential—yielded, or may be likely to yield, information important in prehistory or history.

3.1 Final recommendations of significance

While the overall time period for the Eisenhower Army Medical Center historic context in this report is from 1968 through the present day, the period of significance for the complex is 1975–1976, for its construction.[17]

3.1.1 Buildings 300, 302, and 310 and their associated landscape

The following sections detail this study's findings regarding the historical significance of the Eisenhower Army Medical Center complex.

For Criterion A — Event

There is no significant event associated with the Eisenhower Army Medical Center complex.

For Criterion B — Person

There is no significant person associated with the Eisenhower Army Medical Center complex.

For Criterion C — Design/Construction

Buildings 300, 302, and 310 are significant for their Mid-Century Modern design elements, which are a combination of Brutalist and New Formalist architectural style ideologies and the work of a master architect (firm in this case)—Lyles, Bissett, Carlisle, and Wolff.

For Criterion D — History

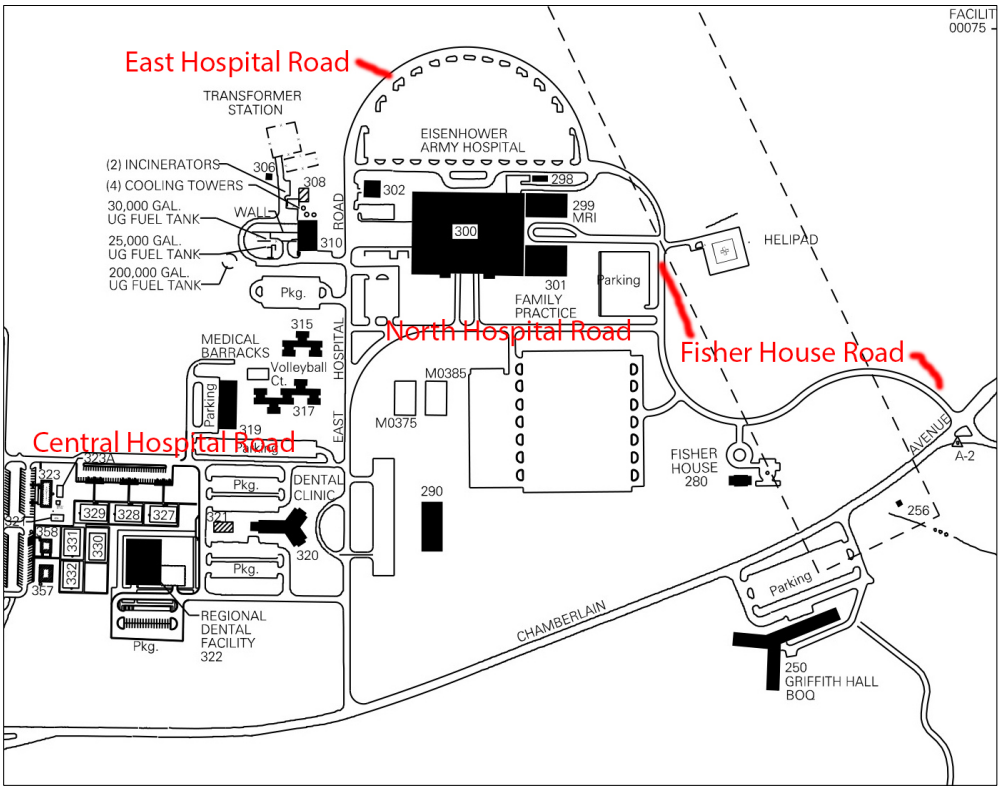
The available historical records provided no indication that the Eisenhower Army Medical Center complex has yielded, or was likely to yield, any information important in history in relation to its significance as an Army hospital.

[17] Adam Smith and Sunny Adams, *Military Hospitals Historic Context*, ERDC/CERL SR-08-10 (Champaign, IL: Engineer Research and Development Center, 2008), 265.

3.1.2 Historic district

The Eisenhower Army Medical Center complex was also evaluated for the possibility of being named a historic district. The area that was evaluated can be seen in Figure 25. The original site plan (as designed by Lyles, Bissett, Carlisle, and Wolff) can be seen in Figure 26. The area, as built in 1972, is shown in Figure 27 and then, Figure 28 shows the same area in 1989, with many buildings added to the area to the southwest of the hospital, including barracks and a dental clinic. The entire complex does not have enough integrity to be a historic district, due to the number of buildings constructed and added to the area and due to the changes in the overall landscape; however, the area north of North Hospital Road[18] does retain enough integrity from its period of significance to be a smaller historic district. The boundaries for the proposed Eisenhower Army Medical Center Historic District are shown in Figure 29. A list of contributing and noncontributing features can be found in Table 2.

Figure 25. Current area evaluated for potential Eisenhower Army Medical Center historic district (DPW, Fort Gordon, 2015).



[18] North Road is the road south of the hospital and north of the hospital's south parking lot and T-300.

Figure 26. Site plan of the hospital complex as drawn on the original plans, 1971 (DPW at Fort Gordon).

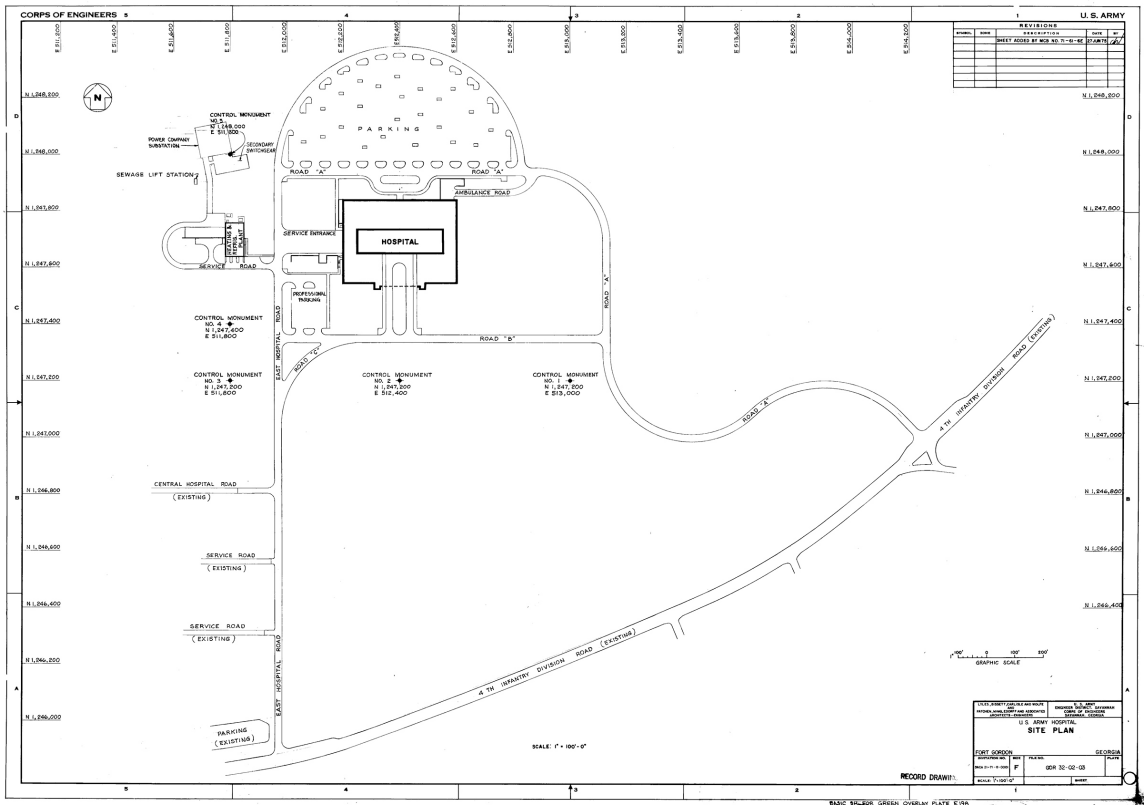


Figure 27. The hospital complex as it was in 1972 (DPW at Fort Gordon).

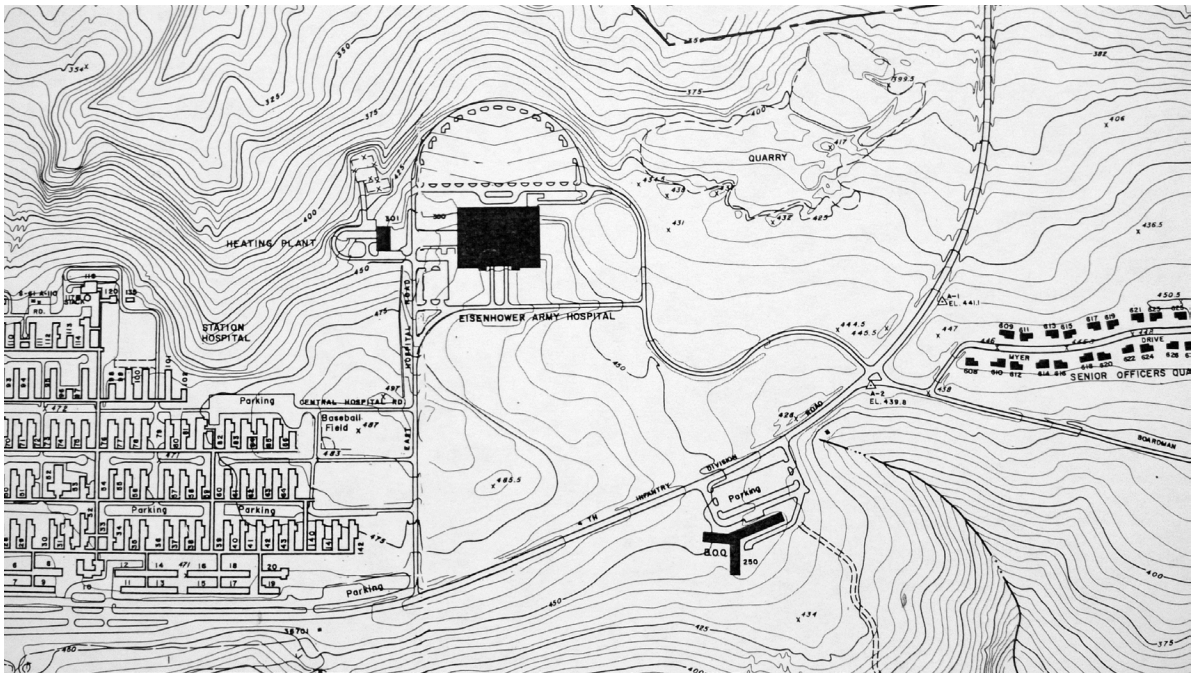


Figure 28. The hospital complex in 1989 (DPW at Fort Gordon).

