



**North Carolina Department of Natural and Cultural Resources**  
**State Historic Preservation Office**

Ramona M. Bartos, Administrator

Governor Roy Cooper  
Secretary Susi H. Hamilton

Office of Archives and History  
Deputy Secretary Kevin Cherry

July 30, 2018

MEMORANDUM

TO: Shelby Reap  
Office of Human Environment  
NCDOT Division of Highways

FROM: Renee Gledhill-Earley *Renee Gledhill-Earley*  
Environmental Review Coordinator

SUBJECT: Historic Structures Survey Report, Provide Three Lanes Under I-40/I-85 and  
Add Business Ramps to N&S Railroad Bridge, PA 17-11-0019, Guilford County,  
ER 18-1311

Thank you for your July 9, 2018, letter concerning the above-referenced undertaking and providing the information we requested on June 28, 2018. We have reviewed the materials submitted; noted that all the information was provided within the body of your letter, not in an attachment; and offer the following comments.

We concur that even though the L. Richard Memorial Hospital II (GF6065), has had interior renovations, it remains eligible for listing in the National Register of Historic Places under Criterion A, in the areas of Black Ethnic Heritage and Health/Medicine as an important institution for African Americans in Greensboro both for the provision of health care as well as a major employer for African American medical professionals. The additional information on the interior changes as well as more details on the preservation of interior spaces and exterior setting were very helpful.

The above comments are offered in accordance with Section 106 of the National Historic Preservation Act and the regulations of the Advisory Council on Historic Preservation at 36 CFR 800, If you have any questions concerning them, please contact me at 919-807-6579 or [renee.gledhill-earley@ncdcr.gov](mailto:renee.gledhill-earley@ncdcr.gov)

Please use the above assigned tracking number for any correspondence or questions concerning this undertaking. Failure to do so may cause delays in our response. We appreciate your time and consideration.

cc: Mary Pope Furr, NCDOT, [mfurr@ncdot.gov](mailto:mfurr@ncdot.gov)

Received: 07/12/2018  
State Historic Preservation Office



STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION

ROY COOPER  
GOVERNOR

JAMES H. TROGDON, III  
SECRETARY

Renee Gledhill-Earley  
Deputy State Historic Preservation Officer  
North Carolina Department of Cultural Resources  
4617 Mail Service Center  
Raleigh, North Carolina 27699-4617

July 9, 2018

**ER 18-1311**

Due -- 7/27/18

*ERle HES  
7/23/18  
BOE*

Dear Gledhill-Earley:

RE: Historic Structure Survey Report for Provide a total of 3 Lanes Under I-40/I-85 and Add Business Ramps to N&S Southern Railroad Bridge, U-5754, PA# 17-11-0019, Guilford County

*H-  
Where's updated report? 7/16/18  
no there*

Thank you for your letter dated June 28, 2018. MDM have addressed the issues outlined in that letter and have provided the following response and well as the attached updated report.

Hospital administrators allowed only limited access to the interior, given the building's continued use as a medical facility, and noted that the hospital had been completely remodeled. Access was allowed in the lobby and the first-floor library, located down the hall west of the lobby. Finishes in these areas were generic and appear to date to the 1990s or later with the exception of the acoustic tile ceiling. Flooring is ceramic tile in the lobby, linoleum in the hall, and carpet in the library. Walls are sheet-rocked with plastic shoe molding.

A bit of the east first-floor hall visible from the elevator area at the back of the lobby features painted concrete-block walls and buff-colored ceramic tile flooring, both likely original finishes. (See photo 17.) The presence of interior concrete-block walls makes it likely that the historic corridor does remain with original door openings. In areas where the concrete-block walls have been covered with drywall, existing openings likely are original openings, although it is possible some openings have been covered over.

While the remodeled lobby and halls do not reflect the building's history as midcentury African American hospital, the unaltered vestibule and at least one section of hallway at the ground floor do. Overall, the exterior of the building also reflect the mid-century period, although alterations to the canopy and the single-story front wing unfortunately removed some distinctive architectural treatments that were very indicative of the period and the Modernist style.

Mailing Address:  
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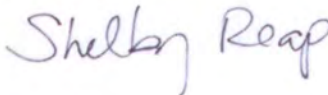
Location:  
1020 BIRCH RIDGE RD  
RALEIGH NC 27610

Website: www.ncdot.gov

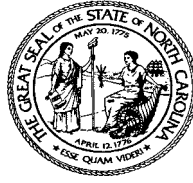
The building appears eligible under Criterion A in the areas of Health/Medicine and Black Ethnic Heritage. Although integration allowed access to other hospitals in town just before this facility opened, L. Richardson Memorial Hospital II remained an important institution for African Americans in Greensboro both for the provision of health care as well as a major employer for African American medical professionals.

Please let me know if you have any additional questions regarding this project. I can be reached at (919) 707-6088 or by email at [slreap@ncdot.gov](mailto:slreap@ncdot.gov).

Sincerely,

A handwritten signature in cursive script that reads "Shelby Reap".

Shelby Reap  
Historic Architecture Section



**North Carolina Department of Natural and Cultural Resources**  
**State Historic Preservation Office**

Ramona M. Bartos, Administrator

Governor Roy Cooper  
Secretary Susi H. Hamilton

Office of Archives and History  
Deputy Secretary Kevin Cherry

June 28, 2018

MEMORANDUM

TO: Shelby Reap  
Office of Human Environment  
NCDOT Division of Highways

FROM: Renee Gledhill-Earley *Renee Gledhill-Earley*  
Environmental Review Coordinator

SUBJECT: Historic Structures Survey Report, Provide Three Lanes Under I-40/I-85 and  
Add Business Ramps to N&S Railroad Bridge, PA 17-11-0019, U-5754, Guilford County,  
ER 18-1311

Thank you for your May 1, 2018, letter concerning the above-referenced undertaking. We have reviewed the materials submitted and offer the following comments.

To determine if the L. Richard Memorial Hospital II (GF6065) is eligible for listing in the National Register of Historic Places under Criterion A, we require more information. Page 9 of the report explains that the hospital has been "completely remodeled" on the interior. Does the historic corridor remain intact with door openings? What are the new interior finishes? Does the building interior still reflect its use as a mid-century African American Hospital? Also, a property cannot be recommended eligible for Criterion A in the area of Black Ethnic Heritage alone. It should be paired with another area of significance, likely Health/Medicine. Once these questions/comments are addressed, the case for eligibility can be reassessed.

