



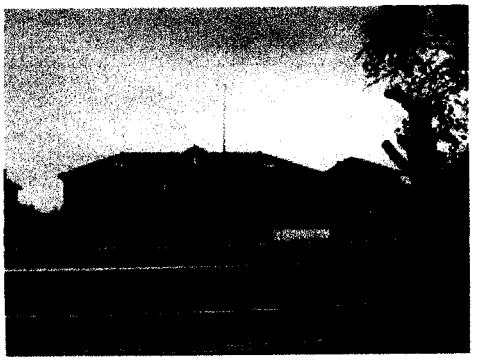
OKLAHOMA CITY AREA INDIAN HEALTH SERVICE (OCAIHS)

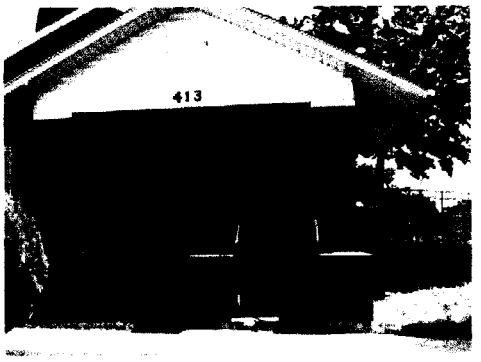
HISTORIC BUILDING SURVEY

FINAL REPORT

July 12, 2005

Prepared by
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EXECUTIVE SUMMARY

Van Citters: Historic Preservation (VCHP) was contracted by the Oklahoma City Area Indian Health Service (OCAIHS) to survey and document buildings in their real property inventory that were at least 50 years in age to provide National Register of Historic Places evaluations for the purpose of compliance with Executive Order (E.O.) 13287, known as the Preserve America initiative. Upon review of their building inventory, OCAIHS determined that a total of 37 structures met the criteria dictated in the Preserve America initiative. These included buildings located at Clinton Indian Hospital, Lawton Indian Hospital, Pawnee Indian Health Center, and the Talihina Institutional Support Facility. VCHP conducted field surveys at each of the facilities and recorded the buildings on Oklahoma's Historic Preservation Resource Identification Form.

Each of the four service units include an area recommended as an historic district, under Criterion A in the area of Ethnic Heritage of Native Americans. All the surveyed properties are recommended as contributing to these proposed districts. In addition, 16 of the buildings surveyed are recommended individually eligible for the NRHP under Criterion C in the area of Architecture. The following table summarizes the results:

Service Unit	Building No.	Eligible	Contributing	Not Eligible
CLINTON				
	201		x	
	202		x	
	203		x	
	204		x	
LAWTON				
	412		x	
	413		x	
	414		x	
	415		x	
PAWNEE				
	002	x	x	
	003	x	x	
	004		x	
	005		x	
TALIHINA	201	x	x	
	202	x	x	
	203	x	x	
	204	x	x	
	205	x	x	
	206	x	x	
	210		x	
	211	x	x	
	212	x	x	
	214	x	x	
	215		x	
	216		x	
	217	x	x	
	218	x	x	
	220	x	x	
	221		x	

Service Unit	Building No.	Eligible	Contributing	Not Eligible
TALIHINA				
	223		x	
	231		x	
	233	x	x	
	236		x	
	238		x	
	239		x	
	240		x	
	248	x	x	

LIST OF ACRONYMS

ADA	Americans with Disabilities Act of 1990
BIA	Bureau of Indian Affairs
CCC	Civilian Conservation Corps
CFR	Code of Federal Regulations
CIHC	Clinton Indian Hospital Complex
CNIHC	Choctaw Nation Indian Hospital Complex (Talihina)
E.O.	Executive Order
FR	Federal Register
HABS	Historic American Building Survey
HAER	Historic American Engineering Record
HALS	Historic American Landscape Survey
IHS	Indian Health Service
LIHC	Lawton Indian Hospital Complex
NHPA	National Historic Preservation Act of 1966
NRHP	National Register of Historic Places
OCAIHS	Oklahoma City Area Indian Health Service
PHS	Public Health Service
PIHCC	Pawnee Indian Health Center Complex
P.L.	Public Law
sf	square foot (feet)
SHPO	State Historic Preservation Officer
VCHP	Van Citters: Historic Preservation, LLC
WPA	Works Progress Administration

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1.0 INTRODUCTION

Indian Health Service (IHS), in order to comply with Executive Order (E.O.) 13287, is undertaking the systematic recordation of all buildings in their inventory that approach, meet or exceed 50 years in age. Within the purview of the Oklahoma City Area Indian Health Service (OCAIHS), 37 buildings meet the age criteria and are located on the campuses of four different service units: Clinton Indian Hospital Complex (CIHC) in Custer County, Lawton Indian Hospital Complex (LIHC) in Comanche County, Pawnee Indian Health Center Complex (PIHCC) in Pawnee County, and the Choctaw Nation Indian Hospital Complex (CNIHC), which is the historic name of the Talihina Institutional Support Facility, located in Latimer County (Figure 1). These units are located within the state of Oklahoma, geographically representing the four quarters of the state. Whenever possible, the service unit as well as individual buildings are identified by their historic names.

OCAIHS contracted with Van Citters: Historic Preservation (VCHP) to conduct a survey of each property in order to evaluate the buildings' eligibility for the National Register of Historic Places (NRHP). The survey, conducted by a qualified Architectural Historian, included the documentation of each building using the requisite state inventory forms as well as the preparation of site plans and digital photography. Irene Fields and Al Frejo of the OCAIHS office assisted the Architectural Historian, Karen Serio, with the gathering of data both in the Oklahoma City office and at each facility location.

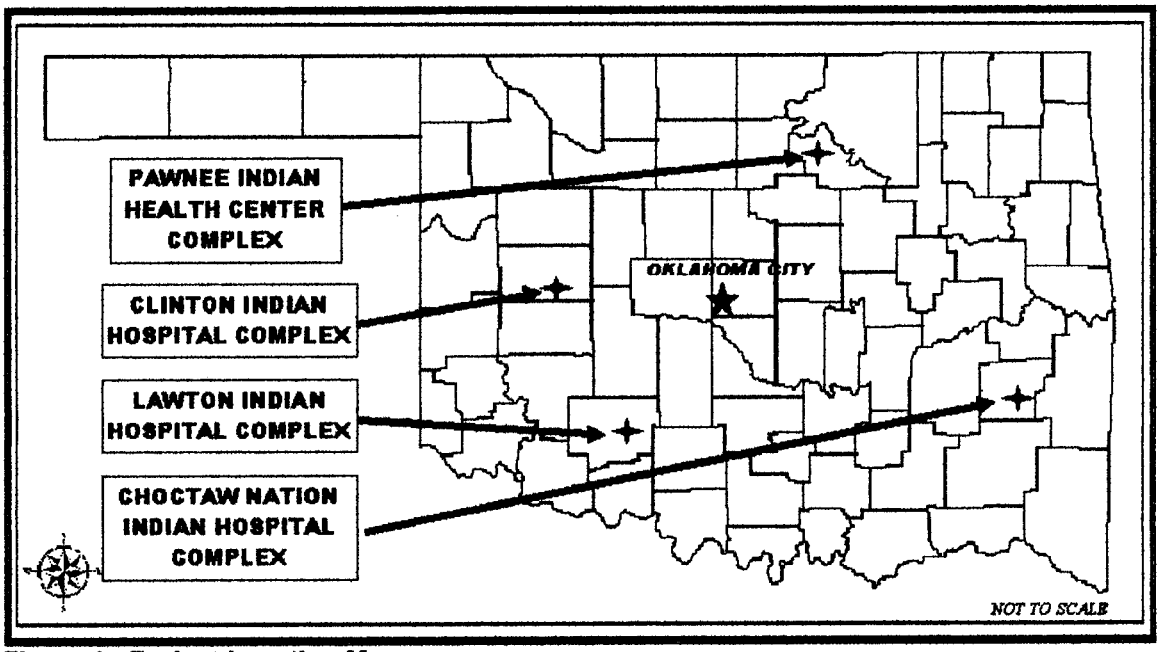


Figure 1: Project Location Map

The following pages give detailed information on the methodology used and assumptions made during the data collection process. A brief description of the research conducted is included in Chapter 2. The historic context for Native American healthcare, written by William A. Dodge, Ph.D. of VCHP, is contained in Chapter 3, as well as a short overview of the role of the Works Progress Administration (WPA) and the

Civilian Conservation Corps (CCC) in the construction of public facilities. There are also brief histories of each of the facilities in Chapter 3. Chapter 4 contains the results of the survey and architectural descriptions, historic and current photography, and NRHP eligibility recommendations for each of the 37 buildings. Chapter 5 is a brief summary of each of the applicable regulations that have generated and guided this project into fruition. Chapter 6 addresses recommendations for each of the sites as well as some of the individual buildings. The associated survey forms, digital photography, historic photographs and site plans are located in the Appendices along with previous NRHP nominations and relevant correspondence.

2.0 METHODOLOGY

All methods of research and survey are in compliance with the Secretary of the Interior's Professional Qualification Standards as published in 48 FR 44716, September 29, 1983.

2.1 Approach

The purpose of the project was to record historic properties for IHS for their use in complying with E.O. 13287 as well as gathering detailed information for their future use in the decision making process. OCAIHS provided the location information for all of the buildings in their inventory near, at or over 50 years in age. These 37 buildings to be recorded represented a variety of construction methods, architectural styles and periods of significance. The approach to this recordation consisted of a combination of research and field survey conducted by a qualified Architectural Historian. Five days were allotted to complete the research and field survey where information regarding the history, construction, use and evolution of each of the buildings would be gathered.

One of the primary project goals was to determine the NRHP eligibility of each of the 37 resources located within 4 facilities. The Architectural Historian, upon field inspection, recognized that all of the resources could be evaluated under Criteria A and C of the NRHP. These NRHP Criteria are defined as follows:

> **Criterion A**: Property is associated with events that have made a significant contribution to the broad patterns of our history.
>
> **Criterion C**: Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.

Under each Criterion, there are categories of significance specifically related to each property type. Under Criterion A, the areas of significance for this project are Native American Ethnic Heritage and Healthcare. Under Criterion C, Architecture is the primary area of significance.