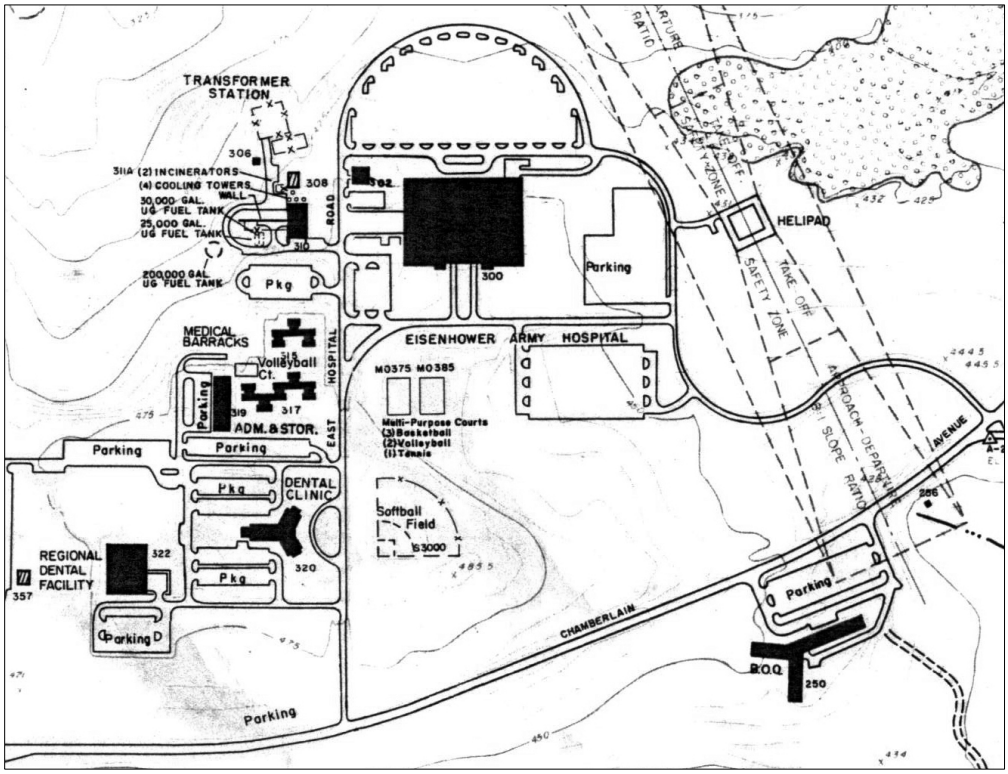


Figure 29. Boundary outline of proposed Eisenhower Army Medical Center Historic District (www.google.com, accessed August 2016).

Table 2. List of contributing and noncontributing features in the proposed Eisenhower Army Medical Center Historic District.

Facility #	Year Built	Description	Contributing?
296	2007	Laboratory	Noncontributing
297	2008	Administrative, General Purpose	Noncontributing
298	1998	Laboratory	Noncontributing
299	1990	MRI	Noncontributing
300	1975	Eisenhower Army Hospital	Contributing
301	1993	Family Practice	Noncontributing
302	1976	Maintenance Shop	Contributing
303	2007	Substation	Noncontributing
304	2003	Biohazard Storage	Noncontributing
306	2008	Sewage Lift Station	Noncontributing
308	1987	Administrative, General Purpose	Noncontributing
310	1975	Combined AC/Heat Plant	Contributing
No #	2006	Flagpole	Noncontributing

4 Buildings

There are 35 buildings located within the Eisenhower Army Medical Center complex, plus the flagpole located at Myer Plaza and a helicopter pad located on the far eastern edge of the complex.

4.1 Building 280 (Fisher House)

The Fisher House is located on the east side of the complex, south of Fisher House Road and north of Chamberlain Avenue (Figure 30). Fisher Houses make up a network of comfort homes on most Army posts that have a hospital. Fisher House at Fort Gordon was constructed in 1993. It was determined not to be part of the proposed Eisenhower Army Medical Center Historic District. Building 280 will need to be evaluated for eligibility to the NRHP when it reaches 50 years of age under a Fisher House historic context.

Figure 30. Looking south at north side of the Fisher House, 2016 (Real Property at Fort Gordon).

4.2 Building 290 (Child Development Center)

Building 290 is a Child Development Center that was constructed in 2010 and is located east of East Hospital Road and north of Chamberlain Avenue (Figure 31). It was determined not to be part of the proposed Eisenhower Army Medical Center Historic District. Building 290 will need to be evaluated for eligibility to the NRHP when it reaches 50 years of age.

Figure 31. Looking northeast at the Child Development Center, 2016 (Real Property at Fort Gordon).

4.3 Building 296 (Laboratory)

Building 296 is a laboratory building added to the east side of Building 300 in 2007 (Figure 32). It is a noncontributing part of the proposed Eisenhower Army Medical Center Historic District.

Figure 32. Looking northeast at Building 296, 2016 (Real Property at Fort Gordon).

4.4 Building 297 (Office)

Building 297 is a small office building added to the east side of Building 300 in 2008 (Figure 33). It is a noncontributing part of the proposed Eisenhower Army Medical Center Historic District.

Figure 33. Looking northwest at Building 297, 2016 (Real Property at Fort Gordon).

4.5 Building 298 (Laboratory)

Building 298 is a laboratory building added to the northeast side of Building 300 in 1998 (Figure 34). It is directly north of Building 299. It is a noncontributing part of the proposed Eisenhower Army Medical Center Historic District.

Figure 34. Looking southwest at Building 298, 2016 (Real Property at Fort Gordon).

4.6 Building 299 (MRI)

Building 299 houses magnetic resonance imaging (MRI) equipment for the hospital. It was added to the east side of Building 300 in 1990 (Figure 35). It is a noncontributing part of the proposed Eisenhower Army Medical Center Historic District.

Figure 35. Looking northwest at Building 299, date unknown (Real Property at Fort Gordon).

4.7 Building 300 (Eisenhower Army Hospital[19])

Building 300 (Eisenhower Army Hospital) was designed by Lyles, Bissett, Carlisle, and Wolff and opened in 1975. It is designed in a combination of Brutalist and New Formalist architectural style ideologies. Building 300 is a contributing part of the proposed Eisenhower Army Medical Center Historic District.

4.7.1 South side of Building 300

The south side of Building 300 is the ceremonial entrance side of the building (Figure 36 and Figure 37). North Hospital Road runs east/west directly to the south of the building and entrance forecourt, and there is a large parking lot to the south of the road (Figure 38). The former ceremonial circle drive has been closed off to traffic, but it is still paved and is named Myer Plaza. The central island of Myer Plaza is landscaped

[19] Full name was Dwight D. Eisenhower Army Hospital, now Dwight D. Eisenhower Medical Center.

with grass and contains within its boundaries the flagpole, a building sign, a seating area, and a memorial dedicated to Brig. Gen. Albert J. Myer (Figure 39). The hospital building is 10 stories on the south side. Technically, the ceremonial lobby is on the south side of the 4th floor. The 1st floor is a basement level, 2nd floor is the north (main) entrance, and 3rd floor is home to radiology, operating rooms, and support facilities. The 3rd floor exterior walls generally are precast concrete panels (Figure 41), although on portions of the east and north sides, there are precast window openings (Figure 48), and above the north entrance is a large plate-glass barrel vault (Figure 46). The 4th and 5th floors are inset into the building, so that the concrete columns are dominant and form a colonnade that completely surrounds the base of the building. The 6th through 13th floors extend to the edge of the columns, and there is a penthouse that is set back on all four sides above the 13th floor. The columns, window panels, and penthouse wall panels are all precast architectural concrete (Figure 40). Although the central portion of the south side—where the building meets the ground—is level with North Hospital Road, the land slopes downward from the building's east and west sides, exposing the sides of the cast-in-place concrete walls of the plinth (Figure 41).

Figure 36. South elevation of the hospital, as drawn on the original 1971 plans (DPW at Fort Gordon).

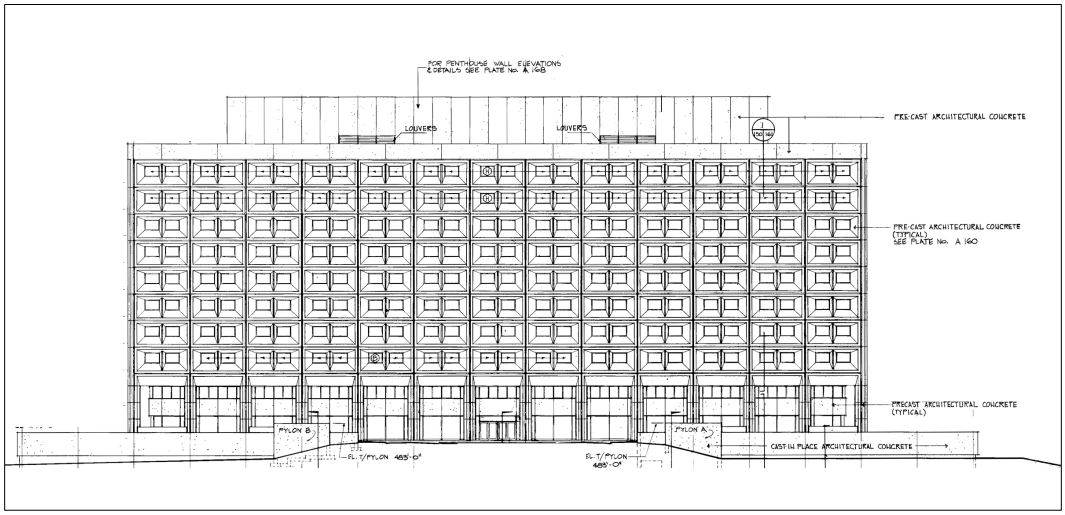


Figure 37. South side of Building 300, showing Myer Plaza in place of original drop-off circle roadway (ERDC-CERL, 2015).

Figure 38. South side of Building 300 from south parking lot (ERDC-CERL, 2015).