The above comments are offered in accordance with Section 106 of the National Historic Preservation Act and the regulations of the Advisory Council on Historic Preservation at 36 CFR 800, If you have any questions concerning them, please contact me at 919-807-6579 or [renee.gledhill-earley@ncdcr.gov](mailto:renee.gledhill-earley@ncdcr.gov)

Please use the above assigned tracking number for any correspondence or questions concerning this undertaking. Failure to do so may cause delays in our response. We appreciate your time and consideration.

cc: Mary Pope Furr, NCDOT, [mfurr@ncdot.gov](mailto:mfurr@ncdot.gov)

**Historic Architecture Eligibility Study**  
**Provide a Total of Three Lanes under I-40/I-85 and Add Business Ramps to N&S**  
**Southern Railroad in Guilford County, North Carolina**  
**TIP# U-5754**  
**WBS# 54034.3.1**  
**PA# 17-11-0019**

**Prepared for:**  
Environmental Analysis Unit  
North Carolina Department of Transportation  
1598 Mail Service Center  
Raleigh, NC 27699-1598

**Prepared by:**  
MdM Historical Consultants Inc.  
Post Office Box 1399  
Durham, NC 27702  
919.906.3136

April 3, 2018

**Historic Architecture Eligibility Study**  
**Provide a Total of Three Lanes under I-40/I-85 and Add Business Ramps to N&S**  
**Southern Railroad in Guilford County, North Carolina**  
**TIP# U-5754**  
**WBS# 54034.3.1**  
**PA# 17-11-0019**

**Prepared for:**

Environmental Analysis Unit  
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**Prepared by:**

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April 3, 2018

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Cynthia de Miranda, Principal Investigator  
MdM Historical Consultants, Inc.

Date

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Jennifer F. Martin, Principal Investigator  
MdM Historical Consultants, Inc.

Date

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Mary Pope Furr, Supervisor  
Historic Architecture Group  
North Carolina Department of Transportation

Date

**Historic Architecture Eligibility Study**  
**Provide a Total of Three Lanes under I-40/I-85 and Add Business Ramps to N&S Southern**  
**Railroad in Guilford County, North Carolina**  
**TIP# U-5754**  
**WBS# 54034.3.1**  
**PA# 17-11-0019**

Survey Site Number and Property Name	Address and PIN	NRHP Eligibility Recommendation	NRHP Criteria
GF6065 L. Richardson Memorial Hospital II	2401 Southside Boulevard Greensboro, NC PIN: 7873273613	Eligible	A

**Management Summary**

The North Carolina Department of Transportation (NCDOT) proposes to provide a total of three lanes for US-29 under I-40/I-85 and add business ramps to N&S Southern Railroad in Guilford County, North Carolina. The project area is in southeast Greensboro, about .9 miles southeast of the South Greensboro Historic District. The Area of Potential Effect (APE) for the project is delineated on a map on page 5 of this report.

In March 2018, MdM conducted a historic architecture eligibility study of the property located in the APE. MdM principal Cynthia de Miranda conducted the fieldwork on March 9, 2018, photographing and mapping all the built resources and landscapes associated with the subject property located within the APE. Ms. de Miranda conducted research on the Guilford County Register of Deeds website, the Guilford County GIS website, HPOWEB GIS Service of the Historic Preservation Office, at the Southern Oral History Program at the University of North Carolina at Chapel Hill, and the Good Medicine Collection of the Digital Collections of the University of North Carolina at Greensboro. She interviewed Dr. Percy Jones, who was employed at the hospital from the 1970s through its closing in 1994. Ms. de Miranda authored this report.

After an intensive evaluation following the National Register of Historic Places (NRHP) criteria for eligibility, the L. Richardson Memorial Hospital II (GF6065) is recommended eligible under Criterion A in the area of Black Ethnic Heritage.

The historic architecture survey within the APE associated with upgrading the travel lanes of US-29 under I-40/I-85 in Guilford County, North Carolina, was carried out in accordance with the provisions of the Secretary of the Interior’s Standards and Guidelines for Archaeological and Historic Preservation (48 FR 44716); 36 CFR Part 60; 36 CFR Part 800; and the NCDOT document entitled Historic Architectural

Resources: Survey Procedures and Report Guidelines (2003). This evaluation meets the guidelines of NCDOT and the National Park Service.

In order to meet the requirements of the above laws, regulations, and guidelines, the work plan for the intensive-level survey included the following items: (1) conducting general historical and architectural background research in order to develop contexts within which to evaluate the potential National Register eligibility of the resource located within the APE; (2) an intensive-level survey of the identified property, including surveying, describing, and evaluating the property and proposing specific National Register boundaries if the property is believed to be eligible for the National Register; (3) specific historical and architectural research on the resource; and (4) preparation of a report developed pursuant to the above-referenced laws, regulations and guidelines. The report is on file at NCDOT and is available for review by the general public.