Each building was also assessed for both individual eligibility and their status as a contributing element within an historic district. For a resource to be individually eligible, it must retain enough of the National Register seven aspects of integrity (location, design, setting, materials, workmanship, feeling, association) and be a good example within its significance category. According to National Register Bulletin 16A, a historic district is defined as possessing a "significant concentration, linkage, or continuity of sites, buildings, structures, or objects united historically or aesthetically by plan or physical development" (National Park Service 1991, 15). The seven aspects of integrity are also applied to a district; however, the district as a whole has greater consideration than the individual contributing elements. Therefore, while a district may not contain any individually eligible resources, the district itself may still be eligible as a representation of a historic place or event.

The Criteria of Eligibility were applied to each of the 37 buildings both in the field and in conjunction with the research. Chapter 4 contains the results of this application as well as brief details of the buildings themselves. Additionally, the data collected in the field and during research was used to fill out an Oklahoma Historic Preservation Resource Identification Form for each building which will be filed with the State Historic Preservation Officer (SHPO) in compliance with Section 106 of the National Historic Preservation Act (NHPA).

2.2 Research

The research began with the OCAIHS files and their collection of historic plans, photographs and building inventories for all of their properties. Much of the information dates from the period when the facilities were operated by the Bureau of Indian Affairs (BIA). This collection contains a 1944-45 building survey conducted to identify the status of the mechanical systems and contemporary worth of each of the structures, including some that are no longer in existence. The survey included black-and-white photographs of each building. Many of these photographs are used in this report for comparison purposes and to detail the evolution of the structures. OCAIHS also provided copies of Facility Condition Surveys for each of the four service units. These reports contain detailed analyses of the structural elements of the buildings as well as contemporary floor plans and photographs. The Facility Condition Surveys date from the mid-1990's forward; however, they did provide valuable information regarding construction materials and alterations.

Two of the four buildings at the Pawnee complex were previously included in the National Register listed Pawnee Agency and Boarding School Historic District. The context and the background information collected for the nomination were heavily utilized for the Pawnee history included in this report. Additionally, the Talihina complex had been previously documented by Irene Fields of the OCAIHS office and her collection of information became part of the research materials made use of for this project.

Additional research regarding WPA, CCC, tuberculosis, hospital architecture and Chicago architects was conducted in Albuquerque at the University of New Mexico's Zimmerman Library and through online sources. Information pertaining to the evolution of the structures was often acquired from each service unit facility manager or facility engineer. Oral history interviews were not in the scope of this project.

3.0 CONTEXTUAL DATA

The following sections contain information related to the general history of IHS as well as detailed information about each of the installations surveyed for this project. There is also a brief discussion of the role that the WPA and the CCC played in the construction of public facilities.

3.1 Historic Context

The history of the United States government's involvement in Indian health care policy dates back to 1824 when the Indian Office (forerunner to the Bureau of Indian Affairs [BIA]) was organized under the War Department and sent Army doctors to communities in Indian Country to provide health care to indigenous populations (Townsend 1942, 31). In 1849, the Indian Office, also known as the "Indian Service," was transferred to the newly created Department of Interior and continued this policy. Health care for Indian people was not a high federal priority, however, and the attention given was generally substandard. In reality, this lack of interest in health care by the federal government was acceptable to most Native peoples since they had little interest in the "white man's medicine," and had little need for the government doctors.

Much of this changed with implementation of government boarding schools for Indian children. Starting with the opening of the Carlisle Indian School in 1879, the number of off-reservation and on-reservation boarding schools totaled 106 by 1900 (Connell-Szasz and Ryan 1988, 291). This interest in Indian education coincided with the creation of a Medical and Education Division within the Indian Office in 1873. Thus, by the late nineteenth century, the federal government associated health care with education, and thus it is no wonder that most boarding schools had an infirmary or small hospital on their campus. In most cases, for Indian students attending boarding school this was their first exposure to Western medical practices. And for on-reservation boarding schools, this combination health care – education policy resulted in the first structured contact between doctors and nurse's and the people of that Indian community.

By the turn of the twentieth century, the percentage of Indian children and young adults receiving the benefits of a Western health care system was still very small. As a result, Indian people as a whole continued to be ravaged by European diseases. In the 1920s, cases of tuberculosis and trachoma were particularly rampant. Indian reform organizations, such as the American Indian Defense Association, called for immediate federal action to correct this failing, and as a response a Division of Health was created within the Indian Bureau in 1924 (Townsend 1942). The new division was hampered in its efforts to improve Indian health care in large part because Congress was reluctant to appropriate sufficient funds for building new facilities and hiring additional medical personnel.

In 1928, the Institute for Government Research issued the Merriam Report that severely criticized United States Indian policies that fostered poverty and unhealthy living conditions among Indian communities (Merriam 1928). With regard to health care, the report categorized the general health of Indian people as bad. The report documented the unsanitary living conditions in Indian communities, and described the high infant mortality rates for Indian people. Although the recommendations offered by the Merriam

Report resulted in some new programs and facilities, many projects languished in the federal bureaucracy until 1933 when President Franklin Roosevelt appointed the well-known Indian reformer, John Collier, as Commissioner of Indian Affairs. Collier immediately went to work convincing Congress to appropriate sufficient funds for new health and education facilities. His success is evident in the fact that by 1942 there were 78 general hospitals and 12 sanatoriums built exclusively to serve Indian people (Townsend 1942, 32). It was also policy to construct housing for hospital personnel nearby or on the campus in an effort to make the employment more attractive to medical professionals, especially in isolated or remote areas.

Federal Indian policy changed directions again following World War II. The government advocated a policy of termination that not only attempted to desegregate Indian communities and dismantle tribal specific programs, but attempted to formally end the traditional federal – tribal political relationship as well (Fixico 1986). The federal government hoped to once and for all assimilate Indian people into mainstream American culture. As a part of this termination policy, Congress attempted to have Indian and non-Indian populations share public facilities, such as health care clinics and hospitals.

An offshoot of this policy was Public Law 83-568, passed on August 4, 1954, which transferred health services from the Bureau of Indian Affairs to the Public Health Service (PHS) and created the IHS within the Department of Health, Education, and Welfare (now the Department of Health and Human Services) (Fixico 1986, 92; Washburn 1996, 408). This act meant that all health care facilities, such as Indian hospitals and clinics, and medical and environmental health programs were now under the general umbrella of the IHS. It was anticipated that this would streamline health care services provided Indian people, but many Indian leaders initially saw the transfer as just another part of terminating government's responsibilities for Indian specific programs and incorporating them into the government's general public health policies.

BIA Commissioner Glenn Emmons hoped that the transfer of health services out the Bureau would improve Indian health care; however, the statistics did not bear this out. By the late 1950s, the policy of termination was on its way out and President Dwight Eisenhower was calling for increased funding of Indian-specific health care programs, particularly in the area of sanitation facilities construction to improve the environmental health of Indian people living on reservations. Two acts passed in the 1970s re-emphasized health care under the new federal policy of Indian Self-Determination. In 1975, the Indian Self-Determination Act (P.L. 93-638) offered tribes the option to manage their own health care programs. A year later, the Indian Health Care Improvement Act (P.L. 94-537, amended in 1980) had a stated goal of elevating the health status of the American Indian to that of the general population (Washburn 1996, 408). The role of the Indian Health Service, and federal government, is thus evolving as many tribes begin to assume more and more responsibility for meeting their own health care needs.

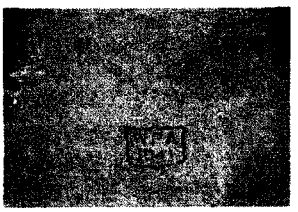
3.2 Public Programs of the 1930s

In an effort to generate employment and stimulate the economy during the Great Depression, the American government passed a series of regulations that focused on putting people back to work. In April of 1935, Congress passed the Emergency Relief

Appropriation Act which established a national program for employing the jobless in public works projects across America. This program was known as the Works Progress Administration (WPA) which within its first year had employed nearly 3.5 million people. The types of building projects undertaken by the WPA included the construction of new roads, bridges, parks, landing fields and public buildings. The WPA also sponsored projects that promoted public art, music and history and was able to employ writers, musicians, artists and historians.

The effect of the WPA on the Indian hospitals coincides with the changes being made to healthcare as a result of the Merriam Report. Much of the new construction during the 1930s at each of the four study facilities is due to WPA funding and manpower. At the Lawton facility, there is a stamped sidewalk reading "WPA 1941." At the Choctaw Nation facility, the evidence of WPA handiwork can be seen in infrastructure improvements such as the stone gully system and stone retention walls (Figure 2).

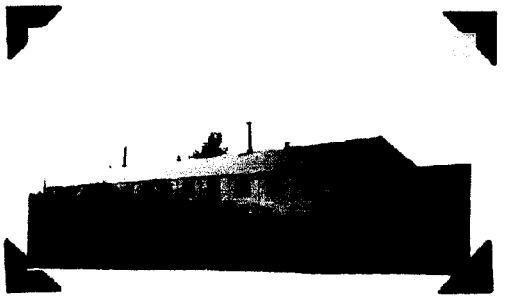
Public facilities were also temporary homes for the Civilian Conservation Corps (CCC), which was created to employ jobless males in the tasks of reforestation, road construction, soil erosion prevention, flood control and national park projects (Morris and Morris 1996, 381). The CCC was organized as a military unit and was directed by army officers. The camps where the CCC were stationed were often on public lands, including Indian hospitals. At Clinton, there was a CCC office and enrollee building as well as a garage. Unfortunately, neither of these structures are still standing.



Sidewalk at LIHC



Retention Wall at CNIH Complex



CCC Office and Enrollee Building at CIHC

Figure 2: Evidence of public works projects at OCAIHS service units

3.3 Clinton Indian Hospital Complex

The Clinton Indian Hospital Complex (CIHC) is located in the vicinity of Clinton, Oklahoma, on approximately 14.69 acres. It consists of four historic buildings and three non-historic buildings. The hospital, unlike others studied for this report, was not constructed to treat tuberculosis. It has limited ward space and a very small isolation area. The hospital was built to treat the Cheyenne and Arapaho tribal members in 18 counties of western Oklahoma.

The site is located on a hilltop with a view of the surrounding countryside. The original entrance to the property is off of Route 66, a national highway and major east-west route until the opening of the interstate system in the late 1950s. The earliest recorded structures at the complex date from 1933 when the hospital, the nurse's quarters, the doctor's cottage and the garage/engineers quarters were built. By the 1944 Building

Evaluation Survey, there were 16 structures located within the complex, including the two previously mentioned CCC buildings, a farm agent's house, a root cellar, tennis courts and additional cottages (Figure 3). A 1957 survey map shows only the core four historic buildings, two cottages and the tennis courts remaining at that time. Today, four of the core historic buildings and three relatively new buildings are on the site.