Figure 39. South side of Building 300, showing sidewalk leading to entrance on the 4th floor (ERDC-CERL, 2015).

Figure 40. Detail of the south side of Building 300, showing precast concrete window panels and column panels (ERDC-CERL, 2015).

Figure 41. Detail of the southwest corner of Building 300, showing cast-in-place concrete plinth and sidewalk leading to Myer Plaza (ERDC-CERL, 2015).

4.7.2 East side of Building 300

The east side of Building 300 faces Fisher House Road. The building originally rose 11 stories above the ground (Figure 42). The original plan for the hospital had the area located between the hospital and Fisher House Road to be landscaped with grass, but the area was excavated in the 1990s, exposing the 2nd floor, and an access road was placed to connect the east side of the hospital with Fisher House Road. North of this access road, Building 299 was added in 1990 to house the MRI center, and south of this access road, Building 301 was added in 1993 to house the family practice center. The roofs for both of these buildings are lower than Building 300's 3rd floor, so the cast-in-place concrete walls of Building 300's plinth and the precast window panels on the 3rd floor are exposed (Figure 43). In 2008, Building 297 (offices) was added between Buildings 299 and 301, and in 2007, Building 296 (laboratory) was constructed east of Buildings 297 and 299.

Figure 42. East elevation of the hospital, as drawn on the original 1971 plans (DPW at Fort Gordon).

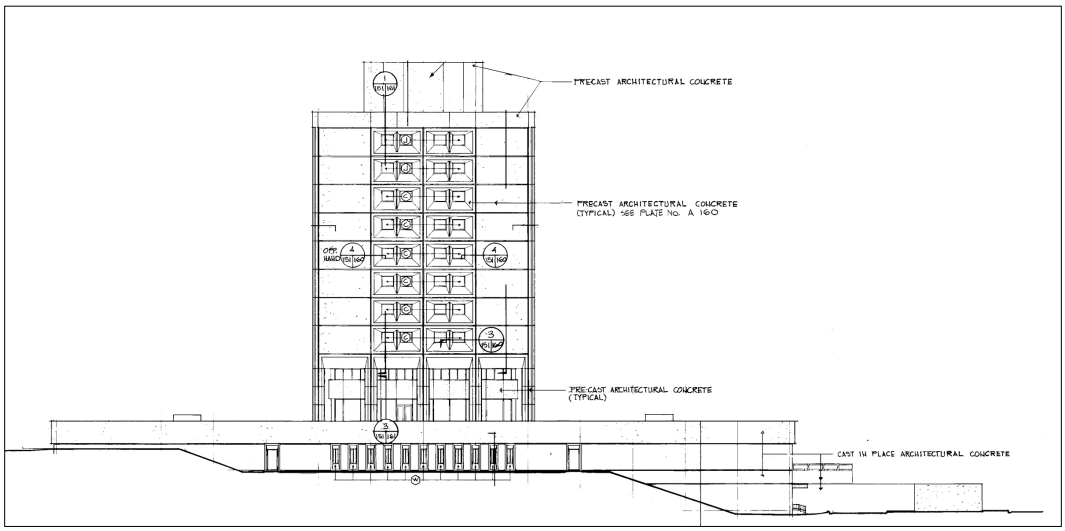


Figure 43. The east side of Building 300 (background), showing the additions of Buildings 297 on the right and Building 301 on the left (ERDC-CERL, 2015).

4.7.3 North side of Building 300

The north side of Building 300 is the main entrance for patients to the hospital, and it faces onto a large parking lot. Building 300 rises 12 stories

above the parking lot (Figure 44 and Figure 45). The main patient lobby is on the 2nd floor (the 1st and 2nd floors are underground) (Figure 46). The original design of the north entrance has been significantly changed by the addition of a two-story glass atrium with a barrel roof that projects out for weather protection toward the parking lot (Figure 46). The 2nd and 3rd floors are cast-in-place concrete walls that form the plinth, with the 3rd floor having precast window panels (Figure 47 and Figure 48). The northeast corner of the building has a driveway coming in from Fisher House Road for ambulance access to the Emergency Room. The driveway has Building 299 to its south, and Buildings 298 and 304 to its north.

Figure 44. North elevation of the hospital, as drawn on the original 1971 plans (DPW at Fort Gordon).

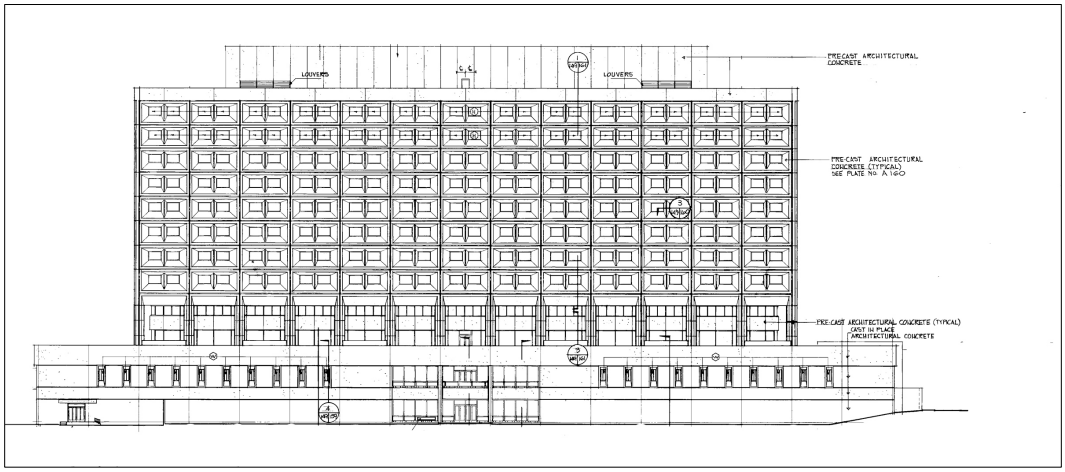


Figure 45. Looking south toward the north side of Building 300 (ERDC-CERL, 2015).

Figure 46. Detail of main patient entrance on north side of Building 300, showing large glass atrium addition (ERDC-CERL, 2015).

Figure 47. Northwest oblique of Building 300, showing the 2nd and 3rd floor cast-in-place concrete walls of the plinth (ERDC-CERL, 2015).

Figure 48. Detail of north wall on Building 300 (ERDC-CERL, 2015).

4.7.4 West side of Building 300

The west side of Building 300 is the primary service entrance to the hospital, and it faces a small parking lot, also on the west side. Building 300's west side rises 11 stories above the small parking lot (Figure 49 and Figure 50). The service entrance is on the 3rd floor of the cast-in-place concrete walls of the plinth, and it has a series of loading docks that face the small parking lot. Building 302 was added to the north of the small parking lot in 1976. A series of paths and stairs connect the small parking lot to the large parking lot on the north and to a parking lot in the southwest corner of the main hospital complex. The paths, stairs, and parking lots were all part of the original site plan for the hospital.

Figure 49. West elevation of the hospital, as drawn on the original plans (DPW at Fort Gordon).

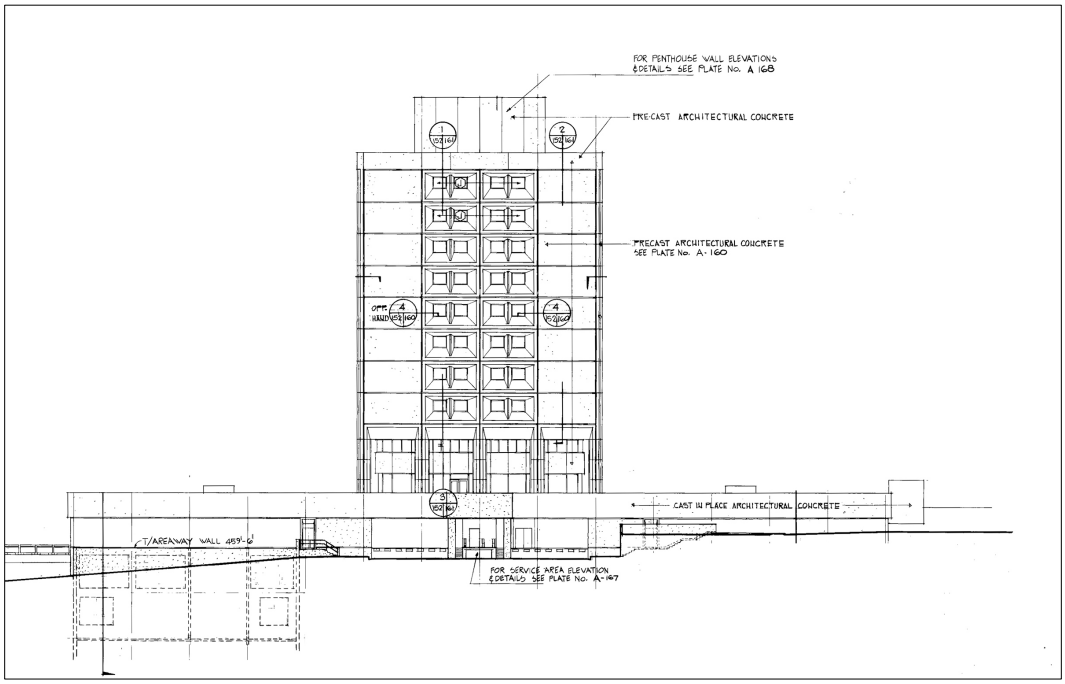


Figure 50. Looking toward the west side of Building 300 (ERDC-CERL, 2015).

4.7.5 Ceremonial lobby of Building 300

The interior details of the ceremonial lobby on the 4th floor are still intact. The floors are a grid of polished concrete with quarry tile inset into each square formed by the concrete band (Figure 51 and Figure 52). The walls of the lobby are drywall, with original wood accents and wood paneling on the interior columns (Figure 53).

Figure 51. Detail from the 4th floor lobby floor plan of the hospital, as drawn on the original 1971 plans (DPW at Fort Gordon).