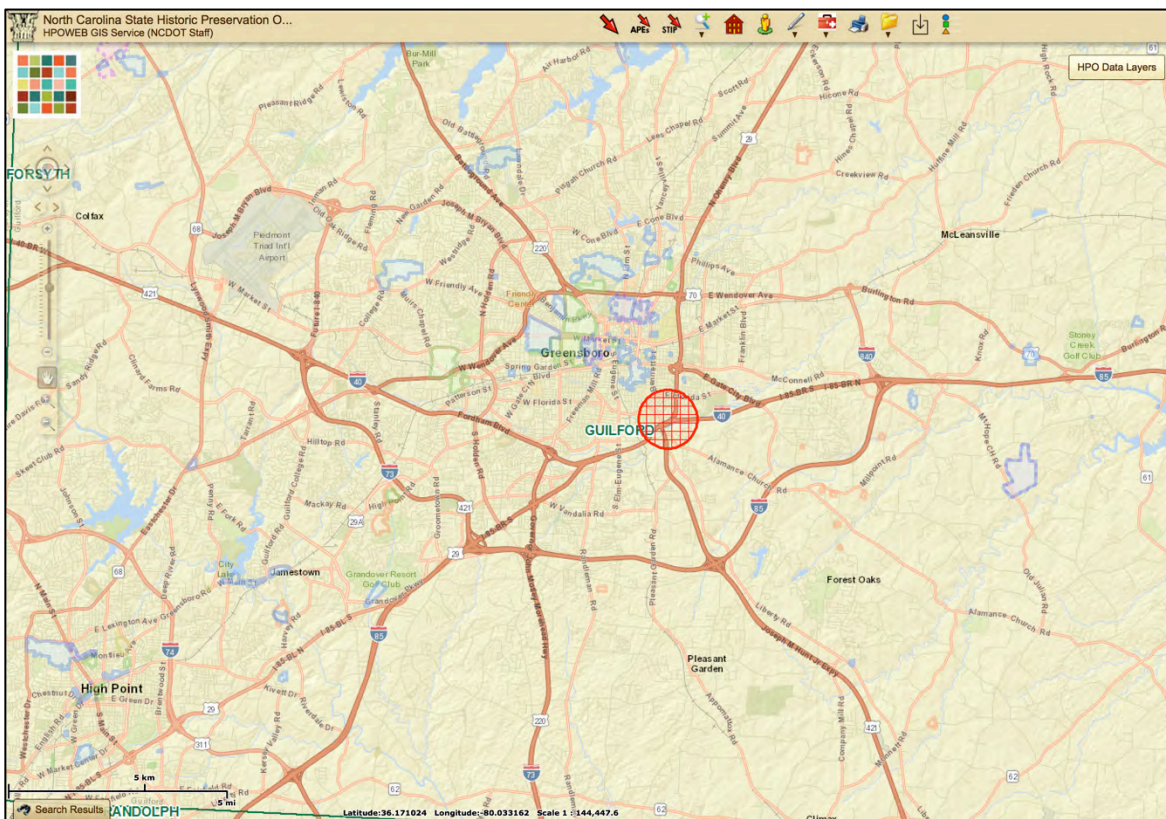
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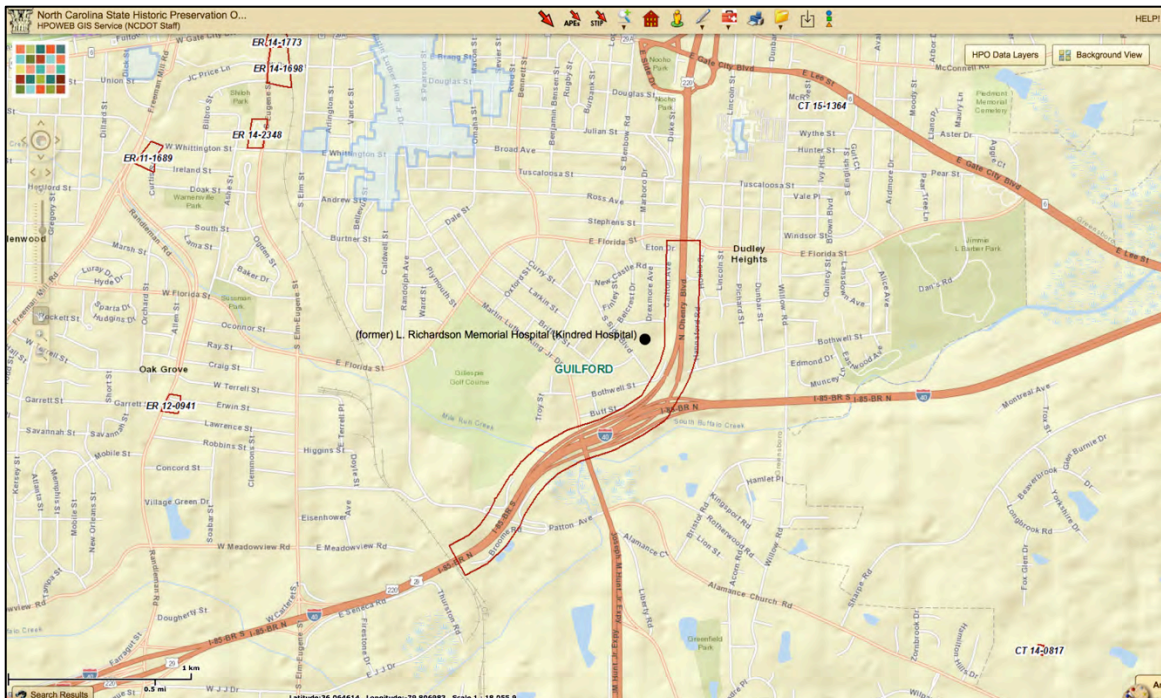
I. Project Location Maps



*Location of Guilford County in North Carolina  
(image by David Benbennick [Public domain], via Wikimedia Commons)*



*Project location on Greensboro vicinity map*



Map showing project APE (in red outline) and evaluated property labeled and indicated with dot.

## II. Introduction

The project area for U-5754 is located in southeast Greensboro, North Carolina, at the north end of the 2.5-mile stretch where US-29 merges with I-40/I-85. US-29, known as N. O' Henry Boulevard north of the merge and Freeman Mill Road South to its south, is a multilane divided highway. Land flanking the roadway in the north end of the project area is developed as subdivisions, including Nocho Park, an historically African American suburb platted in 1929. Commercial development flanks the roadway at the south end of the project area.

A single property was evaluated for this report: the L. Richardson Memorial Hospital II (GF6065), a Modernist four-story hospital located at 2401 Southside Boulevard. An earlier building housing the same hospital is the (former) L. Richardson Memorial Hospital (GF1137, NR1992, LM2002) at 603 W. Benbow Street, over a mile north of the APE for this project. The earlier building dates to 1927.

This project is subject to review under the Section 106 Programmatic Agreement for Minor Transportation Projects (NCDOT/NCHPO/FHWA/USFS 2015). An NCDOT Architectural Historian defined an APE and conducted a site visit to identify and assess all resources of approximately fifty years of age or more within the APE. Only one resource warranted an intensive National Register eligibility evaluation, the L. Richardson Memorial Hospital II, and it is the subject of this report. NCDOT Architectural Historians determined that all other properties and districts in the APE are not worthy of further study and evaluation due to lack of historical significance and/or integrity.

### III. Methodology

The field survey was conducted on March 9, 2018. All resources historically associated with the L. Richardson Memorial Hospital II (GF6065) located at 2401 Southside Boulevard were photographed and recorded. Research on the project area was conducted on the Guilford County Register of Deeds website, the Guilford County GIS website, HPOWEB GIS Service of the Historic Preservation Office, at the Southern Oral History Program at the University of North Carolina at Chapel Hill, and the Good Medicine Collection of the Digital Collections of the University of North Carolina at Greensboro. Ms. de Miranda interviewed Dr. Percy Jones, who was employed at the hospital from the 1970s through its closing in 1994.