The setting of the complex remains rural and the campus gives the feeling of self-containment. An *alley* of hardwood trees was planted along either side of the entrance drive sometime prior to 1957 (Figure 3). Most of these trees are still in existence, as well as multiple plantings of cedars of Lebanon. On the parcel of land directly west of the complex, a new hospital facility is under construction. Upon completion, the historic hospital building will be vacated and the healthcare services will move to the new location.



Farm Agents house

Tree lined (alley) entrance drive

Figure 3: Historic building and alley entrance at Clinton

3.4 Lawton Indian Hospital Complex

The Lawton Indian Hospital Complex is located west of the city of Lawton in southern Oklahoma. The facility was constructed to treat members of the Caddo, Comanche, Delaware, Fort Sill Apache, Kiowa, Kiowa-Apache and Wichita tribes. Its setting still has a rural feeling, but given its proximity to the rapidly growing city of Lawton, this anticipated to change within the next few years. South and east of the complex is the Indian Boarding School campus which is still partly in use. Constructed in a different style and using materials differing from those at LIHC, it is still part of the overall setting of the hospital. Its adjacent location made the area a central meeting point for tribal members living in southern Oklahoma.

The LIHC has experienced substantial changes over the course of its history. As the c. 1960 aerial photograph (Figure 4), it was once a large campus with numerous cottages and living quarters for hospital personnel. The two hospital buildings, located north of the central quadrangle in the photograph, were constructed as separate structures so that one could house the contagious tuberculosis patients and the other could treat all other illnesses. The three larger buildings on the eastern side of the quadrangle are nurse's quarters and student nurses dormitories, for the hospital's nursing staff. The four individual houses on the southern side of the quadrangle are identified as cottages, the

largest of which was designated for use by the superintendent. The other cottages most likely housed the doctor's and their families. In the c.1960s photograph, the campus itself had recently been planted with boundary trees, which are still in existence today.



Figure 4: Aerial of Lawton, c. 1960

The oldest building still in existence at LIHC is the westernmost southern cottage (412), which was constructed in 1917 and moved to its present location in 1942. It was most likely constructed as part of the original hospital complex (Figure 5), and as the complex began to grow and improve in the 1930s, it was reused elsewhere on the premises. The earliest date of construction for the complex is not known at this time, but it would most likely be around the same time as Cottage (412).

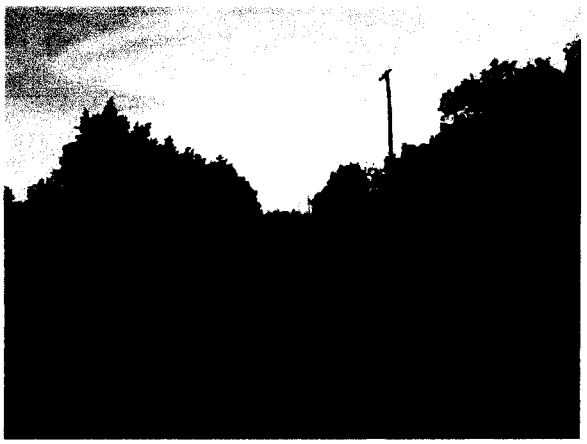


Hospital Building, c. 1944



Nurse's Quarters, c. 1944

Figure 5: Historic photos of Lawton buildings



Today, only the four cottages of the southern quadrangle remain as well as traces of the sidewalk system, swimming pool and tennis courts. A new hospital was constructed in 1967 within the central quadrangle of the campus, and subsequently all of the structures on the north and the east were demolished. The driveway was realigned and the original entrance drive was allowed to return to grass (Figure 6).

Figure 6: Original curved drive

3.5 Pawnee Indian Health Center Complex

The Pawnee Indian Health Center Complex is located in north central Oklahoma just outside of the town of Pawnee. It was constructed to administer to the health and welfare of the Kaw, Osage, Otoe-Missouri, Pawnee, Ponca, and Tonkawa tribal members. It is located directly adjacent to the administration center of the Pawnee Nation as well as the historic Pawnee Boarding School. The complex is on approximately 5.5 acres and is comprised of rolling lawn interspersed with mature hardwoods. The area directly surrounding the complex is rural with a nearby railroad and historic bridge contributing the rural feel of the setting (Figure 7)



Figure 7: Railroad Bridge at Pawnee

The hospital began operations in 1931 and had a separate ward for the treatment of tribal members with tuberculosis. The adjacent nurse's quarters were also opened at this time to house nurses on staff at the hospital. Originally there had been cottages located behind the hospital at the top of the hill, but these cottages have since been demolished, with only an occasional set of steps in the landscape remaining to show that existed. The demolition most likely occurred sometime around 1959 when two new quarter's buildings were constructed to house hospital staff. Today, the complex consists of the Old Hospital Building (002), the Nurse's Quarters (003), and the two Quarter's buildings (004 & 005). There are also two contemporary metal storage buildings located on the property. A new hospital was constructed within the past two

years and since that time the Old Hospital Building (002) and the Nurse's Quarters have been vacant.

The Old Hospital Building (002) and the Nurse's Quarters (003) were previously recorded as contributing elements with the NRHP listed Pawnee Agency and Boarding School Historic District. This district has buildings dating to 1876 within the 29 acre boundary and covers almost 75 years of Pawnee history. Many of the agency and boarding school buildings were constructed of the same rough-faced sandstone as the hospital and nurse's quarters building, giving the area a sense of cohesion and shared history.

3.6 Choctaw Nation Indian Hospital Complex (Talihina)

The Choctaw Nation Indian Hospital Complex consists of 26 buildings tucked into the foothills of southeastern Oklahoma. Located approximately 4 miles west of the town of Talihina, its setting is rural and wooded, consisting of rolling pine and oak forests. There is a sense of seclusion on the campus, magnified by the fact that it was once essentially a self-contained community

The CNIHC was constructed to treat tubercular Choctaw and Chickasaw tribal members as early as 1917, but the majority of the remaining structures date from the mid 1930s onward. The original sanatorium building was wood frame and initially housed only patients with tuberculosis (Figure 8). As the demand for hospital beds increased, the complex grew to include a superintendent's cottage, employee housing, a commissary, a school, and a working farm that included a dairy barn, a hog shed, cow shed, poultry house, hay storage and feed storage. At its height, the complex included four doctor's cottages, five cottages, one duplex, an apartment building, and a guest house in addition to a dining and recreation hall, an employees building, a laundry, multiple garages, a power house, tool sheds, tennis courts and several water tanks (Figure 9).



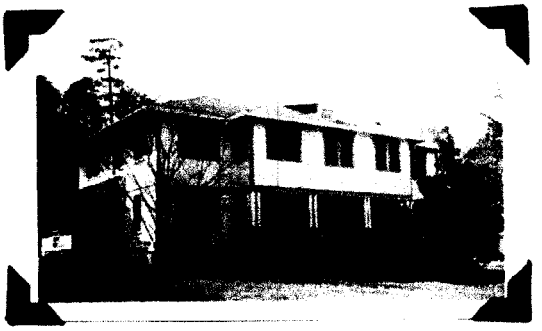
Figure 8: Original Sanatorium

In 1937, construction began on a massive new hospital building designed by the Chicago architecture firm of Schmidt, Garden and Erickson. This architectural firm specialized in commercial buildings and during the course of their careers had designed over 300 hospitals. The Manteno State Hospital in Manteno, Illinois, was also designed by the firm and bears many similarities to the design and layout of the CNIHC. While it is known that Schmidt, Garden and Erickson designed the new hospital building, it also seems logical to assume that they were responsible for the design of three of the

doctor's cottages, the nurse's quarters building and the dining and recreation hall, which have similar features.



Outdoor Sewing Room, c. 1944



Apartments, c. 1944

Figure 9: Typical structures at property during height of operation

When the hospital opened in 1938, it had 225 beds with over two-thirds of them dedicated to the treatment of tubercular Choctaws and Chickasaw tribal members. Also during this time improvements were made to the infrastructure of the complex when concrete and stone drainage channels, culverts and bridges were installed. Within the past five years, the CNIHC has seen substantial changes, the most drastic being the construction of a new hospital approximately 2 miles south of the present location. The old hospital building is now vacant but all of the existing housing is still in use. The construction of a new drug and alcohol treatment center caused several of the buildings in the northeast corner to be demolished. However, the campus has retained enough of its integrity to give a real sense of place and time.

4.0 SURVEY RESULTS

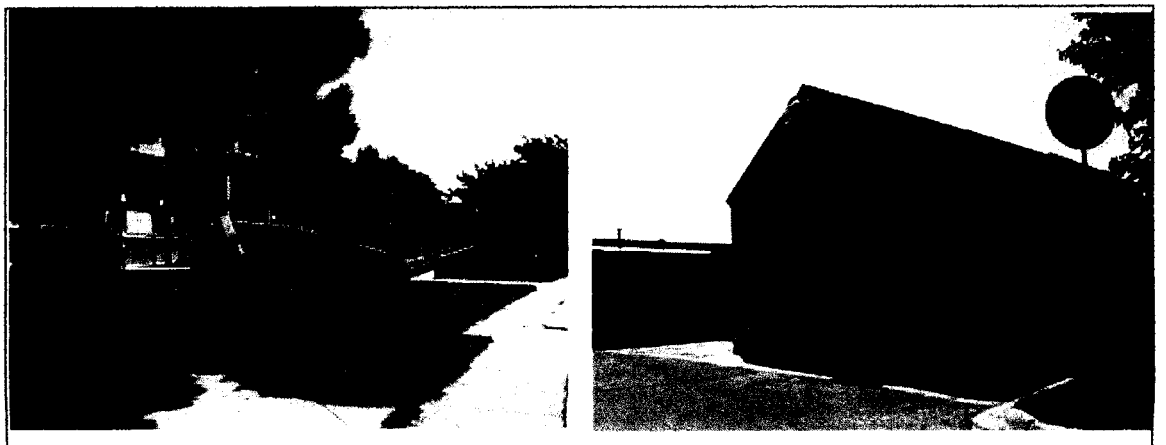
The following sections contain summary information regarding the architectural survey of the buildings at four service units within Oklahoma. The number in parentheses next to the name of the resource is OCAIHS' inventory number and is used in this report to aid in identification.