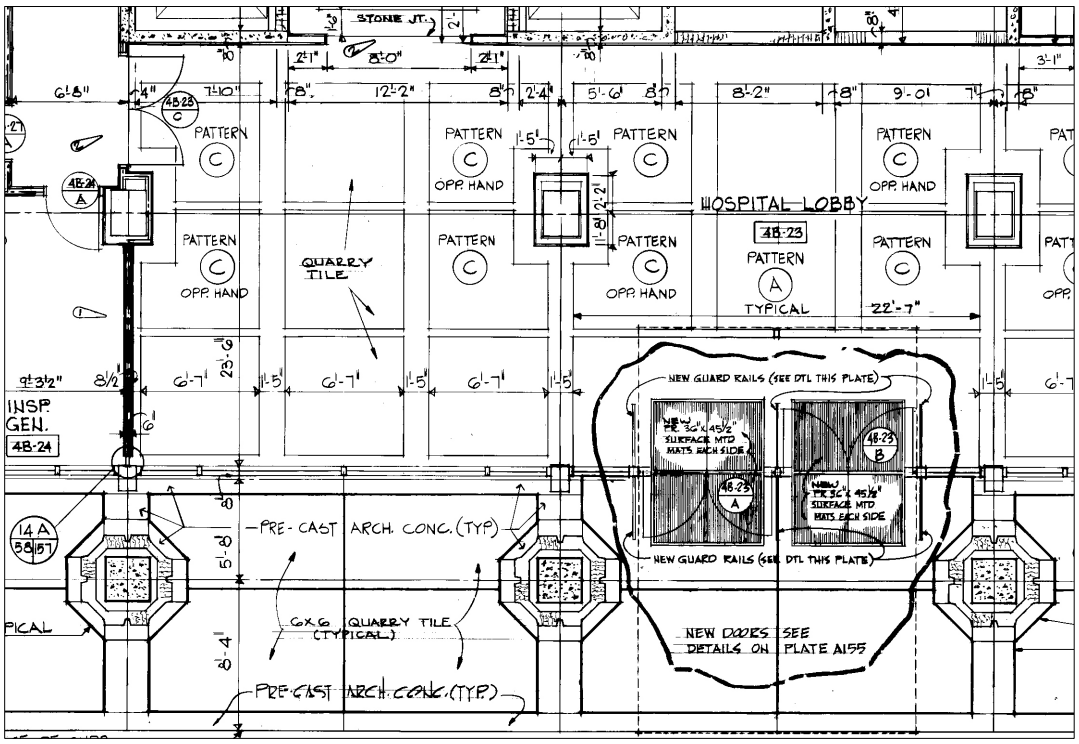


Figure 52. Looking down at the contrast between the original quarry tile and the concrete banding on the floor of the ceremonial lobby on the 4th floor of Building 300 (ERDC-CERL, 2015).

Figure 53. Inside the ceremonial lobby on the 4th floor of Building 300 and looking toward the northeast (ERDC-CERL, 2015).

4.7.6 Myer Plaza at Building 300

The landscaping of Myer Plaza in front of the ceremonial entrance on the 4th floor and the surrounding plinth is complex and simple at the same time (Figure 54). The central island of Myer Plaza was originally planted with a low-height Andorra juniper (shown in green on Figure 54), which at some point was replaced with grass (Figure 55). The driveway originally was concrete with a concrete and quarry tile sidewalk to each side that had rows of crepe myrtle (shown in purple on Figure 54), which is still extant (Figure 56). A large concrete bench and memorial to Brigadier General Myer were added to the island in 2006 (Figure 57). At the same time, the driveway and sidewalk were replaced with gray, stamped concrete (Figure 58).

Figure 54. Detail from the planting plans for the ceremonial entrance, as drawn on the original 1971 plans, but with color added by ERDC-CERL (juniper in green, gray hash for driveway, gray for sidewalk, and purple for crepe myrtle) (DPW at Fort Gordon).

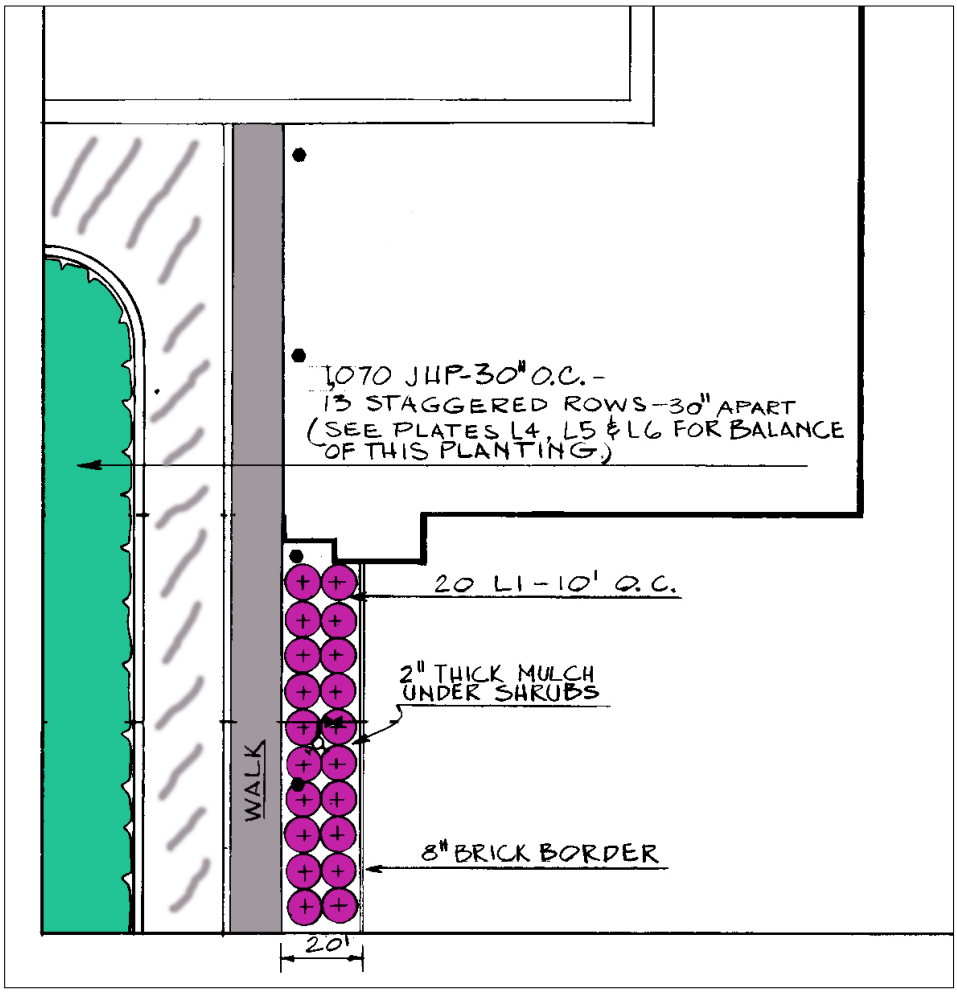


Figure 55. Looking south onto Myer Plaza from the 4th floor ceremonial entrance doors (ERDC-CERL, 2015).

Figure 56. Looking north at crepe myrtle (ERDC-CERL, 2015).

Figure 57. Looking north at concrete benches and back side of the Myer memorial (ERDC-CERL, 2015).

Figure 58. Looking down at the replacement stamped concrete on the former ceremonial drive (ERDC-CERL, 2015).

4.7.7 Plinth for Building 300

The floor of the plinth is the roof of Building 300's 3rd floor. The plinth is a concrete structure covered with soil and planted with grass. The walls of the plinth are cast-in-place concrete that form a planter on top (Figure 59 through Figure 61). Set within the grass field on the plinth are a series of rectangular cast-in-place concrete, walled vents with holly plantings surrounding the walls (Figure 62). In the northwest corner of the plinth is a "children's garden" that is not original to the plan, and no date could be found for its design (Figure 63). The floor of the colonnade of precast concrete columns that surrounds the 4th floor is covered by quarry tile with concrete bands (Figure 64).

Figure 59. Detail from the planting plans for the ceremonial entrance and plinth, as drawn on the original plans with color added by ERDC-CERL (light green for juniper, dark green for holly, and dark red for quarry tile) (DPW at Fort Gordon).

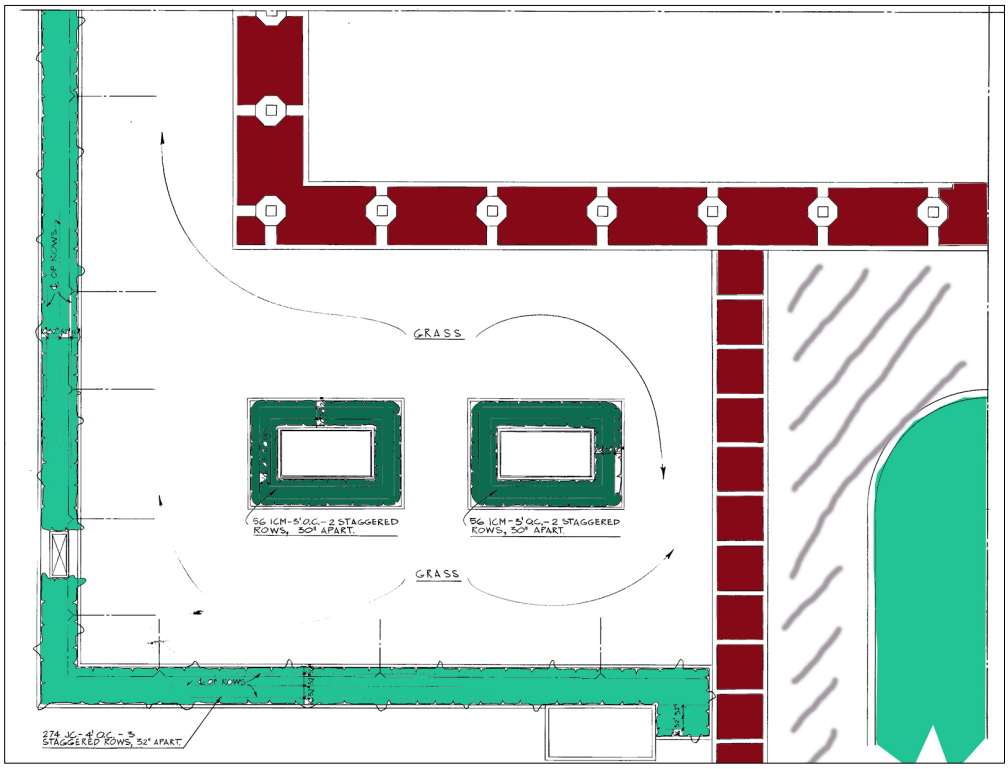


Figure 60. Looking south at the cast-in-place concrete walls on the plinth, with juniper plantings and grass field (ERDC-CERL, 2015).