*L. Richardson Memorial Hospital II (GF6065). View NE.*



*Rear view, L. Richardson Memorial Hospital II (GF6065) from parcel edge near roadway. View W.*



*Southbound lanes of US-29 adjacent to Parcel 7873273613. View S-SW at back of the parcel.*

IV. L. Richardson Memorial Hospital II: Property Description and Evaluation

Resource Name	L. Richardson Memorial Hospital II
HPO Survey Site #	GF6065
Location	2401 Southside Boulevard, Greensboro
PIN	7873273613
Construction date	1966
Recommendation	Eligible under Criterion A in the area of Black Ethnic Heritage



*Southwest (front) elevation of the L. Richardson Memorial Hospital II (GF6065) view NE*

Description

*Setting*

The L. Richardson Memorial Hospital II (GF1137) at 2401 Southside Boulevard in southeast Greensboro stands north of the street’s termination at Bothwell Street. The latter extends northeast from Martin Luther King Jr. Drive and dead ends just past its intersection with Southside Boulevard. Bothwell Street also roughly parallels US-29 (O’ Henry Boulevard) to the southeast. The hospital’s approximately twelve-acre parcel is adjacent to the spot where US-29 (O’ Henry Boulevard) merges with I-40/I-85. The highways are southeast of the parcel.

The hospital complex comprises two buildings, both oriented with façades parallel to Southside Boulevard. The four-story hospital building stands near center of the roughly triangular parcel. The single-story secondary building, a power house, is set back to the northeast. Hardscaping at the site includes three parking areas in front of the hospital. Those are accessed from a U-shaped drive outlining a central landscaped area of terraced planting beds. The beds are flanked with poured concrete steps that provide pedestrian access from the sidewalk along Southside Boulevard. Additional parking is northwest of the hospital building, accessible from Bothwell Street. A small parking area, also accessible from Bothwell Street, is at the front of the smaller building and a paved area for a loading dock is at the southeast end of the back of the hospital. Lawns surround the complex, except at the front parking and planting area.

*Hospital Building, 1966, ca. 1995*

The hospital is a four-story, flat-roofed, concrete-framed building with a rectangular plan and single-story wings at the façade and east elevation. The concrete structure is evident at the broad, nine-bay façade and rear elevation, with concrete verticals and horizontals projecting slightly beyond the face of each elevation. The resulting rectangles are filled with precast concrete panels and fixed-sash metal windows with operable lower sash and metal spandrels painted white. The east elevation is a blind wall clad in red brick. The similarly clad west elevation additionally features a central bay slightly more than half the elevations' width. It holds bay windows of fixed-sash glass underscored by thick, continuous concrete spandrel. These windows occur at the upper three stories. The ground floor, in contrast, has a band of fixed-sash clerestory windows. A small flat-roofed structure with brick walls situated near the center of the roof houses the elevator shaft and mechanical equipment.

The building is simply detailed, and the front and rear elevations differ with the wing at the façade and at their canopied entrances. The shallow, single-story façade wing is east of the slightly off-center entrance. Projecting concrete ribs divide the wing across its width, otherwise clad in precast concrete panels. Windows pierce four panels toward the west end, and the entire wing has a heavy concrete cornice that was added sometime after 1975. A similarly heavy concrete canopy resting on squared brick columns projects from the front entrance, and the circular driveway passes beneath the canopy. The main entrance it shelters consists of two sets of double-leaf glass doors in extruded aluminum frames set into aluminum-framed glass curtain walls the width of the vestibule within. The rear entrance has a similar sheltering canopy but features circular poured concrete columns in contrast to the brick versions at the front. A trailer is in use at the back of the building near the entrance but has not been appended to the hospital building.

The single-story wing at the east end of the building is concrete-framed and brick-clad with concrete coping; the brick cladding does not cover the concrete frame. Clerestory windows light the interior from the front and rear elevations. The east elevation is blind. Mechanical equipment on the roof of the wing is concealed inside a metal shed with vents at the façade. Metal canopies have been added across the back of the wing and at an original loading dock that is perpendicular to the wing.

The interior of the hospital has been completely remodeled, although the center hallways likely reflect the original arrangement of walls; good interior images of the layout have not been located but the floor plan of the building makes the interior arrangement rather obvious. The vestibule is likely unchanged. It features brick flooring that extends out to the area beneath the canopy. Four brick steps are the width of the vestibule with metal handrails at each wall and at the center.



*West elevation and façade, L. Richardson Memorial Hospital II (GF6065), view E*



*Façade view showing front entrance and façade wing, view NE.*





*East and rear elevations of L. Richardson Memorial Hospital II (GF6065), view NW*



*Rear elevation L. Richardson Memorial Hospital II (GF6065), view SW*



*Detail at rear elevation of L. Richardson Memorial Hospital II (GF6065), showing exposed concrete structure and peeling paint at spandrels, view SW.*



*Vestibule, L. Richardson Memorial Hospital II (GF6065), view SE*



*Lobby, L. Richardson Memorial Hospital II (GF6065), view SW*



*Corridor, first floor, L. Richardson Memorial Hospital II (GF6065), view SE*

*Power House*

The single-story, double-height power house, like the single-story wing of the hospital building, is clad in brick but reveals its concrete frame. A flat-roofed canopy supported by slender squared concrete columns spans the width of the power house, forming a porch at the front that wraps to the east elevation. An exterior brick stack rises on the east side of the building. Three sets of clerestory windows light the interior from the façade. The east and west elevations are blind walls, and the rear elevation has three large equipment doors.



*Façade and east elevation, power house, view N*



*Rear and west elevation, power house, view SE*

### *Alterations*

The complex, including the hardscaped areas, remains strikingly similar to a 1966 photograph. Additional parking areas have been added at the front left side and at the rear parking lot, both aligned with the older parking areas. An original rear wing of one- to two-stories was demolished in the 1990s, when having a smaller building improved billing rates under government programs. The original front entrance canopy, depicted in the 1966 photograph, consisted of a double-curved concrete roof; supports are not discernable but were perhaps similar to the slender squared concrete columns at the power house. The single-story wing at the facade has a flat roof and lacks the heavy concrete cornice that exists today; it also has no windows. The narrow concrete ribs at the front of that wing extend just past the roofline in the original construction. A ca. 1975 color photograph shows that the metal spandrels were painted pale blue, providing a little contrast with the concrete exterior. The blue remains today under white paint, visible at the rear elevation on some panels where the later paint is peeling. The original entrance canopy and façade wing roofline are intact.<sup>1</sup>



*Photo of L. Richardson Memorial Hospital II published in 1969 article from the Journal of the National Medical Association.*

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<sup>1</sup> Dr. Percy Jones, interview by the author, March 9, 2018.