4.1 Clinton Indian Hospital Complex

The Clinton Indian Hospital Complex consists of four contributing resources: the Hospital Building (201), the Nurse's Quarters (202), the Doctor's Cottage (203) and the Garage and Engineers Quarters (204). There are three other non-contributing buildings presently located within the complex boundaries but they are not considered part of the historic core. The CIHC is recommended eligible for the NRHP as an historic district with each of the four resources recommended as contributing elements. The boundary includes the four historic buildings, three non-contributing buildings, and historic landscaping. The boundary is based on the 1957 survey map and is roughly contained within the historic property boundary. See Appendix A for recommended historic district boundaries, detailed Historic Preservation Resource Identification Forms, site plan, map, digital photography and historic photographs.

4.1.1 Hospital Building (201)

The Clinton Indian Hospital Building (201) was constructed in 1933 and contains elements of the Classical Revival architectural style. It is one story with a basement for a total of 10,462 sf. It has a concrete block foundation wider than the textured brick exterior which creates a water table near the base of the wall. The building has an H-shaped plan with a cross-gable roof clad in asphalt shingles. The windows are primarily fixed with small awning insets at the base of each window. There are brick stretcher window heads and the exterior is assembled using the English common brick bond. There is a modified loggia on the front façade which has arched openings with keystones and capstones (Figure 10).



South Elevation | Northwest Corner

Figure 10: Building 201, Clinton

Modifications to Building 201 include the replacement of the original doors and windows and the enclosure of the loggia. According to the 1931 blueprint for the exterior of the structure, the original windows were 8/8 double-hung sash and the original doors were paneled with lights or paneled with transom and sidelights. There is a small shed addition at the rear and a large gable addition on the east elevation. The gable addition is attached to the resource by a small gabled connector. As per the 1957 site plan, these additions were added sometime after 1957. A metal portable building has also been added to the rear elevation but joins the building only at the loading dock shed roof.

Building 201 is part of a complex constructed by the Bureau of Indian Affairs in 1933 for the Health and Welfare of Cheyenne and Arapaho Tribal Members. It is considered significant for its contribution to the history of Native American health-care in Oklahoma. The resource is considered a contributing architectural element to the overall setting, design and history of the complex and is recommended eligible for the NRHP as a contributing element within the proposed Clinton Indian Hospital Complex Historic District. It is not recommended eligible on an individual basis due to a loss of architectural integrity.

4.1.2 Nurse's Quarters (202)

The Nurse's Quarters (202) at the CIHC is a 2600 sf, one story building with a basement. Built in 1933, it contains elements of the Minimal Traditional Architectural Style. Architectural details include a gable roof clad in asphalt shingles, one interior brick chimney, a partial width front porch and a concrete block foundation. The windows are now 6/6 double-hung sash and 4/4 double hung sash. The doors are metal with raised panels and glazing (Figure 11).



Modifications to the building include the replacement of all doors and windows. The interior originally contained 7 bedrooms but has since been converted into a dental clinic. According to Duane McClure, Facility Manager for the CIHC, the original exterior weatherboard siding was completely removed when the present vinyl siding exterior was installed.

Figure 11: Southeast Corner Building 202, Clinton

Building 202 is part of a complex constructed by the Bureau of Indian Affairs in 1933 for the Health and Welfare of Cheyenne and Arapaho Tribal Members. It is considered significant for its contribution to the history of Native American health-care in Oklahoma. The resource is a contributing architectural element to the overall setting, design and history of the complex and is recommended eligible for the NRHP as a contributing element within the proposed Clinton Indian Hospital Complex Historic District. It is not recommended eligible on an individual basis due to a loss of architectural integrity.

4.1.3 Doctor's Cottage (203)

The Doctor's Cottage (203) at the CIHC is a 2034 sf, one-story building with a partial basement. It was constructed in 1933 in a vernacular architectural vocabulary, with a textured brick exterior and a hip roof with cross gables clad in asphalt shingles (Figure 12). Architectural details include 1/1 double-hung sash aluminum windows, partial-width front porch with beadboard ceiling, half-moon louver openings in gables, two interior brick chimneys and stone window sills. The exterior brick is set in the English common bond pattern with brick stretcher rows as window heads and the concrete block foundation forms a watertable near the grade line. The interior has retained the fireplaces, the hardwood floors, the hexagonal tile bathroom floor and wide board window and door surrounds.



Figure 12: West Elevation Building 203, Clinton

Alterations to the buildng include the replacement of all doors and windows. According to the c. 1944 photos, the original windows were 5/1 and 6/1 double-hung sash. All original wooden exterior elements have been clad in vinyl siding and the front porch has been substantially modified to be in ADA compliance. The building has been converted from a residence into the administration building for the hospital but seems to have left the interior walls in place.

Building 203 is part of a complex constructed by the Bureau of Indian Affairs in 1933 for the Health and Welfare of Cheyenne and Arapaho Tribal Members. It is considered significant for its contribution to the history of Native American health-care in Oklahoma. The resource is a contributing architectural element to the overall setting, design and history of the complex and is recommended eligible for the NRHP as a contributing element within the proposed Clinton Indian Hospital Complex Historic District. It is not recommended eligible on an individual basis due to a loss of architectural integrity.

4.1.4 Garage and Engineers Quarters (204)

The Garage and Engineers Quarters (204) at the CIHC is a 1940 sf, one and one-half story vernacular structure. Built in 1933, the resource has a side gable roof clad in asphalt shingle with three front-facing shed dormer windows. Architectural details include a concrete slab foundation, a textured brick façade utilizing the English common brick bond, one interior brick chimney, four garage bay openings, and vinyl clad eaves. The windows are vinyl 1/1 double-hung sash and the doors are metal with raised panels and 9 lights.

Modifications to the building include the replacement of all windows and doors. The original windows were wood 6/6 double-hung sash. The building was originally

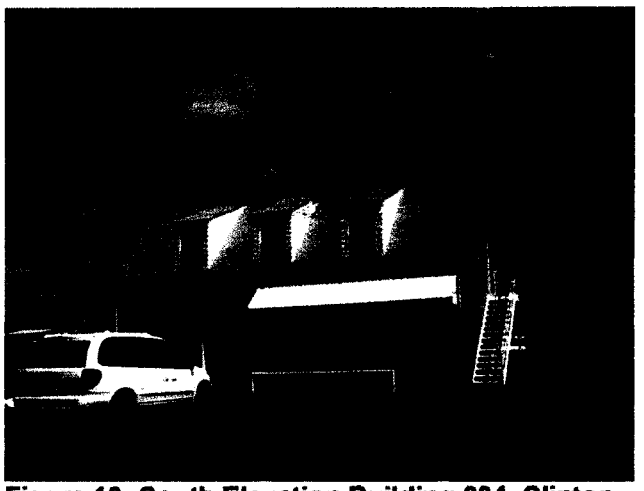


Figure 13: South Elevation Building 204, Clinton

constructed as a garage with two bedrooms and a bath above; however, two of the garage bays have been converted to office space and are enclosed in a metal and glass curtain wall. All of the windows have been replaced as well as the exterior wood stairs. The remaining garage bays have been converted into storage space and the original wooden doors have been replaced with metal overhead doors (Figure 13).

The Garage and Engineers Quarters (204) is part of a complex constructed by the Bureau of Indian Affairs in 1933 for the Health and Welfare of Cheyenne and Arapaho Tribal Members. It is considered significant for its contribution to the history of Native American health-care in Oklahoma. The resource is a contributing architectural element to the overall setting, design and history of the complex and is recommended eligible for the NRHP as a contributing element within the proposed Clinton Indian Hospital Complex Historic District. It is not recommended eligible on an individual basis due to a loss of architectural integrity.

4.2 Lawton Indian Hospital Complex

The Lawton Indian Hospital Complex consists of four contributing resources: Cottage (412), the Superintendent's Cottage (413), Cottage (414), and Cottage (415). There are two non-contributing buildings presently located within the complex boundaries, including the 1967 hospital building, but they are not considered part of the historic core and were not surveyed as part of this project. The LIHC is recommended eligible for the NRHP as an historic district with each of the four resources recommended as contributing elements. The boundary includes the four historic buildings, two non-contributing buildings, historic sidewalk system, driveway and historic landscaping. The boundary is based on the 1960 aerial photograph and is roughly contained within the historic property boundary. See Appendix B for the boundary map, detailed Historic Preservation Resource Identification Forms, site plan, map, digital photography and historic photographs.

4.2.1 Cottage (412)

The Cottage (412) at the LIHC is a one-story vernacular structure with a basement and crawlspace. Built in 1917 and moved to its present location in 1942, it is a front gable residence of approximately 1679 sf. Architectural details include a brick and vinyl exterior, vinyl clad knee braces in the front gables, boxed eaves clad in vinyl, 1/1 double-hung sash wood windows and one interior brick chimney. The front door is wood with six raised panels and a fanlight. There is a partial width front porch under a projecting gable with neoclassical column supports (Figure 14).



Alterations to the resource include the replacement of the original porch supports, brick veneer exterior, vinyl siding in the gables, and boxing in of the eaves. The windows are most likely not original but may date from the period when the structure was moved to its present location. The doors are not original. The resource was built to house hospital personnel but has since been modified to become clinic space.

Figure 14: North Elevation, Building 412, Lawton

Building 412 is part of a complex constructed by the Bureau of Indian Affairs in 1942 for the Health and Welfare of Caddo, Comanche, Delaware, Fort Sill Apache, Kiowa, Kiowa-Apache and Wichita Tribal Members. It is considered significant for its contribution to the history of Native American healthcare in Oklahoma. The resource is a contributing architectural element to the overall setting, design and history of the complex and is recommended eligible for the NRHP as a contributing element within the proposed Lawton Indian Hospital Complex Historic District. It is not recommended eligible on an individual basis due to a loss of architectural and setting integrity.

4.2.2 Superintendent's Cottage (413)

The Superintendent's Cottage at LIHC is a one-story on basement residence with elements of the Craftsman architectural style. Constructed in 1931, it is a front gable bungalow with an asphalt shingle roof and a brick exterior (Figure 15). It is approximately 2800 sf. Architectural details include a concrete block foundation, a brick stringcourse at eave line, a cut-away bay window, and one interior and one exterior brick chimney. The exterior brick chimney has stepped shoulders and a contrasting brick design. The windows are wood 3/1 and 1/1 double-hung sash and the rear door is wood with 3 lights over 3 horizontal panels. There is a wrap-around front porch with concrete capping on the partial columns.



Figure 15: North Elevation Building 413, Lawton

Modifications to the building include the replacement of the front door, the cladding of the eaves and the bay window in vinyl siding, and the brick infill of the basement windows. The basement windows are clearly delineated although a matching brick was used to fill in the windows. An ADA compliant brick and concrete ramp has been attached to the front porch. The interior of the building has been converted from a residence into office space for hospital administration.