Figure 61. Looking southeast at the juniper plants (ERDC-CERL, 2015).

Figure 62. Looking northwest at the cast-in-place concrete, walled, vents with holly plantings (ERDC-CERL, 2015).

Figure 63. Looking south into a portion of the children's garden at the northwest corner of the plinth (ERDC-CERL, 2015).

Figure 64. Looking east, showing the quarry tile floors and concrete banding on the floor of the colonnade (ERDC-CERL, 2015).

4.8 Building 301 (Family Practice)

Building 301 houses the family practice physicians' offices for the hospital (Figure 65). It was added to the east side of Building 300 in 1993. It is a noncontributing part of the proposed Eisenhower Army Medical Center Historic District.

Figure 65. Looking west at the east side of Building 301 (DPW at Fort Gordon, 2016).

4.9 Building 302 (Maintenance Shop)

Building 302 was constructed in 1976 for facilities and maintenance staff. It was designed by Lyles, Bissett, Carlisle, and Wolff and utilizes the same cast-in-place concrete walls and precast window sections as the 3rd floor of the hospital building (Figure 66 and Figure 67). It has a flat, built-up roof and a rectangular footprint. The south side has two anodized-metal-framed glass doors opening out onto the service parking lot. The east side does not have fenestration, while the north side has the aforementioned precast window section. The west side has an anodized, framed glass door and steps down to the sidewalk. The three door openings each have a flat, concrete canopy. Building 302 is a contributing part of the proposed Eisenhower Army Medical Center Historic District.

Figure 66. Northwest oblique of Building 302 (ERDC-CERL, 2015).

Figure 67. South side of Building 302 (ERDC-CERL, 2015).

4.10 Building 303 (Substation)

Although the substation is on the 1971 master plan, it was designed by the local electrical power company and not by Lyles, Bissett, Carlisle, and Wolff. Because it was replaced in 2007, it is a noncontributing part of the proposed Eisenhower Army Medical Center Historic District.

4.11 Building 304

Building 304 is a temporary storage facility for biohazard material (Figure 68). It was constructed in 2003. It is a noncontributing part of the proposed Eisenhower Army Medical Center Historic District.

Figure 68. Looking south at Building 304, date unknown (Real Property at Fort Gordon).

4.12 Building 306 (Sewage Lift Station)

The sewage lift station is on the 1971 master plan, but it was replaced in 2008. The replacement station is a noncontributing part of the proposed Eisenhower Army Medical Center Historic District.

4.13 Building 308 (Administrative Building, General Purpose)

Building 308 is metal prefabricated building placed here in 1987 (Figure 69). It is a noncontributing part of the proposed Eisenhower Army Medical Center Historic District.

Figure 69. Looking east toward Building 308, date unknown (Real Property at Fort Gordon).

4.14 Building 310 (Combined AC/Heat Plant)

Building 310 is the combined air conditioning and heating plant for the hospital complex (Figure 70–Figure 72). It was designed by Lyles, Bissett, Carlisle, and Wolff, and opened with the hospital in 1975. It is located east of Building 300 and 302, and a paved parking lot is located to the south, and a circular drive is located to the west. Building 310 is a contributing part of the proposed Eisenhower Army Medical Center Historic District.

Building 310 is a large, two-story, concrete structure. It has a rectangular footprint, poured concrete panel exterior walls, and a flat roof with a parapet wall and large concrete fascia system that wraps around the entire structure. The exterior walls are divided into bays by concrete columns. The bottom portion of the wall is a textured concrete, while the rest of the wall is a smooth concrete finish. Tall concrete panel walls project off the roof in a rectangular form that encloses all of the mechanical equipment

located in a penthouse on the roof. There are three large pieces of mechanical equipment located on the west side of the building.

The east (front) elevation faces Building 300 and is five bays wide. This elevation is characterized by a central entry bay, defined by replacement anodized-bronze aluminum and plate-glass doors and sidelights on both the 1st and 2nd floors (Figure 70). A concrete balcony is placed above the 1st-floor entry (Figure 71). Two original wall-mounted light fixtures flank either side of the 2nd-floor window bay. The far right bay also is filled with replacement anodized-bronze aluminum and plate-glass doors and sidelights, although only on the first floor (Figure 72). Another original wall-mounted light fixture is located on the right edge of the east elevation.

Figure 70. East side of Building 310, showing concrete balcony (center) above 1st-floor entry (ERDC-CERL, 2015).

Figure 71. Detail of anodized-bronze metal-framed windows and doors at entrance on the east side of Building 310, with a concrete balcony above (ERDC-CERL, 2015).

Figure 72. Detail of anodized bronze metal-framed windows on the east side of Building 310 (ERDC-CERL, 2015).

The south elevation of Building 310 is three bays wide. Each bay is filled with a large metal roll-up door (Figure 73). A large metal louvered vent located at the top of the concrete wall underneath the concrete fascia system in the left and middle bays. Textured concrete half-walls project outward from the left and right sides of the building, framing the loading bay area.

Figure 73. Southwest oblique of Building 310, showing three bays on south elevation (ERDC-CERL, 2004).

The west elevation of Building 310 is five bays wide and faces the detached mechanical systems. There is a large opening in the middle bay with a metal roll-up door that faces out onto the service drive that is at the same level as the south and east sides of the buildings. The basement level extents out to the north side of the building and is exposed to the north side of the access road; this basement level has an opening with a roll-up door.

The north elevation is three bays wide, and the extended basement level is exposed. To the north of the extended basement level is an area with chiller equipment that faces out to Building 308, but it has a concrete wall blocking the view of the equipment from East Hospital Road (Figure 70).

4.15 Buildings 315 and 317 (Barracks)

Buildings 315 and 317 are barracks, constructed in 1975 from Army standardized plans designed by Lyles, Bissett, Carlisle, and Wolff in 1973.[20] These barracks were originally designed and constructed with flat roofs, but at an unknown date, metal cross-gable roofs were added to them. The windows were also replaced (Figure 74 and Figure 75). It was determined that these two buildings are not part of the proposed Eisenhower Army Medical Center Historic District.

Buildings 315 and 317 are unaccompanied personnel housing (UPH) and fall under the auspices of the UPH Program Comment.[21]

Figure 74. South side of Building 317 (ERDC-CERL, 2004).

[20] Kathryn M.Kuranda, with Brian Cleven, Nathaniel Patch, Katherine Grandine, and Christine Heidenrich. *Unaccompanied Personnel Housing (UPH) During the Cold War (1946-1989)*, prepared for the U.S. Army Environmental Center at Aberdeen Proving Ground, Maryland (Frederick, MD: R. Christopher Goodwin and Associates, 2003), 3-33.

[21] Advisory Council on Historic Preservation (ACHP), *Program Comment For Cold War Era Unaccompanied Personnel Housing (1946–1974)*, Prepared for the Department of Defense (Washington, DC: ACHP, 2007).

Figure 75. Southwest oblique of Building 317 (ERDC-CERL, 2004).

4.16 Building 319 (Company Administration)

Building 319 is a company administration building (Figure 76) constructed from Army standardized plans in 1975 that were designed by Lyles, Bissett, Carlisle, and Wolff in 1973.[22] It was determined that Building 319 is not part of the proposed Eisenhower Army Medical Center Historic District.

[22] Kuranda et al. *Unaccompanied Personnel Housing (UPH) During the Cold War (1946-1989)*, 4-105.

Figure 76. Southwest oblique of Building 319 (ERDC-CERL, 2004).

4.17 Building 320 (Dental Clinic)

Building 320 is the post's dental clinic, which is known as Tingay Dental Clinic. It was designed by Savannah District, Corps of Engineers, and was constructed in 1975. Building 320 is located to the southwest of Building 300 (Eisenhower Army Hospital). Central Hospital Road is to the north, East Hospital Road is to the east, and Chamberlain Avenue is to the south. Paved parking lots are located on the north and south sides of the building, while a circular drop-off area is located on the east side of the structure. Building 320 was determined not to be part of the proposed Eisenhower Army Medical Center Historic District.

Building 320 is a large one-story building with a complex footprint in the shape of a "Y." The exterior walls are clad with yellow brick that rests on top of a raised concrete foundation and a concrete ledge watertable. The roof is flat, with a large, textured-concrete panel fascia system that wraps around the entire structure. The windows are replacement, large, fixed-pane, anodized-bronze aluminum windows that are framed with a concrete detail. The windows are the entire height of the brick wall (rests on top of the concrete watertable and tucked under the textured-concrete panel fascia system).

The east (front) elevation is where the "Y" of the footprint opens up to the circular drop-off area (Figure 77). There are four original lamp posts lining the drop-off area. The main entry is located in the middle of the elevation

and is recessed under a projecting, flat-roof, concrete canopy structure. The canopy is supported by two square, concrete columns. The entry is slightly elevated and accessible via concrete steps. The entry doors are replacement anodized-bronze aluminum and plate-glass, flanked by sidelights. A poured concrete planter/bench is located in front of the main entry bay (Figure 78). There are five windows on either side of the entry bay. Landscape shrubs line the exterior in front of these windows. Cast aluminum building numbers are placed on the right wall of the east elevation.

Figure 77. Looking north toward the main entrance of Building 320 (ERDC-CERL, 2015).

Figure 78. Detail of the main entrance canopy of Building 320 (ERDC-CERL, 2015).

This side of the building faces a paved lot. The north elevation of the west wing consists of nine windows, and the original building ends on the west end of this wing (Figure 79). However, a 1989 addition has been added to the original structure, lengthening the west wing. The addition is constructed of similar materials: yellow brick walls, concrete watertable ledge, and smooth stucco-finish fascia system. Replacement entry doors are located at the junction of the original building and the addition (Figure 80). There are no windows on this side of the addition.

Figure 79. Looking south at the north side of Building 320 (ERDC-CERL, 2015).

Figure 80. Middle entrance for staff on the north side of Building 320 (ERDC-CERL, 2015).

The east side of the building consists of the 1989 addition with yellow brick walls, concrete watertable ledge, and smooth stucco-finish fascia system. In 2015, the east side was added on to again which has five windows. A recessed entry is located in the junction where the north wing and the west wing of the building meet. A poured concrete ramp with metal handrails provides access to this entry (Figure 81).

Figure 81. Northwest oblique of Building 320 (ERDC-CERL, 2015).