*Photo of L. Richardson Memorial Hospital II from 1975 Guest Information pamphlet, available in the Digital Collection of the University of North Carolina at Greensboro*



*L. Richardson Memorial Hospital II, copy shot of photograph in the hospital, ca. 1975.*

## History

Access to health care has been challenging for African Americans in Greensboro for most of the city's history. Early health care facilities date to the early twentieth century in segregated Greensboro: Cordice Sanitarium operated from about 1914 to 1918, and Trinity Hospital for Negroes was open from 1918 to 1927. In 1927, the first L. Richardson Memorial Hospital (GF1137) opened at 603 W. Benbow Street. The new hospital building was architecturally distinctive, a fire-proof structure rendered in the Mission Revival style and standing three stories. Like its smaller predecessors, however, it was chronically overcrowded. Twice in the next twenty-five years, the building was expanded to keep up with the demand for health care. Throughout the period, Wesley Long Community Hospital, which had opened in 1918, refused admission to African Americans.<sup>2</sup>

The 1946 Hospital Survey and Construction Act of 1946, better known as the Hill-Burton Act, made federal funds available for hospital construction. As the hospital board at L. Richardson sought funding for another expansion and upgrade in the late 1950s, it secured Hill-Burton funds that proved essential to the project. However, the federal money came with the requirement for a new building rather than an upgraded one. In the end, Hill-Burton funds provided fifty-five percent of the \$2.5 million price tag for the new hospital, erected at 2401 Southside Boulevard in 1966.<sup>3</sup>

The architect for the new building was Adrian P. Stout of Greensboro, who had a partnership with Noel Coltrane Jr. in the late 1960s. Both were members of the North Carolina Chapter of the American Institute of Architects in 1968, and the firm had an office at 1901 Lendew Street. The contractor was R. K. Steward & Son of High Point. Construction costs came in at \$20.86 per square foot. The average at the time in the United States was at least twenty percent higher, ranging from \$25 to \$26 per square foot.<sup>4</sup>

In the years between the hospital corporation board's late 1950's decision to expand and the completion of the new building in 1966, a landmark lawsuit struck down the discriminatory admission practices of Wesley Long Community and Moses H. Cone Memorial Hospitals. Greensboro dentist Dr. George Simkins had sued the two white hospitals over racially discriminatory practices on the grounds that the private hospitals had also received federal Hill-Burton funds. The discrimination therefore violated the Constitution. *Simkins v. Cone* was initially decided in the hospitals' favor based on their private status, but the Fourth Circuit Court of Appeals overturned it in 1963, confirming the illegality of racial discrimination in hospitals receiving federal funds. The decision was binding in North Carolina and the other states in the Fourth Circuit jurisdiction. The Civil Rights Act of 1964 soon outlawed racial discrimination across the United States. By the time the new facility for L. Richardson Memorial Hospital opened, African Americans finally had access to all hospitals in Greensboro.<sup>5</sup>

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<sup>2</sup> *Greensboro News and Record*, September 18, 1996; Marvin Brown, "(Former) L Richardson Memorial Hospital NR Nomination," <http://www.hpo.ncdcr.gov/nr/GF1137.pdf>, 1991, 8.2. The Benbow Street building that initially housed L. Richardson Memorial Hospital was listed in the National Register in 1992 and declared a local landmark in 2002.

<sup>3</sup> Wilson Elkins, "The History of L. Richardson Memorial Hospital, Greensboro, North Carolina," *Journal of the National Medical Association*, 61 (May 1969), 210.

<sup>4</sup> Elkins, 210; "Roster of Members," *North Carolina Architect* 15 (August 1968), 7, 12.

<sup>5</sup> George Simkins, interviewed by Karen Kruse Thomas, April 6, 1997, Southern Oral History Program Collection (#4007), Southern Historical Collection, UNC-Chapel Hill.

While *Simkins v. Cone* eliminated some barriers to health care for African Americans in Greensboro and Guilford County, it increased operating difficulties for the historically African American hospital. While the L. Richardson Memorial Hospital had a chronic struggle with overcrowding during segregation, it had the opposite problem after integration. Further, L. Richardson had a higher proportion of patients who could not pay than did other hospitals, since patients who could pay often opted for the better-equipped Cone Hospital rather than the underfunded L. Richardson Memorial. Further, the location of the new facility in southeast Greensboro was inconvenient to white doctors, so they did not refer their middle-class patients to the hospital. L. Richardson Memorial Hospital's 99.9 percent occupancy rate before integration fell to 65 percent by 1967, despite the opening of the new facility on Southside Boulevard. Additionally, the institution struggled to get access to local government support. The city stopped providing funds for health care in the 1950s, turning that function over to Guilford County. The county, however, denied funds to L. Richardson Hospital because the majority of its patients were from the city rather than the entire county. In the 1980s, changes to Medicare and Medicaid reimbursements also adversely affected the hospital's financial standing.<sup>6</sup>

Despite the constant fiscal difficulties since hospital integration in Greensboro, L. Richardson Memorial Hospital stayed open into the 1990s, becoming the last operating African American hospital in the state. Greensboro's African American community, particularly long-time residents and those involved in mid-century Civil Rights work in the city, continued to choose the hospital over Moses Cone. The staff and patients remained predominantly African American despite integration. Throughout the hospital's final decade, the African American community tried several arrangements to keep it open. When the non-profit hospital corporation went bankrupt in 1985 due to declining reimbursement rates, a group of ten physicians formed a partnership to purchase the building and lease it back to the corporation. In 1987, the hospital established a 60-bed nursing home on the vacant second floor. In 1990, the physicians' group sold the property to the Prince Hall Masonic Temple, which also leased the building to the hospital. Finally, the hospital closed in 1994 and the property was sold to Vencor, a Kentucky-based corporation that converted it to an acute-care hospital. Vencor changed its name to Kindred Hospital in 2001.<sup>7</sup>

#### *Historic Context: Health Care for African Americans in Greensboro and the Piedmont*

From colonization to emancipation, African Americans relied on relatives, friends, and community members for health care. North Carolina had no hospitals, no trained nurses, and few physicians before the Civil War, and the military and temporary hospitals that opened across the state during the war were only open to whites.<sup>8</sup>

Formal health care was first made available to African Americans in North Carolina beginning in 1865, when a medical division of the federal Freedmen's Bureau established eight hospitals in the state, including one in Greensboro. The eight hospitals were staffed with only four full-time medical officers; their work was

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<sup>6</sup> Elkins, 210-212; Dr. Jones interview.