The Superintendent's Cottage is part of a complex constructed by the Bureau of Indian Affairs in 1942 for the Health and Welfare of Caddo, Comanche, Delaware, Fort Sill Apache, Kiowa, Kiowa-Apache and Wichita Tribal Members. It is considered significant for its contribution to the history of Native American healthcare in Oklahoma. The resource is a contributing architectural element to the overall setting, design and history of the complex and is recommended eligible for the NRHP as a contributing element within the proposed Lawton Indian Hospital Complex Historic District. It is not recommended eligible on an individual basis due to the loss of architectural and setting integrity.

4.2.3 Cottage (414)

The Cottage (414) at the LHIC is a one-story on basement residence constructed in the Minimal Traditional architectural style. Built in 1940, it is approximately 2200 sf with a lateral gable roof clad in asphalt shingles (Figure 16). Architectural details include a concrete foundation, one interior brick chimney, a brick veneer exterior in the English common brick bond, and brick window sills. The windows are wood 4/4 double-hung sash, 6/6 double-hung sash and 8/8 double-hung sash. The doors are wood with 9 lights over 2 raised vertical panels. Cottage (414) is a mirror image of Cottage (415) which is located 25 feet west of the resource.

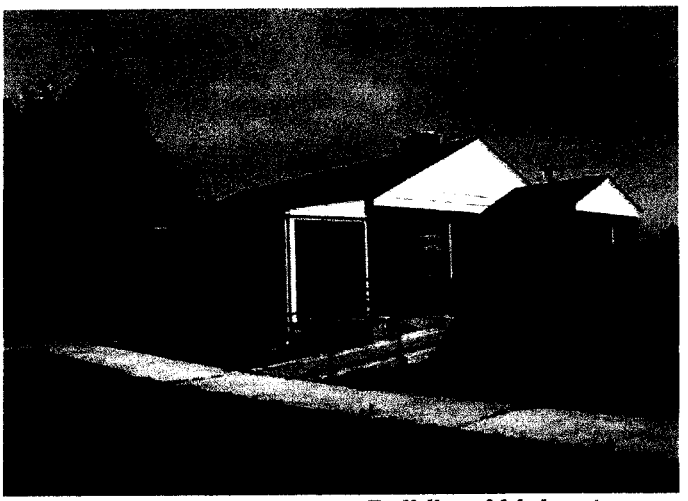


Figure 16: Northwest corner Building 414, Lawton

Modifications to the building include the cladding of the eaves, front façade and gables in vinyl siding, and the replacement of the porch supports. The coal chute has been filled with non-compatible brick and the doors have all been replaced. The interior of the building has been converted from a residence into office space for hospital administration.

Building 414 is part of a complex constructed by the Bureau of Indian Affairs in 1942 for the Health and Welfare of Caddo, Comanche, Delaware, Fort Sill Apache, Kiowa, Kiowa-Apache and Wichita Tribal Members. It is considered significant for its contribution to the history of Native American healthcare in Oklahoma. The resource is a contributing architectural element to the overall setting, design and history of the complex and is recommended eligible for the NRHP as a contributing element within the proposed Lawton Indian Hospital Complex Historic District. It is not recommended eligible on an individual basis due to the loss of architectural and setting integrity.

4.2.4 Cottage (415)

The Cottage (415) at the LHIC is a one-story on basement residence constructed in the Minimal Traditional architectural style. Built in 1940, it is approximately 2200 sf with a



lateral gable roof clad in asphalt shingles (Figure 17). Architectural details include a concrete foundation, one interior brick chimney, a brick veneer exterior in the English common brick bond, and brick window sills. The windows are wood 4/4 double-hung sash, 6/6 double-hung sash and 8/8 double-hung sash. The doors are wood with 9 lights over 2 raised vertical panels. Cottage (415) is a mirror image of Cottage (414) which is located 25 feet east of the resource.

Figure 17: North Elevation, Building 415, Lawton

Modifications to the resource include the cladding of the eaves, front façade and gables in vinyl siding, and the replacement of the porch supports. The coal chute has been filled with non-compatible brick and the doors have all been replaced. The interior of the building has been converted from a residence into the canteen/snack bar for the adjacent hospital.

Building 415 is part of a complex constructed by the Bureau of Indian Affairs in 1942 for the Health and Welfare of Caddo, Comanche, Delaware, Fort Sill Apache, Kiowa, Kiowa-Apache and Wichita Tribal Members. It is considered significant for its contribution to the history of Native American healthcare in Oklahoma. The resource is a contributing architectural element to the overall setting, design and history of the complex and is recommended eligible for the NRHP as a contributing element within the proposed Lawton Indian Hospital Complex Historic District. It is not recommended eligible on an individual basis due to a loss of architectural and setting integrity.

4.3 Pawnee Indian Health Center Complex

The Pawnee Indian Health Center Complex consists of four contributing resources: Old Pawnee Hospital (002), Nurse's Quarters (003), Quarters (004), and Quarters (005). The PIHCC is recommended eligible for the NRHP as an historic district with each of the four resources recommended as contributing elements. There are two metal, non-contributing buildings also located within the complex. The Old Pawnee Hospital and Nurse's Quarters buildings are included as contributing elements within the NRHP listed Pawnee Agency and Boarding School Historic District as Building 1. This previously listed district was written under a different context and does not include the two buildings constructed as quarters for the hospital personnel. For the purposes of this report, it is recommended that a separate Pawnee Indian Health Center Complex historic district be created that includes only the resources relevant to the hospital. The boundary for this district includes the four historic buildings, two non-historic buildings, the historic sidewalk system, driveway and historic landscaping. The boundary is based on the 1960 historic property boundary. See Appendix C for boundary map, detailed Historic Preservation Resource Identification Forms, site plan, map, digital photography and historic photographs.

4.2.5 Old Pawnee Hospital (002)

The Old Pawnee Hospital (002) at the PIHCC is three stories in height and is approximately 18,790 sf. Constructed in 1929-31 in a vernacular architectural style, the building has a native sandstone exterior with a hip roof clad in asphalt shingles (Figure 18). Architectural details include a regularly coursed sandstone exterior with quarry facing, sandstone string course at the ground level, wide wood eaves, hipped dormer windows, and three interior sandstone chimneys. The windows are wood 6/6 double-hung sash and 4/4 double-hung sash with stone lintels and sills. The windows in the gable and the dormers are newer and are fixed vinyl clad. The main body of the hospital originally had 55 beds. There is a dependency on the east elevation that was originally used as the tuberculosis ward. It has a pyramid roof and the same architectural details as the main building. The interior has retained the original terrazzo floors.



Figure 18: South Elevation, Building 002, Pawnee

Modifications to the resource include the replacement of a few of the windows, a new front entry and ADA compliant ramp, and alterations to the interior configuration. However, the building has maintained integrity in the areas of location, setting, design, workmanship, feeling and association.

The Old Pawnee Hospital (002) is part of a complex constructed by the Bureau of Indian Affairs for the Health, Education and Welfare of Kaw, Osage, Otoe-Missouri, Pawnee, Ponca, and Tonkawa tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Pawnee Indian Health Center Complex Historic District. The resource is currently vacant.

4.2.6 Nurse's Quarters (003)

The Nurse's Quarters (003) at the PIHCC is three stories in height and is approximately 3,550 sf. Constructed in 1929-31 in a vernacular architectural style, the building has a native sandstone exterior with a pyramid roof clad in asphalt shingles. Architectural details include a regularly coursed sandstone exterior with quarry facing, sandstone string course at the ground level, wide wood eaves, hipped dormer windows, and three interior sandstone chimneys. The windows are wood 6/6, 4/4, and 2/2 double-hung sash with stone lintels and sills (Figure 19).

Modifications to the resource include a new front entry with an ADA compliant ramp and minor alterations to the interior configuration. There is a below-grade walkway between

the hospital and the nurse's quarters that was enclosed, c. 1970, to create a covered connection between the two buildings.

Building 003 is part of a complex constructed by the Bureau of Indian Affairs for the Health, Education and Welfare of Kaw, Osage, Otoe-Missouri, Pawnee, Ponca, and Tonkawa tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Pawnee Indian Health Center Complex Historic District. The building is currently vacant.



Figure 19: Southeast corner, Building 003, Pawnee

4.2.7 Quarters (004)

The Quarters building (004) at the PIHCC is a 1959 one-story residence constructed in the Ranch architectural style. It has approximately 1340 sf of living space with a low pitched, lateral gable roof clad in asphalt shingles (Figure 20). Architectural details include a lateral gable roof, weatherboard exterior, 2/2 hung wood windows that are in pairs as well as in a ribbon configuration. The foundation is concrete block with a crawl space. There is no chimney. The front door is flush wood with vertical lights and the rear doors are wood with 3 lights over 2 panels.



Figure 20: North Elevation Building 004, Pawnee

Modifications to the building include the conversion of the one-car attached garage into interior space. The building was originally constructed as a 2 bedroom residence to house hospital personnel but it has since been modified into office space.

Building 004 is part of a complex constructed by the Bureau of Indian Affairs for the Health, Education and Welfare of Kaw, Osage, Otoe-Missouri, Pawnee, Ponca, and Tonkawa tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a

contributing element within the proposed Pawnee Indian Health Center Complex Historic District.

4.2.8 Quarters

The Quarters building (005) at the PIHCC is a 1959 one-story residence constructed in the Ranch architectural style. It has approximately 1530 sf of living space with a low pitched, lateral gable roof clad in asphalt shingles (Figure 21). Architectural details include a lateral gable roof, weatherboard exterior, 2/2 hung wood windows that are in pairs as well as in a ribbon configuration. The foundation is concrete block with a crawl space. There is no chimney. The front door is flush wood with vertical lights and the rear doors are wood with 3 lights over 2 panels.



Figure 21: North Elevation Building 005, Pawnee

Modifications to the building include the conversion of the one-car attached garage into interior space and the addition of an ADA compliant entrance ramp. The building was originally constructed as a 3 bedroom residence to house hospital personnel but it has since been modified into clinical space.

The Quarters building (005) is part of a complex constructed by the Bureau of Indian Affairs for the Health, Education and Welfare of Kaw, Osage, Otoe-Missouri, Pawnee, Ponca, and Tonkawa tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Pawnee Indian Health Center Complex Historic District.