The west side of Building 320 has the 1989 addition with its yellow brick and stucco and a 2015 addition with a rectangular footprint, and it has synthetic-clad exterior walls, a flat roof, three windows, and a door.

Figure 82. Looking east toward the west side of Building 320 with the 1989 addition in the foreground (ERDC-CERL, 2015).

The south elevation of the west wing has nine windows stretched across the elevation (Figure 83). There is also basement access on this side of the structure. Yellow brick half-walls frame the concrete steps leading to the basement level (Figure 84). The left side of the south elevation is where the 1989 addition is located. There are four windows on the addition wall. In front of the addition is a large enclosed area that houses the mechanical equipment. The area is defined by decorative brick walls that have “t” shape openings. The brick walls are set within narrow concrete columns and on top of concrete foundation. In 2015, a second addition was placed at the far eastern end of the 1989 addition (Figure 82).

Figure 83. Looking northwest at the south elevation of the west wing of the original building (ERDC-CERL, 2015).

Figure 84. Looking at the brick half-walls that frame the entry and staircase to the basement level on the south side of the west wing (ERDC-CERL, 2015).

4.18 Building 322 (Regional Dental Facility)

Building 322 was constructed in 1979 as the regional dental facility, known as Fisher Army Dental Laboratory. It was designed by August Perez & Associates of New Orleans, Louisiana. The building is located to the southwest of Building 300 (Eisenhower Army Hospital) and just to the west of Building 320 (Tingay Dental Clinic). Central Hospital Road is to the north, East Hospital Road is to the east, and Chamberlain Avenue is to the south. Building 322 was determined not to be part of the proposed Eisenhower Army Medical Center Historic District.

Building 322 is a large one-story structure with a square footprint, brick exterior walls, and a flat built-up roof. The south (front) elevation faces a paved lot and is defined by a recessed entry that is located on the left side of the elevation (Figure 85). The entry consists of large fixed-pane glass windows set into bright-aluminum frames, bright-aluminum and plate-glass entry doors, and a large concrete panel with the lettering "FISHER ARMY DENTAL LABORATORY" (Figure 86). Cast aluminum building numbers are placed adjacent the entry. A large metal-louvered vent wall, framed by brick buttresses, covers the wall just to the right of the entry. On the far right side of the south elevation is an entry into an enclosed parking lot/loading dock area. This entry is framed by the same type of large, metal-louvered vent walls that rest on a concrete foundation.

Figure 85. Looking north at Building 322 (ERDC-CERL, 2015).

The west elevation is divided seven bays by brick buttresses (Figure 86). Four of the bays have ribbon windows placed in them. The ribbon

windows consists of six fixed-pane windows framed with bright aluminum sashes.

Figure 86. Southwest oblique of Building 322 (ERDC-CERL, 2015).

The north (rear) elevation has a secondary main entry into the building, characterized by similar materials as the one found on the south (front) entry (Figure 87). The entry is located on the right side of the elevation. It is recessed and has large fixed-pane windows set into bright aluminum frames, bright aluminum and plate glass entry door, and a concrete panel with the lettering "FISHER ARMY DENTAL LABORATORY." To the right is a large ribbon window is located to the left of the entry. The window consists of eleven fixed-pane windows set into bright aluminum frames. The elevation is divided into three bays by brick buttresses.

Figure 87. Looking south at north side Building 322 (ERDC-CERL, 2015).

The east elevation is characterized by large panels of metal-louvered vents (Figure 88). The left side of the elevation projects outward and is framed by the large metal panels. The panels are set between brick columns and rest upon a raised concrete foundation. These panels surround the loading dock that is located on the left side of the east wall of the main building. The loading dock is recessed under the flat roof (Figure 89). It is two bays wide and consists of a raised concrete platform. There is a set of metal doors and two single, metal entry doors located at the platform level. There are three smaller enclosed areas on the right side of the east elevation that are framed by the same metal-louvered panels. These enclosed areas house mechanical equipment.

Figure 88. Looking west at east side of Building 322 (ERDC-CERL, 2015).

Figure 89. Detail of large loading dock on the east side of Building 322 (ERDC-CERL, 2015).

4.19 Buildings 321, 323, 323A, 327, 328, 329, 330, 331, 332, 334, and 356 (Relocatables)

Buildings 321, 323, 323A, 327, 328, 329, 330, 331, 332, 334, and 356 are portable, temporary buildings (relocatables) that were placed to the north and west of Building 322 from 2007 to 2010 (Figure 90). None of these relocatables were determined to be part of the proposed Eisenhower Army Medical Center Historic District.

Figure 90. Looking east toward the relocatable temporary buildings placed here from 2007 to 2010 (ERDC-CERL, 2015).

4.20 Building 357 (General Instruction Building)

Buildings 357 is a portable, temporary building (Figure 91) that was placed to the west of Building 322 in 1988 and is used as a General Instruction Building. It was determined not to be part of the proposed Eisenhower Army Medical Center Historic District.

Figure 91. Looking west toward east side of Building 357 (ERDC-CERL, 2004).

4.21 Building 358 (Headquarters Building, WIT)

Buildings 358 is a portable, temporary building placed to the west of Building 322 in 1991. It was determined not to be part of the proposed Eisenhower Army Medical Center Historic District.

4.22 Building BD001 (Blood Donor Center)

Buildings 357 is a blood donor center placed to the southwest of Building 322 in 2013. It was determined not to be part of the proposed Eisenhower Army Medical Center Historic District.

4.23 Buildings T-300 and T-301 (Relocatables)

Buildings T-300 and T-301 are portable, temporary buildings (relocatables) placed between East Hospital Road and the large parking lot that is south of North Hospital Road; they are north of Building 290. These two relocatables are scheduled for removal in 2017 and were determined not to be part of the proposed Eisenhower Army Medical Center Historic District.

4.24 Flagpole

The original flagpole in the Lyles, Bissett, Carlisle, and Wolff master plan was on axis with the ceremonial entrance on the fourth floor, across North Hospital Road from the sign. In 2006, the entire ceremonial entrance loop road was redesigned into a landscaped plaza, and the original flagpole was taken down and a new one erected closer to the entrance doors on the fourth floor. It is a noncontributing part of the proposed Eisenhower Army Medical Center Historic District.

4.25 EH002 (Helicopter Pad)

A helicopter pad was constructed in 1990 and is still extant, east of Fisher House Road and to the east of Buildings 296, 301, and 300. The helicopter pad was determined not to be part of the proposed Eisenhower Army Medical Center Historic District.

5 Aspects of Historic Integrity

In addition to possessing historical significance, a property must also retain sufficient physical integrity of features in order to convey its significance and be eligible to the NRHP.[23] Integrity has very specific connotations in defining historic and cultural resources. Integrity is the authenticity of physical characteristics from which resources obtain their significance. Historic properties convey their significance through their integrity. Historic properties both retain integrity and convey their significance, or they do not.

The National Register recognizes seven aspects or qualities of a property that define the concept of integrity. To retain historic integrity, a property must possess several, and usually most, of the seven aspects. The retention of specific aspects of historic integrity is paramount for a property to convey its significance. Determining which of these aspects are most important to a particular property requires knowing why, where, and when the property is significant. The seven aspects of integrity are listed in *National Register Bulletin #15: How to Apply the National Register Criteria for Evaluation* and summarized below:24

1. Location is the place where the historic property was constructed, or the place where the historic event occurred.

   Buildings 300, 302, and 310 retain their integrity of location.

2. *Design* is the combination of elements that create the form, plan, space, structure, and style of a property. It results from conscious decisions made during the original conception and planning of a property (or its significant alteration) and applies to activities as diverse as community planning, engineering, architecture, and landscape architecture. Design includes such elements as organization of space, proportion, scale, technology, ornamentation, and materials.

[23] NPS, *National Register Bulletin #15*, 11–12, 15, 17, 21.

[24] ibid., 44–45.

Buildings 300, 302, and 310 retain the original aspects of their designs, with major uses in their original spaces. All three buildings have their original height and layout, including landscape.

The layout of the entire complex north of Chamberlain Avenue from Fisher House Road on the east to East Hospital Road on the west does not have its integrity due to the construction of 23 buildings from 1979 to 2013; however the immediate area of Building 300 north of North Hospital Road partially retains its integrity, with the exception of the east side of Building 300.

3. *Setting* is the physical environment of a historic property. Setting refers to the character of the place in which the property played its historical role. It involves how, not just where, the property is situated and its relationship to surrounding features and open space.

   Buildings 300, 302, and 310 retain key features of their setting such as the ceremonial entrance drive on the south, the landscaped plinth, the large parking lot on the north, and the landscaped areas surrounding the north parking lot.

4. *Materials* are the physical elements that were combined or deposited during a particular period of time and in a particular pattern or configuration, to form a historic property.

   Buildings 300, 302, and 310 retain their key materials of cast-in-place concrete walls and precast window sections. Building 300 also has its original flooring materials of concrete and quarry tile on the 4th floor ceremonial entrance. For a complete list of original elements still in the building, please consult text on character-defining features in Section 5.1.

5. *Workmanship* is the physical evidence of the crafts of a particular culture or people during any given period in history or prehistory.

   Workmanship is not a key part of integrity for the Eisenhower Army Medical Center complex.

6. *Feeling* is a property's expression of the aesthetic or historic sense of a particular time period.

Buildings 300, 302, and 310 still convey their identity as Mid-Century Modern buildings.

7. *Association* is the direct link between an important historic event or person and a historic property.

   Buildings 300, 302, and 310 still have their association with the architectural firm of Lyles, Bissett, Carlisle, and Wolff, and their association as an Army hospital, AC/Heat Plant, and Maintenance Building.

Historic districts and individual resources are considered significant if they possess a majority of the seven aspects outlined above. Properties in a historic district are classified as either "contributing" or "noncontributing" resources. Contributing resources date from the historic period of significance that has been established for the district. They contribute to the significance and character of the district through their historical associations and/or architectural values. Noncontributing resources are those that, due to the date of construction, alterations, or other factors, do not contribute to the district's historic significance or character.

5.1 Character-defining features

In Preservation Brief #17,[25] Nelson reminds readers that the *Secretary of the Interior's Standards for the Treatment of Historic Properties*[26] embodies two important goals: (1) the preservation of historic materials, and (2) the preservation of a building's distinguishing character. Every old building is unique, with its own identity and its own distinctive character. Character refers to all those visual aspects and physical features that comprise the appearance of every historic building. Character-defining elements include the overall shape of the building; its materials, craftsmanship, decorative details, interior spaces, and features; and various aspects of its site and environment.