<sup>7</sup> Jones interview; *Greensboro News and Record*, November 6, 1990 and September 19, 1999; L. Richardson Memorial Hospital to Southeastern Medical Association, Guilford County Register of Deeds, Deed Book 3467, page 955, October 2, 1985; Agreement between Southeastern Medical Association and L. Richardson Memorial Hospital, Guilford County Register of Deeds, Deed Book 3842, page 879, October 31, 1990; *Triad Business Journal*, May 21, 2001.

<sup>8</sup> Phoebe Ann Pollitt, *African American Hospitals in North Carolina: 39 Institutional Histories 1880-1967* (Jefferson, NC: McFarland & Company, Inc., 2017), 6-8.



augmented by fourteen contract surgeons. Capacity across the eight hospitals was six hundred patients. The severely strained system was better than none, but the medical division of the Freedmen's Bureau was defunded by Congress in 1868. Interestingly, at the time, hospitals were in scarce supply for whites as well. Patients of means did not use hospitals in this period, preferring treatment by private physicians at home.<sup>9</sup>

Throughout the last quarter of the nineteenth century, however, hospitals "began to evolve from charitable sanctuaries for the sick poor to modern scientific institutions" according to historian of medicine Phoebe Ann Proffitt. The Civil War precipitated this shift, as the wartime hospitals that adopted the new theories of sanitary environments saw better outcomes for their patients than did hospitals using traditional methods. As the era of hospital care began, those in the South were segregated, as were other institutions in the region.<sup>10</sup>

Across the nation and the state, African American hospitals were established in the last quarter of the nineteenth century and the first decades of the twentieth. There were two hundred such facilities in the United States by the early years of the twentieth century. At least 39 were in North Carolina, and African American physicians established about half of those. The opening of Shaw University's Leonard Medical School in Raleigh in 1885 enabled this trend, graduating physicians who fanned out across the state to open pharmacies and hospitals as well as private practices. Greensboro's two earliest hospitals for African Americans followed this mode: Dr. Cordice founded Cordice Sanitarium in 1914 and, along with two other doctors, opened Trinity Hospital in 1918. In addition to providing health care, the hospitals were essential in training both African American doctors and nurses. African American doctors could not find employment or mentors at the white hospitals. In-hospital training programs were the precursor to nursing schools, and white hospitals were likewise closed to African American nursing candidates.<sup>11</sup>

Churches, white philanthropists, and the state opened the other hospitals in North Carolina for African Americans during segregation. Philanthropists helped establish prominent facilities in three of the largest Piedmont cities, often by providing matches to funds raised by community members. The facilities were Lincoln Hospital in Durham (operating from 1901-1976), with money from Washington Duke's tobacco fortune; Slater (1902-1912) and Kate Bitting Reynolds Memorial Hospitals (1938-1971) in Winston-Salem, the former funded in part by the R.J. Reynolds family and the latter with contributions from both the Reynolds and the Duke Endowment; and the L. Richardson Memorial Hospital (1927-1994) in Greensboro, established with gifts from the widow of Lundsford Richardson, founder of Vicks Chemical Company. All were essential in their communities. The hospitals that operated beyond the 1960s integrated their staffs as the era of segregation ended, but they remained strongly associated with and important to local African American communities until they closed. Lincoln Hospital was demolished in 1983, according to North Carolina HPO records. Slater Hospital briefly served as a boy's dormitory at Slater Institute before its demolition in 1923. Kate Bitting Reynolds Memorial Hospital was demolished sometime after its closure in 1970.<sup>12</sup>

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<sup>9</sup> Pollitt, 8-10.

<sup>10</sup> Pollitt, 10.

<sup>11</sup> *New York Times*, August 12, 1992; Pollitt, 8, 36, 10-12; 18-19; 38, 111-113.

<sup>12</sup> Pollitt, 12-13, 70-86; Heather Fearnbach, *Winston-Salem's Architectural Heritage* (Winston-Salem: Forsyth County Historic Resources Commission, 2015), 374, 439.

Integration, an important and essential goal of the Civil Rights movement, paradoxically initiated a long period of decline for African American hospitals, despite continued need. By 1992, there were only seven remaining in the country. According to Rev. Joseph E. Lowery of the Southern Christian Leadership Conference, as quoted in the *New York Times* that year, “These hospitals continue to serve a very vital purpose in the black community. Adequate and affordable health care continues to move farther and farther away from those who need it most.” Well past the era of segregation, the hospitals provided important mentoring for African American health-care professionals and care to underserved populations. Dr. David Satcher, then-president of Meharry Medical College in Nashville, told the *New York Times* in 1992 that “Howard and Meharry [the nation’s most prominent African American medical schools and hospitals], provide leadership in African American health care and are on the forefront of researching diseases that affect African Americans, like sickle cell and cancer.” As the last historically African American hospital operating in North Carolina, the L. Richardson Memorial Hospital II stands as testament to the continued struggles against entrenched racism in the United States.

*Architectural Context: Institutional and Modernist Architecture in Greensboro, 1940-1970*

In 2009, the City of Greensboro commissioned a Historic Resources Survey Planning Phase, which resulted in survey and a report completed by Circa, Inc., of Raleigh. The report assessed the quality and quantity of resources that should be intensively surveyed and provided some background information and direction for the development of contexts for a future intensive survey.<sup>13</sup>

The survey found that institutional buildings of the period are dispersed throughout the city, are often associated with prominent architects, and are generally more architecturally sophisticated than residential and commercial properties of the period. Further, institutional buildings erected in the period 1940 through 1970 were predominantly rendered in various iterations of the Modernist style. Clearly, Modernism was emerging as the preferred style for local buildings beyond the residential realm. That survey report notes that “Greensboro embraced Modernist architecture early and retains a significant body of Modernist work by notable architects of the movement.” Survey completed in association with this report showed that many excellent Modernist buildings remain intact in the nine years since the completion of Circa’s survey.<sup>14</sup>

There are a number of buildings that express their concrete construction, like the subject property. The Self Help building at 122 North Elm Street is an excellent and artistic example, with concrete embedded with pebbled aggregate and a design that allows cantilevered corners to bring the appearance of lightness to the structure. A large apartment building at 229-299 W. McGee Street has an evident concrete framing structure, although the building’s concrete surfaces have been painted and are not as fine as the pebbled surfaces at the Self Help Building. The building otherwise appears intact.