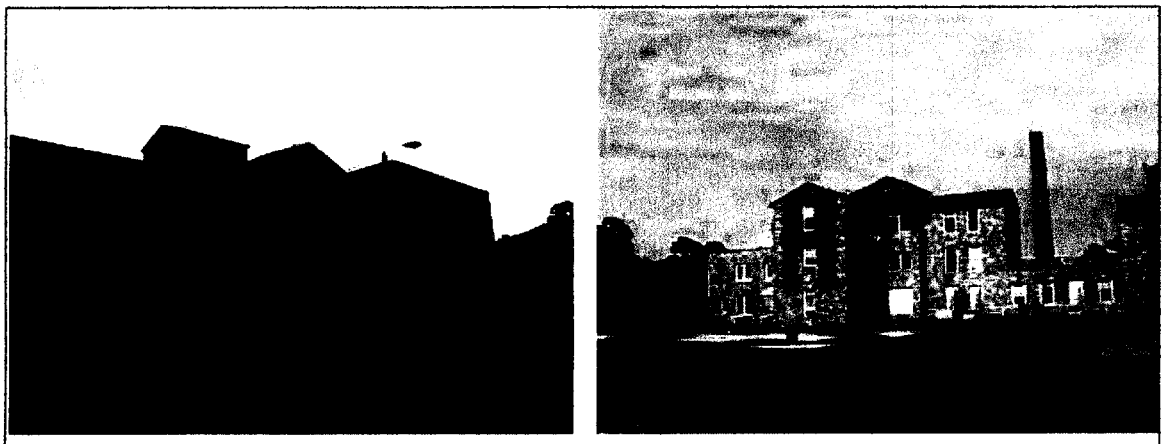
4.3 Choctaw Nation Indian Hospital Complex (Talihina)

The Choctaw Indian Hospital Complex (Talihina) consists of 25 contributing resources: Old Hospital Building (201), 4 Doctor's Cottages (202, 203, 204, 211), Nurse's Quarters (205), 6 Cottages (206, 210, 212, 214, 215, 217), Duplex (216), Dining & Recreation Hall (218), 8 Garages (220, 221, 230, 231, 236, 238, 239, 240), Wash House (223), Commissary (233) and a Shelter House (249). There is one other non-contributing building presently located within the complex boundaries, a movable metal structure in use as a supply/storage building. Thirteen of the resources are recommended as individually eligible for the NRHP (201, 202, 203, 204, 205, 206, 211, 212, 217, 218, 220, 233 and 249). The CNIHC is recommended eligible for the NRHP as an historic district with each of the 25 historic resources recommended as contributing elements. The boundary includes the 25 historic buildings, one non-contributing building, the historic sidewalk system, the historic culverts and the historic landscaping. The boundary

is based on the 1959 site plan and is contained within the historic property boundary. Limited information on each of the resources was previously submitted to the Oklahoma SHPO for the purpose of a preliminary eligibility decision. At that time, historic photographs and a site plan were not included with the submittal and therefore the SHPO was not able to make a determination based on all of the available information (see Appendix F for copies of the decision documents and other correspondence). The SHPO concurred that there was enough integrity for a district and that the Old Hospital Building was individually eligible; however, based on the limited information, SHPO identified buildings 214, 215, 236, 238 and 239 as non-contributing. The documentation included with this report provides additional information so that SHPO has the opportunity to address this discrepancy. See Appendix D for boundary map, detailed Historic Preservation Resource Identification Forms, site plan, map, digital photography and historic photographs.

4.3.1 Old Hospital Building (201)

The Old Hospital Building at CNIHC was constructed in 1937-38 and designed by the Chicago architects Schmidt, Garden and Erikson. The building is 2, 3, and 4 stories and consists of four ells with multiple gables surrounding an inner courtyard. The architectural style is vernacular with load bearing native stone walls. There are decorative brick insets at the window bays with irregular brick work surrounding the windows (Figure 22). Architectural details include a gable roof with multiple planes clad in concrete barrel tile and stone arch openings at the front entry. The windows consist of wood 12/12, 9/9, 6/6, 4/4, 8/12 and 4/6 hung sash. There is a brick cylindrical chimney stack attached to the rear of the resource. The interior contains portions of the original terrazzo floor.



North Elevation West Elevation

Figure 22: Building 201, Talihina

Modifications to the building include the replacement of most of the doors and a few of the windows. The interior of the hospital has evolved over time to meet the changing needs of healthcare and therefore has not retained much of its original architectural details. The exterior, however, has remained relatively unaltered since its time of construction.

Building 201 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District. The resource has been vacant since the opening of the new Talihina Indian Hospital in 2003. Buildings 202, 203, 204, 205 and 218 were constructed at the same time and in the same method as 201 and are assumed to have also been designed by Schmidt, Garden and Erikson.

4.3.2 Doctor's Cottage (202)

The Doctor's Cottage (202) at the CNIHC is an 1833 sf one-story with basement residence constructed in 1938 using the same materials as the Old Hospital Building (201), with elements of the Tudor Revival and Italian Renaissance Eclectic styles. Architectural details include a lateral gable roof clad in concrete barrel tile, random, broken-coursed, stone block exterior with brick insets, one exterior and one interior stone chimney, and wood 6/6 double-hung sash windows (Figure 23). There is a half bay-window clad in weatherboard and a front entry porch with decorative timbering in the gable. The resource, along with Buildings 203 and 204, form a courtyard with stone walls, steps and gated entrances.



Figure 23: Northwest corner Building 201, Talihina

The only apparent modification to the resource is the replacement of the front and rear doors. Building 202 was constructed to house doctors and their families and continues today to provide living space for professionals employed at the new hospital.

Building 202 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

4.3.3 Doctor's Cottage (203)

The Doctor's Cottage (203) at the CNIHC is an 1833 sf one-story with basement residence constructed in 1938 using the same materials as the Old Hospital Building (201), with elements of the Tudor Revival and Italian Renaissance Eclectic styles. Architectural details include a lateral gable roof clad in concrete barrel tile, random, broken-coursed, stone block exterior with brick insets, one exterior and one interior stone chimney, and wood 6/6 double-hung sash windows (Figure 24). There is a full

bay-window clad in weatherboard and a front entry porch with decorative timbering in the gable. The resource, along with Buildings 202 and 204, form a courtyard with stone walls, steps and gated entrances.



The only apparent modification to the resource is the replacement of the front and rear doors. The Doctor's Cottage (203) was constructed to house doctors and their families and continues today to provide living space for professionals employed at the new hospital.

Figure 24: West Elevation Buidling 203, Talihina

Building 203 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

4.3.4 Doctor's Cottage (204)

The Doctor's Cottage (204) at the CNIHC is an 1833 sf one-story with basement residence constructed in 1938 using the same materials as the Old Hospital Building (201), with elements of the Tudor Revival and Italian Renaissance Eclectic styles. Architectural details include a lateral gable roof clad in concrete barrel tile, random, broken-coursed, stone block exterior with brick insets, one exterior and one interior stone chimney, and wood 6/6 double-hung sash windows (Figure 25). There is a half bay-window clad in weatherboard and a front entry porch with decorative timbering in the gable. The resource, along with Buildings 202 and 203, form a courtyard with stone walls, steps and gated entrances.

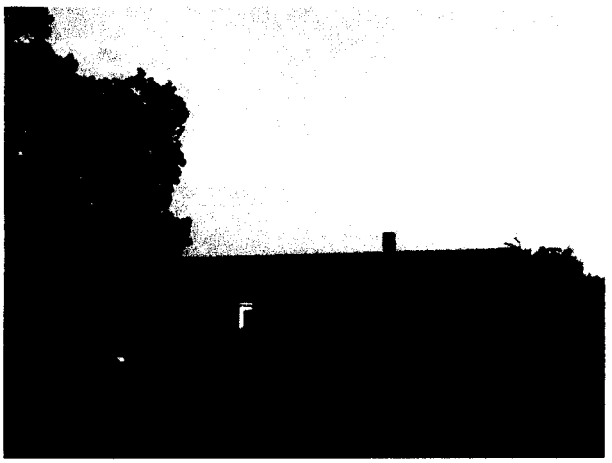


Figure 25: North Elevation Building 204, Talihina

The only apparent modification to the building is the replacement of the front and rear doors. Building 204 was constructed to house doctors and their families and continues today to provide living space for professionals employed at the new hospital.

Building 204 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both

its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

4.3.5 Nurse's Quarters (205)

The Nurse's Quarters (205) at the CNIHC is a one-story with basement dormitory constructed in 1938 using the same materials as the Old Hospital Building (201), with elements of the Tudor Revival and Italian Renaissance Eclectic styles. It is constructed of four ells around a square inner courtyard with connecting walkways for a total of 15,277 sf. Architectural details include a lateral gable roof clad in concrete barrel tile, random, broken-coursed, stone block exterior with brick insets, wood 6/6 double-hung sash windows on the courtyard and wood 6 light casement windows on the exterior elevations. The courtyard side windows have arched openings and wood spandrels. The connecting walkways have whimsical accents such as round openings in the brick walls and decorative grilles for railings (Figure 26).



North Elevation | Northwest Corner

Figure 26: Building 205, Talihina

Modifications to the building consist primarily of interior changes and the addition in the 1980s of a metal gazebo in the courtyard. The Nurse's Quarters building (205) was constructed to house nurses in a dormitory setting and continues today to provide living space for professionals employed at the new hospital.

Building 205 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

4.3.6 Cottage (206)

The Cottage (206) at CNIHC is a 1236 sf, one-story residence with a crawl space. Constructed in 1927, it contains elements of the Craftsman architectural style.

Architectural details include a gable-on-hip roof clad in asphalt shingles, a weatherboard exterior, wood 2/2 and 6/6 hung windows, a concrete foundation and paneled doors. There is a partial width front porch with square brick column bases and each window has hung screen in wooden frames (Figure 27).



Modifications to the building include the boxing in of the exposed eaves with vinyl siding and the removal of the interior brick chimney. There is a c. 1940 rear shed addition and the interior was remodeled in 1986. Buildings 221 (Garage) and 223 (Wash House) are also associated with this resource as outbuildings. The building has been in continuous use as a residence since its construction.

Figure 27: Southeast corner, Building 206, Talihina

Building 206 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District because it has retained integrity in the areas of location, design setting, feeling and association.

4.3.7 Cottage (210)

The Cottage (210) at the CNIHC is a 2394 sf, two-story residence with a basement. Constructed in 1919, it contains elements of the Classical Revival architectural style.