[25] Lee H. Nelson, *National Park Service Preservation Brief 17: Architectural Character-Identifying the Visual Aspect of Historic Buildings as an Aid to Preserving their Character* (Washington, DC: U.S. Department of the Interior, National Park Service, 1998), http://www.nps.gov/tps/how-to-preserve/briefs/17-architectural-character.htm.

[26] Weeks and Grimmer, *Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for the Treatment of Cultural Landscapes*.

If the various materials, features, and spaces that give a building its visual character are not recognized and preserved, then essential aspects of its character may be damaged in the process of change.

A building's character can be irreversibly damaged or changed in many ways, and some ways that damage or change can occur are listed below:

- inappropriate repointing of the brickwork
- removal of a distinctive side porch
- changes to the window sash
- changes to the setting around the building
- changes to the major room arrangements
- introduction of an atrium
- painting previously unpainted woodwork, etc.

The following subsections outline character-defining features for the three buildings determined to be contributing to the proposed Eisenhower Army Medical Center Historic District, which is recommended in this report as eligible to the NRHP. Note that character-defining features are not defined for those buildings determined as noncontributing to the NRHP.

5.1.1 Architectural character-defining features

Building 300, Eisenhower Army Hospital

The character-defining features of Building 300 are listed below:

- overall massing
- open colonnade
- plinth
- exposed concrete
- precast architectural concrete
- cast-in-place architectural concrete
- combination of cast-in-place concrete walls and precast concrete window sections
- quarry tile (exterior)
- exposed concrete on the floor (interior, exterior)
- quarry tile (interior)
- wood paneling (interior)

Example photos of character-defining features can be seen in Figure 92 for Building 300.

Figure 92. Examples of character-defining features for Building 300 (ERDC-CERL 2015).

Rectangular massing with set-back penthouse.

Rectangular massing.

Exposed concrete on plinth.

Close-up of exposed concrete.

Precast architectural concrete window panels and column panels.

Cast-in-place architectural concrete.

Combination of cast-in-place concrete walls and precast concrete window sections.

Quarry tile flooring with exposed concrete banding on the floor of the exterior colonnade.

Quarry tile flooring with exposed concrete banding inside the 4th-floor lobby.

Wood paneling on the wall inside the 4th-floor lobby.

Building 302, Maintenance Shop

The character-defining features for Building 302 are listed below:

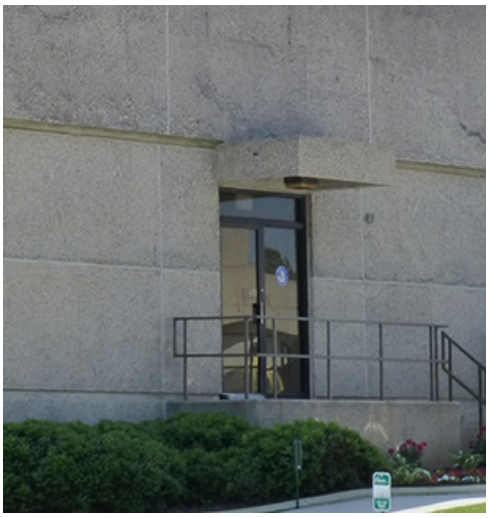
- combination of cast-in-place concrete walls and precast concrete window sections
- concrete door canopies
- exposed concrete
- anodized-bronze door and window frames

Example photos of character-defining features can be seen in Figure 93 for Building 302.

Figure 93. Examples of character-defining features for Building 302 (ERDC-CERL 2015).

Combination of cast-in-place and precast concrete window sections

Exposed concrete.



Concrete door canopy and anodized-bronze door frames.

Building 310, Combined AC/Heat Plant

The following are character-defining features of Building 310:

- cast-in-place concrete walls
- exposed concrete
- projecting concrete roof
- precast panels on penthouse

- concrete door canopies
- exposed concrete
- anodized bronze door and window frames

Example photos of character-defining features can be seen in Figure 94 for Building 310.

Figure 94. Examples of character-defining features for Building 302 (ERDC-CERL 2015).

Cast-in-place concrete wall and exposed concrete.

Projecting concrete roof and precast panels on penthouse walls.

Concrete door canopy.

Anodized-bronze door and window frames.

5.1.2 Landscape character-defining features

The following are the character-defining features of the landscape:

- crepe myrtle along walkways on the south side of the building
- grass on the plinth
- junipers in the planter on top of the plinth wall
- holly surrounding concrete walled vents
- north parking lot
- trees in the parking rows in the north parking lot
- deciduous trees outside the East Hospital Road boundary of the north parking lot
- concrete sign

Example photos for character-defining landscape features within the historic district can be seen in Figure 95.

Figure 95. Examples of character-defining features for the landscape (ERDC-CERL 2015).

Crepe myrtle along walkway on south side.

Grass on the plinth.

Grass on the plinth.

Junipers in the planter on top of the plinth wall.

Holly surrounding concrete-walled vents.

North parking lot.

Deciduous trees outside the East Hospital Road boundary of the north parking lot.

Trees in parking rows of the north parking lot.

Concrete sign.

5.2 Noncharacter-defining features

5.2.1 Noncharacter-defining architectural features

The north entrance's glass enclosure and canopy is the only architectural feature that is not original and thus, it is not a character-defining feature (Figure 96). because of the additions of Buildings 299 and 301 on the east side of Building 300 and their associated access drive and parking lot, certain design changes on the 2nd floor had to be made. Thus, the entire area to the east of Building 300 is noncharacter-defining (Figure 97).

Figure 96. The north entrance has a noncharacter-defining glass enclosure and canopy (ERDC-CERL, 2015).

Figure 97. East side of Building 300, with area that is noncharacter-defining outlined by the red box (ERDC-CERL, 2015).

5.2.2 Noncharacter-defining landscape features

The landscape elements of gray, stamped concrete; large concrete benches; shrubs planted on those benches; grass; the Myer memorial; and the flagpole now located on Myer Plaza are all noncontributing, due to the plaza being relandscaped in 2006 (Figure 98 and Figure 99).

Figure 98. Aerial of Myer Plaza, showing changes to the landscape (www.google.com, accessed August 2016).

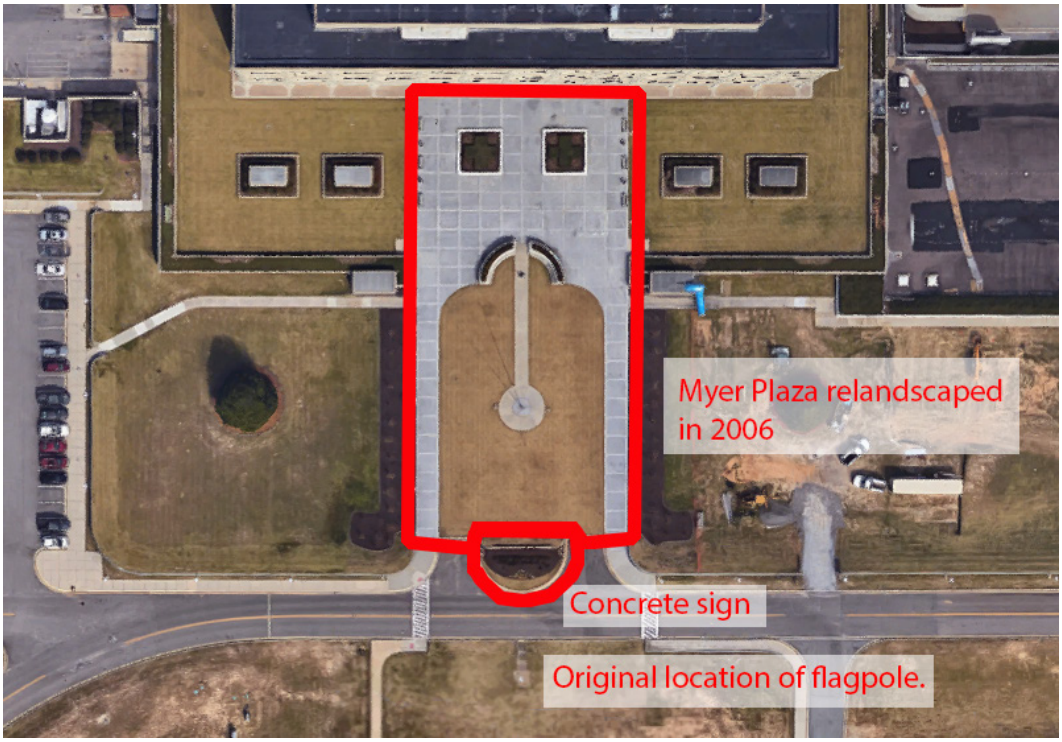


Figure 99. Looking south at the noncontributing features of Myer Plaza (ERDC-CERL, 2015).

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6 Final Recommendations for Eligibility and Conclusion

The identification of historically significant properties is achieved only through an evaluation which associates a property within a larger historic context. According to the NRHP, "Historic contexts are those patterns, themes, or trends in history by which a specific occurrence, property, or site is understood and its meaning (and ultimately its significance) within prehistory or history is made clear."[27] Therefore, to qualify as historic, a property must have an association with a relevant historic context as well as having retained its physical integrity through which its historic significance is conveyed.

The following sections detail this study's findings regarding eligibility for the NRHP of the Eisenhower Army Medical Center complex.

6.1 Building 300

The researchers determined that Building 300 was significant for its Mid-century Modern design under Criterion C and for the work of a master (Lyles, Bissett, Carlisle, and Wolff), and that it possesses integrity of location, design, setting, materials, feeling, and association.

6.2 Building 302

The researchers determined that Building 302 was significant for its Mid-century Modern design under Criterion C and for the work of a master (Lyles, Bissett, Carlisle, and Wolff), and that it possesses integrity of location, design, setting, materials, feeling, and association.

6.3 Building 310

The researchers determined that Building 310 was significant for its Mid-century Modern design under Criterion C and for the work of a master (Lyles, Bissett, Carlisle, and Wolff), and that it possesses integrity of location, design, setting, materials, feeling, and association.

[27] NPS, *National Register Bulletin #15*, 7.

6.4 Landscape of the Eisenhower Army Medical Center complex

The researchers determined that the landscape of the Eisenhower Army Medical Center complex, designed by Lyles, Bissett, Carlisle, and Wolff, was a significant part of the design of the three buildings and the complex as a whole.