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<sup>13</sup> Circa, Inc. “Historic Resources Survey Planning Phase Report,” prepared for the City of Greensboro, 2009, accessed at <http://www.ncmodernist.org/gso1940-1970.pdf> on March 6, 2018.

<sup>14</sup> Circa, Inc., 5, 16-19, 27-28.



*Self Help Building, 122 North Elm Street, Greensboro*



*Apartment Building, 229-299 W. McGee Street, Greensboro*

Specifically for hospitals, Modernism captured the spirit of technological progress and growing professionalism in the medical field of the period. The 1953 building housing Moses H. Cone Memorial Hospital was broad, with four stories, later expanded to six stories with two large rear wings. The building was rectilinear and minimalist, with concrete coping outlining the windows across the elevations and creating a horizontal emphasis. The building had a narrow tower at the center of the façade, which stepped back twice from this center feature, echoing the earlier Moderne style. In subsequent decades, many additions have been made all around the original hospital building, including a number at the front, destroying its architectural integrity. More construction is currently underway. Wesley Long Memorial Hospital, established in 1912, moved into a new building on Elam Street in 1961; that building has been expanded at least twice, in 1974 and 2012. Its appearance today does not reflect the Modernism of the mid-twentieth century. The L. Richardson Memorial Hospital II is a simple Modernist building that expresses its concrete structure as style, and also uses red brick and originally colored metal spandrels and curved concrete canopy. In moving away from historicist styles and toward Modernism, hospital buildings were employing architectural style to indicate the advances in the practice of medicine within.<sup>15</sup>

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<sup>15</sup> *Greensboro News and Record*, June 17, 2014.



*Moses Cone Memorial Hospital, 1121 N. Church Street, Greensboro*



*Wesley Long Hospital, 2400 W. Friendly Avenue, Greensboro*

## Evaluation

The L. Richardson Memorial Hospital II (GF6065) stands in its original location in a suburban area of southeast Greensboro near transportation corridors and historically African American neighborhoods. The building remains set back on its triangular parcel with its original landscaping basically intact. The property therefore retains its integrity of location, setting, feeling, and association.

The main hospital building is not architecturally intact: its original double-curved concrete canopy has been replaced, heavy concrete coping has been added to the small front wing, and the building's original rear wing has been removed. Colored metal spandrels have been painted white, eliminating the soft contrast with the concrete that once existed, although the original blue is intact underneath. The building does retain its original concrete finishes and windows, brick side elevations, and bay windows at the west elevation. The mechanical building remains unchanged. Overall, the property retains integrity of materials, but the integrity of design and workmanship has been somewhat compromised by the loss of distinctive Modernist elements, particularly at the entrance and front wing's roofline.

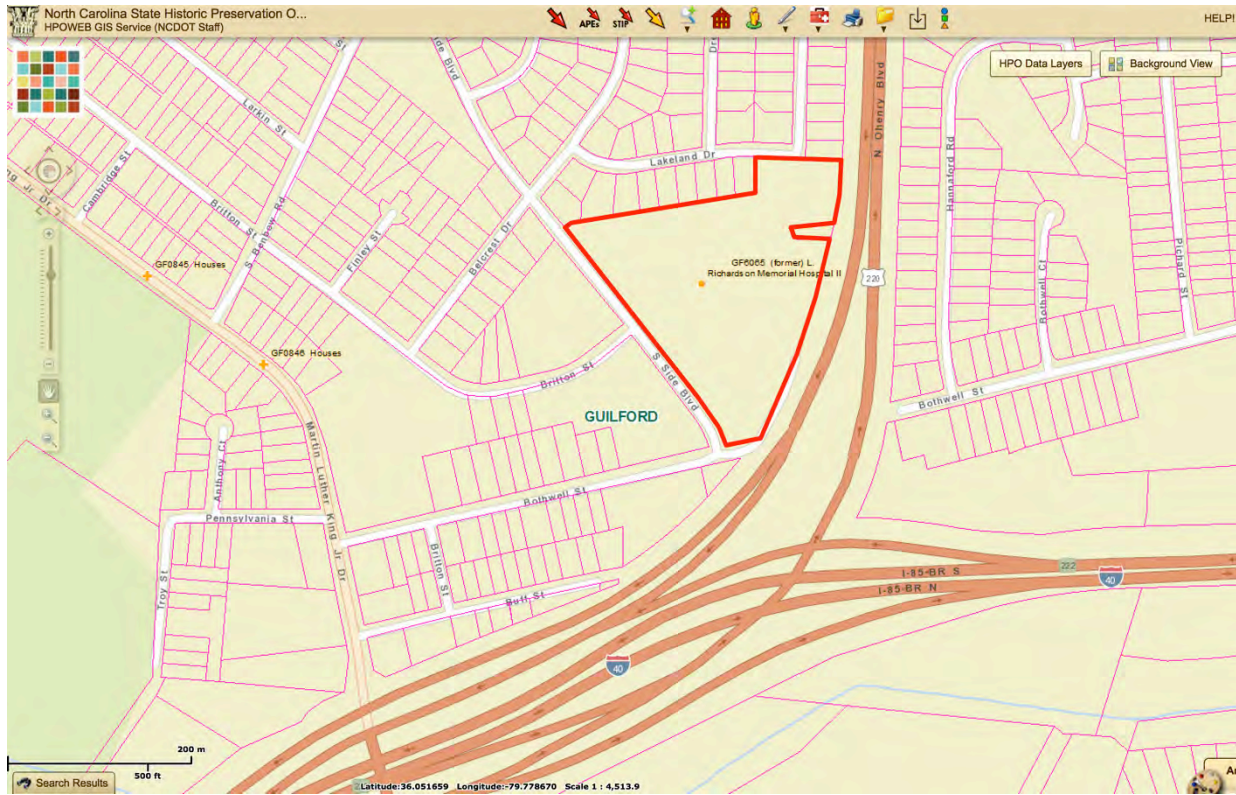
Properties can be eligible for the NRHP if they are associated with a significant event or pattern of events that have made contributions to history at the local, state, or national level. The first building housing L. Richardson Memorial Hospital, on Benbow Street, was listed in the National Register of Historic Places under Criterion A in the areas of Health/Medicine and Black Ethnic Heritage. It is not only an important institution established by and for Greensboro's African American community but also an early surviving hospital in Greensboro. The building on Southside Boulevard is a continuation of the local African American community's efforts to provide quality health care. Specifically, it illustrates the importance of historically African American institutions even after integration. It is recommended eligible under Criterion A in the area of Black Ethnic Heritage.