Architectural details include a hip and gable roof clad in asphalt shingles, a vinyl siding exterior, 1/1/ hung vinyl windows, paneled metal doors and two exterior brick chimneys. The basement level has awning windows and a concrete foundation. There is a large bay window on the south elevation and a decorative rock wall with niche at the front of the resource (Figure 28).

Figure 28: Southeast corner Building 210, Talihina

Modifications to the building include the change in fenestration on the northern elevation by the addition of a tri-partite picture window, the cladding of the resource in vinyl siding, the enclosure of the front dormer window, and the replacement of the windows. The front and rear porches have been

enclosed. Building 230 (Garage) is associated with this resource as an outbuilding. The building has been in continuous use as a residence since its construction.

Building 210 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

4.3.8 Doctor's Cottage (211)

The Doctor's Cottage (211) at CNIHC is a 2623 sf one-story residence with a basement. Constructed in 1939, the resource contains elements of the Tudor Revival architectural style with a steeply pitched lateral gable roof and a random-coursed stone exterior. Architectural details include one exterior and one interior brick chimney, wood 9/9 and 6/6 hung windows, paneled doors with glazing and a recessed front entry with stone steps (Figure 29). The interior has hardwood floors and new kitchen and baths in 1986. There is a decorative stone retaining wall along the front and outlining the circular drive.



Figure 29: East Elevation Building 211, Talihina

Modifications to the building include the cladding of the gables in vinyl siding, the enclosure of a second front entry porch in vinyl siding and the replacement of the sunroom windows. The building has been in continuous use as a residence since its construction. Building 236 (Garage & Greenhouse) is associated with the resource as an outbuilding.

Building 210 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

4.3.9 Cottage (212)

The Cottage (212) at the CNIHC is a 1156 sf, one-story residence with a crawl space. Constructed in 1927, it contains elements of the Craftsman architectural style. Architectural details include a gable-on-hip roof clad in asphalt shingles, a weatherboard exterior, wood 2/2 hung windows, a concrete foundation and paneled doors. There is a partial width front porch with square brick column bases and each window has hung screen in wooden frames (Figure 30). The resource is identical in plan to Building 206.

Modifications to the building include the boxing in of the exposed eaves with vinyl siding and the removal of the interior brick chimney. There is a c. 1960 rear shed addition and the interior was remodeled in 1986. Building 231 (Garage) is also associated with this resource as an outbuilding. The building has been in continuous use as a residence since its construction.

Building 212 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District because it has retained integrity in the areas of location, design setting, feeling and association.



Figure 30: South Elevation Building 212, Talihina

4.3.10 Cottage (214)

The Cottage (214) at CNIHC is an 1871 sf one-story residence with a partial basement. Constructed in 1939, it has an unequal gable roof, a stone and mortar foundation, vinyl siding exterior and paneled wood doors. The windows are wood 9/9 hung, 2/2 hung, 1/1 hung sash and there is one fixed aluminum window. There is one interior brick chimney and a screen-enclosed, full-width front porch (Figure 31). The interior has hardwood floors and its kitchen and baths were remodeled in 1986. There is a stacked stone retention wall at the rear. The building is identical in plan to Building 215. Building 238 (Garage) is associated with this resource as an outbuilding.



Figure 31: Southeast corner Building 214, Talihina

Alterations to the building include the addition of a picture window on the east elevation, the cladding of the exterior in vinyl siding, the removal of the decorative window shutters and the enclosure of the rear porch. It has been in continuous use as a residence since its construction.

Building 214 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its

contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

4.3.11 Cottage (415)

The Cottage (215) at CNIHC is a 1660 sf one-story residence with a partial basement. Constructed in 1939, it has an unequal gable roof, a stone and mortar foundation, vinyl siding exterior and paneled wood doors. The windows are wood 9/9 double-hung sash. There is one interior brick chimney and a screen-enclosed, full-width front porch (Figure 32). The interior has hardwood floors and its kitchen and baths were remodeled in 1986. There is a stone and concrete basketball court at the rear. The building is identical in plan to Building 214. Building 239 (Garage) is associated with this resource as an outbuilding.



Figure 32: Southeast corner Building 415, Talihina

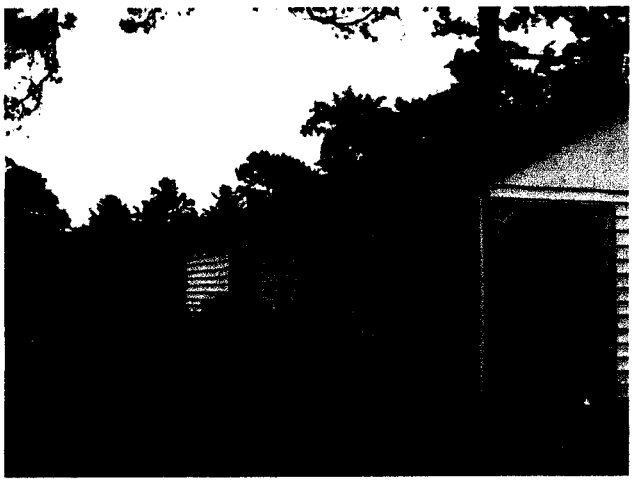
Alterations to the building include removal of the gable windows, the cladding of the exterior in vinyl siding and the removal of the decorative shutters. It has been in continuous use as a residence since its construction.

Building 215 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

4.3.12 Duplex (216)

The Duplex (216) at CNIHC is a 1903 sf one-story residence with a partial basement. Constructed in 1939, it has a lateral gable roof clad in asphalt shingles, a stone and mortar foundation, vinyl siding exterior and paneled wood doors (Figure 33). The windows are wood 6/6 and 9/9 double-hung sash. There is one interior stone chimney and a screen-enclosed, partial width front porch with arched cut-out openings. The rear porch rests on stone piers. The interior has hardwood floors and its kitchen and baths were remodeled in 1986. Building 240 (Garage) is associated with this resource as an outbuilding.

Alterations to the building include the joining of the duplex into one single family residence, the cladding of the exterior in vinyl siding and the removal of the decorative window shutters. It has been in continuous use as a residence since its construction.



Building 216 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

Figure 33: Building 216, Talihina

4.3.13 Cottage (217)

The Cottage (217) is a 900 sf one-story guest residence. Constructed in 1922, it contains elements of the vernacular Rustic Architectural Style. Architectural details include a lateral gable roof clad in asphalt shingles, a log exterior with weatherboard gables, paneled wood doors, and an exterior tapered stone chimney. There is full-width front porch with natural log columns on stone piers as supports. The windows are wood 12/12 and 6/6 double-hung sash and casement windows in the small rear porch enclosure. There are exposed rafter tails at the eaves and the corner joints consist of notched timbers (Figure 34). The interior has hardwood floors and contains one bedroom. The building is similar in construction to Building 248 (Shelter House).



Figure 34: North Elevation Building 217, Talihina

There are very few apparent modifications to the building. The front porch has been screen enclosed on the upper portion and weatherboard enclosed on the lower portion.

Building 212 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District because it has retained integrity in the areas of location, design setting, materials, workmanship, feeling and association.

4.3.14 Dining & Recreation Hall (218)

The Dining & Recreation Hall (218) at the CNIHC is a one-story with basement community building constructed in 1938 using the same materials as the Old Hospital Building (201), with elements of the Tudor Revival and Italian Renaissance Eclectic styles. Architectural details include a cross gable roof clad in concrete barrel tile, random, broken-coursed, stone block exterior with brick insets, and wood 6/6 and 9/9 double-hung sash windows (Figure 35). The front elevation has wooden spandrels and a front entry with a transom. There are also a series of casement windows arranged in a ribbon formation. There are two bay-windows and three gable-end stone chimneys.



Figure 35: Southwest corner Building 201, Talihina

The only apparent modification to the building is the replacement of the doors with metal and glass institutional models. The Dining & Recreation Hall (218) was constructed to provide communal space and a dining area for residents of the complex. Today it is being used as administrative offices for hospital programs.

Building 218 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District. Building 218 was constructed at the same time and in the same method as 201 and are assumed to have also been designed by Schmidt, Garden and Erikson.

4.3.15 Garage (220)

The Garage (220) of the CNIHC is a 6350 sf one story structure built in 1938 with elements of the Commercial style. It has a brick exterior constructed in the English common bond pattern and a stepped parapet roof with rolled tile edging. Architectural details include brick pilasters, raised brick horizontal courses, banded brick at the windows, wood casement windows and overhead metal doors. The original doors were wood 2 leaf on hinges with 12 light glazing (Figure 36).

Building 220 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.



Figure 36: Building 220, Talihina

4.3.16 Garage (221)

The Garage (221) of the CNIHC is a 2500 sf one-story multi-purpose building constructed in 1937. It has hip roof clad in asphalt shingles, a concrete foundation and a weatherboard exterior. Architectural details include wood 2/2 hung windows, exposed rafter tails at the eaves and four garage bays (Figure 37). Alterations to the resources include the removal of the shed dormer from the front elevation and the replacement of the original hinged wood doors with overhead metal doors. The building is associated with Building 206 (Cottage) as an outbuilding.



Figure 37: South Elevation Building 221, Talihina

Building 221 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

4.3.17 Wash House (223)

The Wash House (223) at the CNIHC is a 100 sf, one-story structure located behind Building 206 (Cottage). It has a shed roof clad in tin, eaves and exposed rafter tails with a weatherboard exterior (Figure 38). There are two casement windows, two wood paneled doors. Constructed in 1918, the resource was originally used for laundry related purposes. It is presently in use as storage.

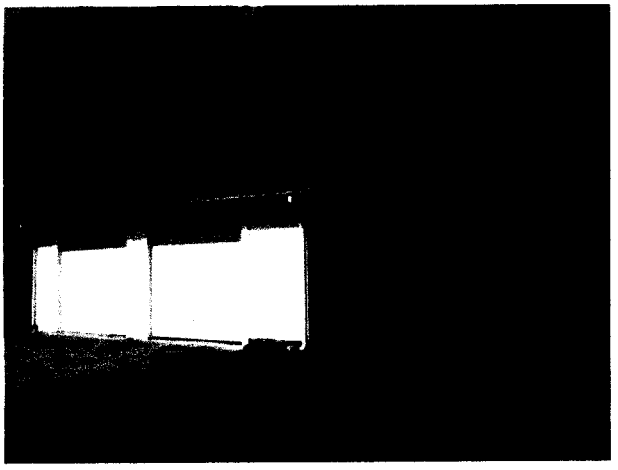


Building 223 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

Figure 38: Southwest corner Building 223, Talihina

4.3.18 Garage (230)

The Garage (230) of the CNIHC is a 625 sf, one-story structure with two garage bays and constructed in 1937. It has a concrete foundation, a weatherboard exterior, a hip roof with asphalt shingles and exposed rafter tails at the eaves, wood awning windows and two overhead metal doors (Figure 39). There is a small shed addition at the rear. The resource originally had 2 leaf wood hinged doors with decorative cross bracing. It is associated with Building 210 (Cottage) as an outbuilding.