6.5 Noncontributing buildings

There are nine additional buildings plus the flagpole that are located within the boundaries of the proposed Eisenhower Army Medical Center Historic District, but they were found to be noncontributing to the historic district (Table 3).

Table 3. Buildings determined noncontributing to the proposed Eisenhower Army Medical Center Historic District.

Facility #	Year Built	Description	Reason not Eligible
296	2007	Laboratory	Constructed after the Period of Significance
297	2008	Administration, Gen Purpose	Constructed after the Period of Significance
298	1998	Laboratory	Constructed after the Period of Significance
299	1990	MRI	Constructed after the Period of Significance
301	1993	Family Practice	Constructed after the Period of Significance
303	2007	Substation	Constructed after the Period of Significance
304	2003	Biohazard Storage	Constructed after the Period of Significance
306	2008	Sewage Lift Station	Constructed after the Period of Significance
308	1987	Administrative, General Purpose	Constructed after the Period of Significance
(No #)	2006	Flagpole	Original taken down and replaced after Period of Significance in new location

6.6 Other buildings

The other 24 buildings plus the helicopter pad in the medical complex area that were evaluated for this report were determined *not* to be individually eligible for the NRHP nor to be part of the proposed Eisenhower Army Medical Center Historic District (Table 4).

Table 4. Buildings determined not eligible for the NRHP.

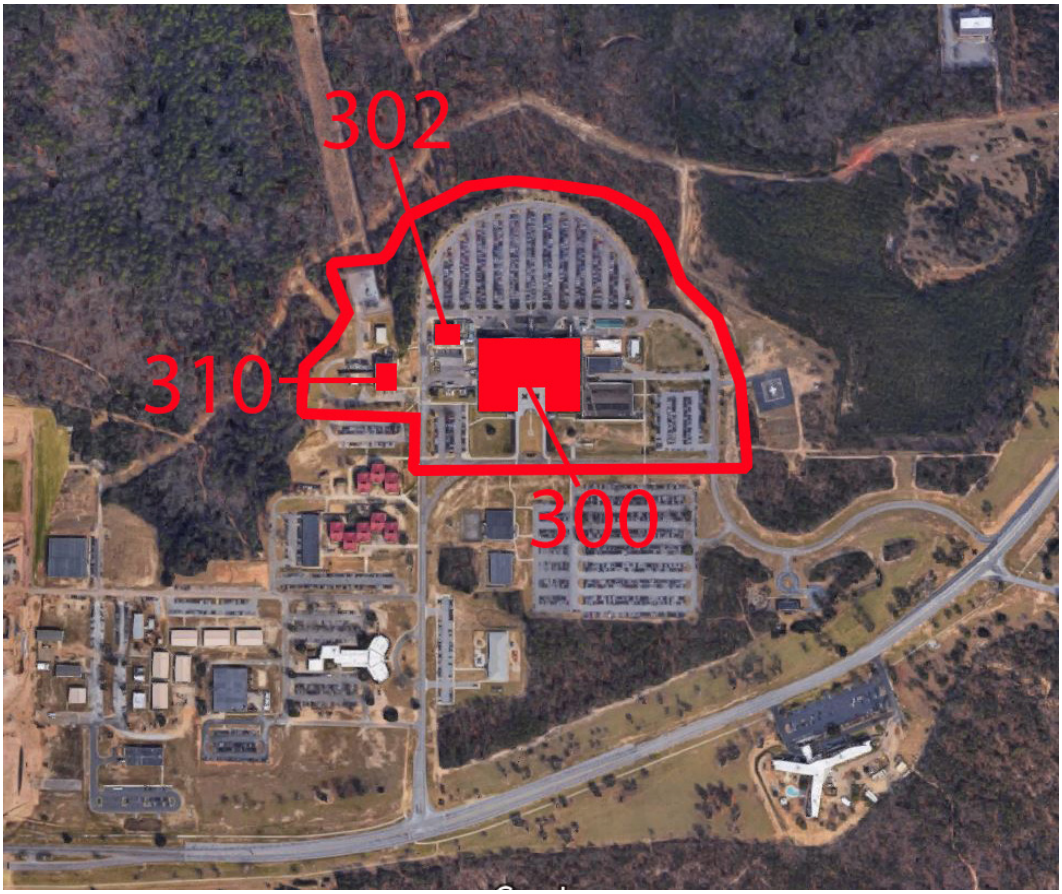
Facility #	Year Built	Description	Reason not Eligible
280	1993	Fisher House	Constructed after the Period of Significance
290	2010	Child Development Center	Not associated with the hospital
315	1975	Barracks	Lack of Integrity
317	1975	Barracks	Lack of Integrity
319	1975	Company Headquarters	Lack of integrity
320	1975	Dental Clinic	Not Associated with Lyles, Bissett, Carlisle, and Wolff
321	1989	Dental Clinic	Constructed after the Period of Significance
322	1979	Regional Dental Facility	Constructed after the Period of Significance
323	2007	Laboratory	Constructed after the Period of Significance
323A	c. 2008	Storage	Constructed after the Period of Significance
327	2008	Battalion HQ Building	Constructed after the Period of Significance
328	2008	Admin Gen Purpose	Constructed after the Period of Significance
329	2008	Admin Gen Purpose	Constructed after the Period of Significance
330	2008	Company HQ Building	Constructed after the Period of Significance
331	2008	Company HQ Building	Constructed after the Period of Significance
332	2008	Company HQ Building	Constructed after the Period of Significance
334	2010	Bus Station	Constructed after the Period of Significance
356	2010	Bus Station	Constructed after the Period of Significance

Facility #	Year Built	Description	Reason not Eligible
357	1988	General Instruction Building	Constructed after the Period of Significance
358	1991	HQ Building, WIT	Constructed after the Period of Significance
BD001	2013	Blood Donor Center	Constructed after the Period of Significance
EH002	1990	Helicopter Pad	Constructed after the Period of Significance
T-300	2015	Operations HET Building	Constructed after the Period of Significance
T-301	2015	Operations HET Building	Constructed after the Period of Significance
EH002	1990	Helicopter Pad	Constructed after the Period of Significance

6.7 Conclusion

It is the recommendation of this report that the central portion of the Eisenhower Army Medical Center complex (Buildings 300, 302, and 310, and the landscape within the boundary shown in Figure 100) is **ELIGIBLE** for the NRHP as a historic district at the statewide level under Criterion C (Design/Construction) for its Mid-century Modern design (combination of Brutalism and New Formalism styles) and for the work of a master (Lyles, Bissett, Carlisle, and Wolff).

Figure 100. Area outlined for proposed Eisenhower Army Medical Center Historic District (www.google.com, accessed August 2016).



Bibliography

Advisory Council on Historic Preservation (ACHP). 2007. *Program Comment For Cold War Era Unaccompanied Personnel Housing (1946–1974)*. Prepared for the Department of Defense. Washington, DC: ACHP.

Kaufman, Terri Wolff. "*Mid-century Modern*." http://imageous.com/twkwriter/?p=339.

Kuranda, Kathryn M., with Brian Cleven, Nathaniel Patch, Katherine Grandine, and Christine Heidenrich. *Unaccompanied Personnel Housing (UPH) During the Cold War (1946-1989)*. Prepared for the U.S. Army Environmental Center at Aberdeen Proving Ground, Maryland. Frederick, MD: R. Christopher Goodwin and Associates, 2003.

Nelson, Lee H. *National Park Service Preservation Brief 17: Architectural Character-Identifying the Visual Aspect of Historic Buildings as an Aid to Preserving their Character*. Washington, DC: U.S. Department of the Interior, National Park Service, 1998.

NPS. *National Register Bulletin* #15: *How to Apply the National Register Criteria for Evaluation*. Washington, DC: U.S. Department of the Interior, 1997.

_____. *National Register Bulletin #16A: How to Complete the National Register Registration Form*. Washington, DC: U.S. Department of the Interior, National Park Service, 1997.

_____. *National Register Bulletin: How to Prepare National Historic Landmark Nominations*. Washington, DC: U.S. Department of the Interior, National Park Service, 1999.

Robinson, Judith H., and Stephanie S. Foell. *Growth, Efficiency, and Modernism: GSA Buildings of the 1950s, 1960s, and 1970s*. Washington, DC: U.S. General Services Administration, Office of the Chief Architect, Center for Historic Architecture, 2003.

R.R. Bowker, LLC. *American Architects Directory, 3rd edition*. Washington, DC: American Institute of Architecture, 1970.

Smith, Adam, and Sunny Stone. *Fort Gordon Architectural Survey: 1942 to 1956*. ERDC/CERL SR-05-1. Prepared for USASC and Fort Gordon Directorate of Public Works and Logistics. Champaign, IL: U.S. Army Engineer Research and Development Center, 2005.

Smith, Adam, and Sunny Stone. *Fort Gordon Cold War Architectural Survey Volume 1: Historic Context and Survey Results*. ERDC/CERL SR-05-7. Champaign IL: U.S. Army Engineer Research and Development Center, 2005.

Smith, Adam and Sunny Adams. *Military Hospitals Historic Context*. ERDC/CERL SR-08-10. Champaign, IL: Engineer Research and Development Center, 2008.

Stokes, Carol, ed. *A History of Fort Gordon, Georgia*. Fort Gordon, GA: Command Historian Office, 1993.

Weeks, Kay D. and Anne E. Grimmer. *Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for the Treatment of Cultural Landscapes*. Washington, DC: U.S. Department of the Interior, National Park Service, 1995.

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14. ABSTRACT

This document is an architectural survey of the Eisenhower Army Medical Center complex located at Fort Gordon, Georgia. The Eisenhower Army Medical Center was designed by Lyles, Bissett, Carlisle, and Wolff beginning in 1970, with plans finalized in 1971, and construction completed in 1975. This survey satisfies Section 110 of the National Historic Preservation Act of 1966 as amended, and it was used to determine the eligibility of the Eisenhower Army Medical Center complex for inclusion on the National Register of Historic Places (NRHP). It is the recommendation of this report that the Eisenhower Army Medical Center (Buildings 300, 302, and 310) and associated landscape are significant under NRHP criteria, and that they retain enough integrity to be eligible for the NRHP under Criteria C as a historic district; however, the other buildings located in the complex, but outside the proposed historic district, are not eligible to the NRHP.

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