The L. Richardson Memorial Hospital II is not strongly associated with any individual and therefore is not recommended eligible for the NRHP under Criterion B. Founders of the hospital would be more closely associated with the original building on Benbow Street. Civil rights activist Dr. George Simkins is not particularly associated with the building and is better represented by the Gillespie Golf Course, where he played in 1955 as a challenge to segregation.

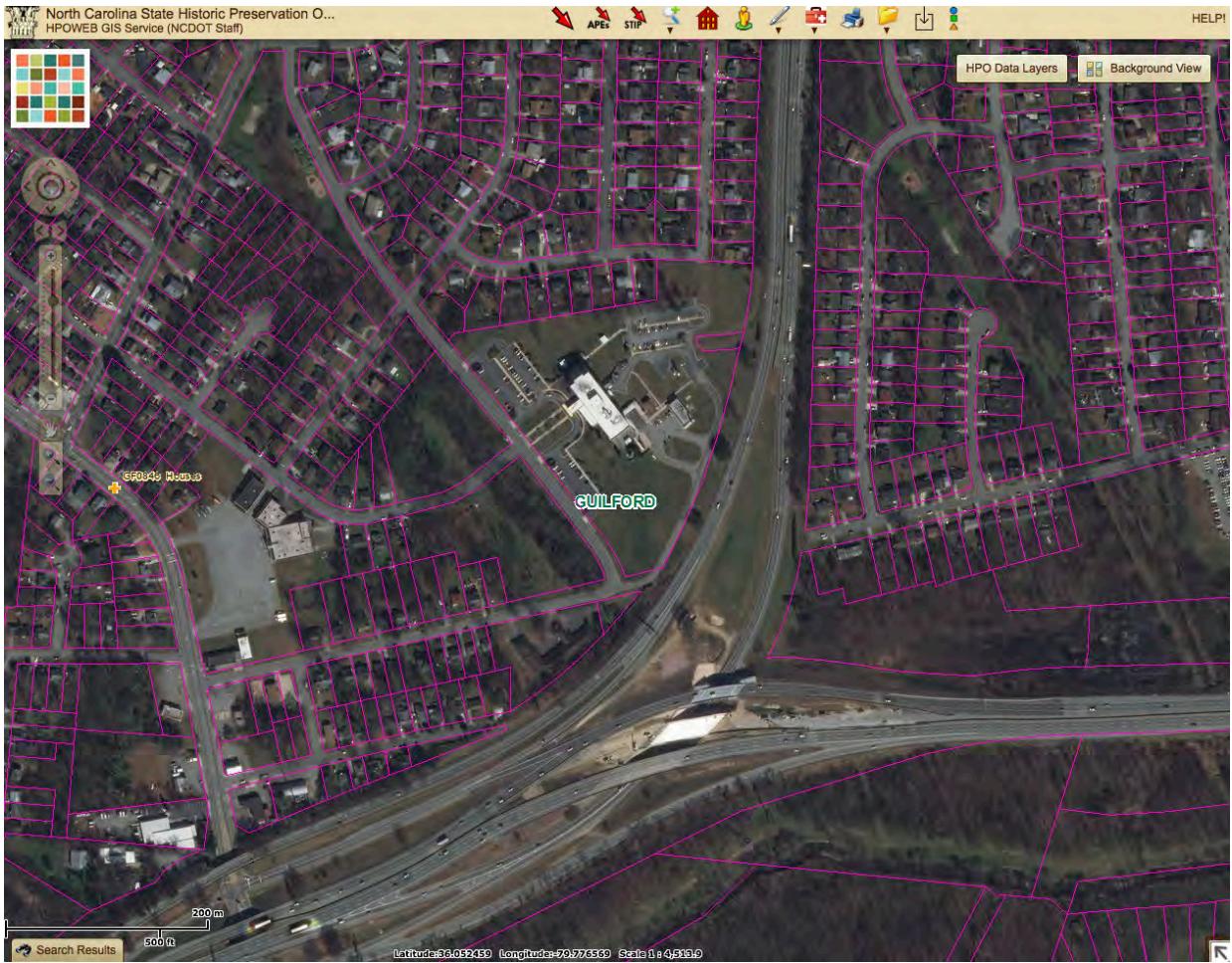
The L. Richardson Memorial Hospital II is a concrete-framed Modernist building with precast concrete panels, brick cladding, fixed and operable metal-sash windows, bay windows at one elevation, and an exposed concrete frame. It does embody the distinct characteristics of a Modernist building, highlighting building materials and structure over applied ornament. However, its integrity of design and workmanship are compromised due to changes to the original canopy, at the front single-story wing, and with the removal of the rear wing. The original design of the canopy and front wing in particular provided architectural flourish to an otherwise plain building, and their loss adversely affects the architectural integrity of the building. Greensboro has an excellent and extensive collection of more intact Modernist institutional buildings that represent the many iterations of the mid-twentieth-century Modernist architectural style. Additionally, the building does not represent the work of a master nor possess high artistic value. This property is therefore not recommended eligible under Criterion C.

It is unlikely that additional study of this property would yield any unretrieved data not discoverable through informant interviews, building technology, and documentary sources. Therefore, the L. Richardson Memorial Hospital II is recommended not eligible for the NRHP under Criterion D.

The proposed NRHP boundary for the property would be the entire parcel with the PIN 7873273613. This is the full parcel historically associated with the hospital complex. The parcel lines follow the Right of Way (ROW) along the parcel's west and south sides and along most of the east side. A small vacant parcel of .16 acres, owned by the City of Greensboro, interrupts the east edge of the Parcel 7873273613 in its upper portion, as seen below.



*L. Richardson Memorial Hospital II Proposed NRHP Boundary (adapted from HPO Web)*



*L. Richardson Memorial Hospital II Site Map (adapted from HPO Web)*



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