Building 230 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

Figure 39: Northeast corner Building 230, Talihina

4.3.19 Garage (231)

The Garage (231) of the CNIHC is a 625 sf, one-story structure with two garage bays and constructed in 1937. It has a concrete foundation, a gable roof with asphalt shingles and exposed rafter tails at the eaves, a weatherboard exterior, wood 2/2 hung and awning windows and two overhead metal doors (Figure 40). The garage originally had 2 leaf wood hinged doors with decorative cross bracing. It is associated with Building 212 (Cottage) as an outbuilding.

The Garage (231) is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its

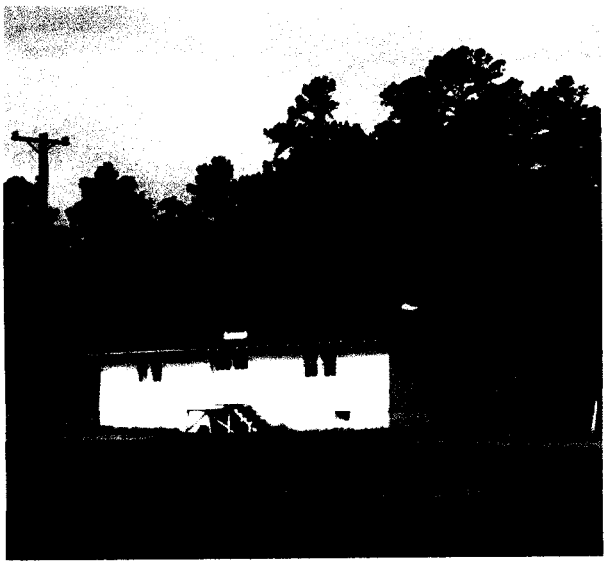


contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

Figure 40: North Elevation Building 231, Talihina

4.3.20 Commissary (233)

The Commissary (233) is a 2022 sf, one-story structure with a partial basement. It was constructed in 1930 and has a concrete foundation, a hip roof with asphalt shingles, a weatherboard exterior, 2/2 double-hung sash wood windows and wood panel doors. Architectural details include exposed rafter tails at the eaves and a shed dormer on both the front and rear elevations (Figure 41). The original front doors were paneled with 6 divided light glazing. The building is currently being used for storage.



Building 233 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

Figure 41: Northeast corner Building 233, Talihina

4.3.21 Garage & Greenhouse (236)

The Garage (236) of the CNIHC is a 650 sf, one-story structure with two garage bays and constructed in 1939. It has a concrete foundation, a gable roof with asphalt shingles, a weatherboard exterior, wood awning windows and two overhead wood doors with glazing (Figure 42). It is associated with Building 211 (Cottage) as an outbuilding.



The Garage (236) is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

Figure 42: East Elevation Building 236, Talihina

4.3.22 Garage (238)

The Garage (238) of the CNIHC is a 200 sf, one-story structure with one garage bays and constructed in 1939. It has a concrete foundation, a gable roof with asphalt shingles and exposed rafter tails at the eaves, aluminum sliding windows and one overhead metal door (Figure 43). It is associated with Building 214 (Cottage) as an outbuilding.



Building 238 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

Figure 43: Northeast corner Building 238, Talihina

4.3.23 Garage (239)

The Garage (239) of the CNIHC is a 200 sf, one-story structure with one garage bays and constructed in 1939. It has a concrete foundation, a gable roof with asphalt shingles and exposed rafter tails at the eaves, aluminum sliding windows and one overhead metal door (Figure 44). It is associated with Building 215 (Cottage) as an outbuilding.

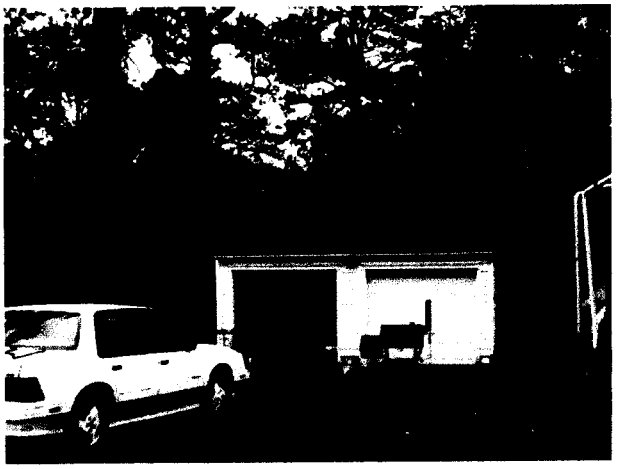
Building 239 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.



Figure 44: Building 239, Talihina

4.3.24 Garage (240)

The Garage (240) of the CNIHC is a 500 sf, one-story structure with two garage bays and constructed in 1939. It has a concrete foundation, a gable roof with asphalt shingles, a weatherboard exterior, wood awning windows and two overhead metal doors (Figure 45). It is associated with Building 216 (Duplex) as an outbuilding.



Building 240 is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District.

Figure 45: North Elevation Building 240, Talihina

4.3.25 Shelter House (249)

The Shelter House is a one-story outdoor shelter partially open to the elements. Constructed in 1937, it contains elements of the vernacular Rustic Architectural Style. Architectural details include a lateral gable roof clad in asphalt shingles, a log exterior with weatherboard gables, paneled wood doors, and two exterior stone chimneys at each gable end. The foundation is stone and mortar and there are natural log columns on stone piers as supports at the entrances. There are exposed rafter tails at the eaves and the corner joints consist of notched timbers (Figure 46). The interior has stone floors, massive stone fireplaces and an exposed log roofing system. The building is similar in construction to Building 217 (Cottage).

There are very few apparent modifications to the resource. The entrances have been partially screen enclosed and the interior light fixture has been removed .

The Shelter House (249) is part of a complex constructed by the Bureau of Indian Affairs for the Health and Welfare of Choctaw and Chickasaw tribal members. It is significant for both its architecture and its contribution to the history of Native American healthcare in Oklahoma. It is recommended eligible for the NRHP on both an individual basis and as a contributing element within the proposed Choctaw Nation Indian Hospital Complex Historic District because it has retained integrity in the areas of location, design setting, materials, workmanship, feeling and association.



Figure 46: Building 249, Talihina

5.0 REGULATIONS

Indian Health Service, like other federal installations, contains buildings, structures and sites that are considered historic under the National Historic Preservation Act (NHPA). Originally passed on October 15, 1966, the NHPA has been amended several times to keep in step with current thinking and practice in the field of historic preservation. It is divided into several sections that address the NHPA purpose, outline the structure of the government's historic preservation program (the procedures of which are more clearly delineated in the CFR).

In Section 110, the NHP sets forth the broad historic preservation responsibilities of federal agencies and ensures that historic preservation is integrated into each agency's mission. Specifically, if historic properties occur on an installation under IHS control or jurisdiction, these properties must be identified and evaluated to determine if they are historically significant. If they are significant, the IHS must manage and maintain them in a way that considers their architectural and historic value.

The NHPA also establishes the National Register of Historic Places (NRHP), which creates an inventory of the nation's historic properties. It is important to note, however, that this inventory is not a complete list of all historic properties in the United States. In order for a property to be considered significant for purposes of Section 110, the property need only be determined as "eligible" for inclusion on the NRHP. It is not necessary for the property to go through the actual nomination process.

If a property is determined eligible for the NRHP, any federal project, or "undertaking" as it is defined in Section 301 of the NHPA, is subject to review under Section 106 of the NHPA. In consultation with the SHPO, the Advisory Council on Historic Preservation, and other "interested parties," the agency determines whether or not the undertaking will have an effect on the historic qualities of that property. This consultation process is explained in 36 CFR Part 800. Remodeling, relocating, or demolishing a building is a typical example of an undertaking that must be reviewed for compliance with the federal historic preservation law and regulations governing federally owned historic properties.

Executive Order 13287, identified as the Preserve America Initiative, was issued in March of 2003 in an effort to improve the existing state of federal agency planning and accountability. It includes detailed planning measures for federal agencies to follow so that they will have a greater awareness of historic properties within their inventories. It sets up a series of reporting schedules for information delivery that will eventually be entered into a national database for federal holdings. It also promotes heritage tourism and preservation partnerships with state and local governments. This report is being undertaken in order to comply with Section 3(c) which states that "each agency with real property management responsibilities shall, by September 30, 2005, and every third year thereafter, prepare a report on its progress in identifying protecting, and using historic properties in its ownership."

6.0 RECOMMENDATIONS

Each of the four installations contains historic resources worthy of additional research and architectural investigations. At the very minimum, all of the four proposed historic districts should be researched and forms prepared for actual listing on the NRHP. The four cottages at LIHC, the last remnants of a once much larger healthcare complex, would benefit greatly by inclusion on the NRHP. The following paragraphs address specific projects that could be undertaken at each of the complexes for mitigatory purposes.

The historic buildings at CIHC may soon be in jeopardy due to the current construction of a new hospital facility. If the IHS should deliver ownership of the historic property to the BIA to hold in trust for the tribes' use, the lack of maintenance and security would be considered to have an adverse effect on the resources. Potential amelioration of such a situation can include conducting HABS/HAER/HALS recordation of the structures, which would then preserve detailed structural and architectural information as well as measured drawings for perpetuity. Oral history interviews could be recorded for future use by the tribe when generating a history of the site. There is also the possibility of generating a photo archive to be kept on file with the SHPO for use by future researchers.

These measures can also be applied to the historic resources at PIHCC and at CNIHC. PIHCC's old hospital and nurse's quarters have been vacant since the recent opening of the new hospital. At CNIHC, the massive old hospital building has been vacant for over two years; however, all of the surrounding historic buildings are still in use. Adaptive Reuse studies for each of these facilities could be undertaken in an effort to assist the tribe with making decisions about the buildings' futures. Possible solutions would be to develop a partnership with the local tourism board to promote heritage tourism in southeastern Oklahoma. The area already attracts vacation goers who partake of the local lakes and scenery, to which heritage tourism fits alongside quite nicely.

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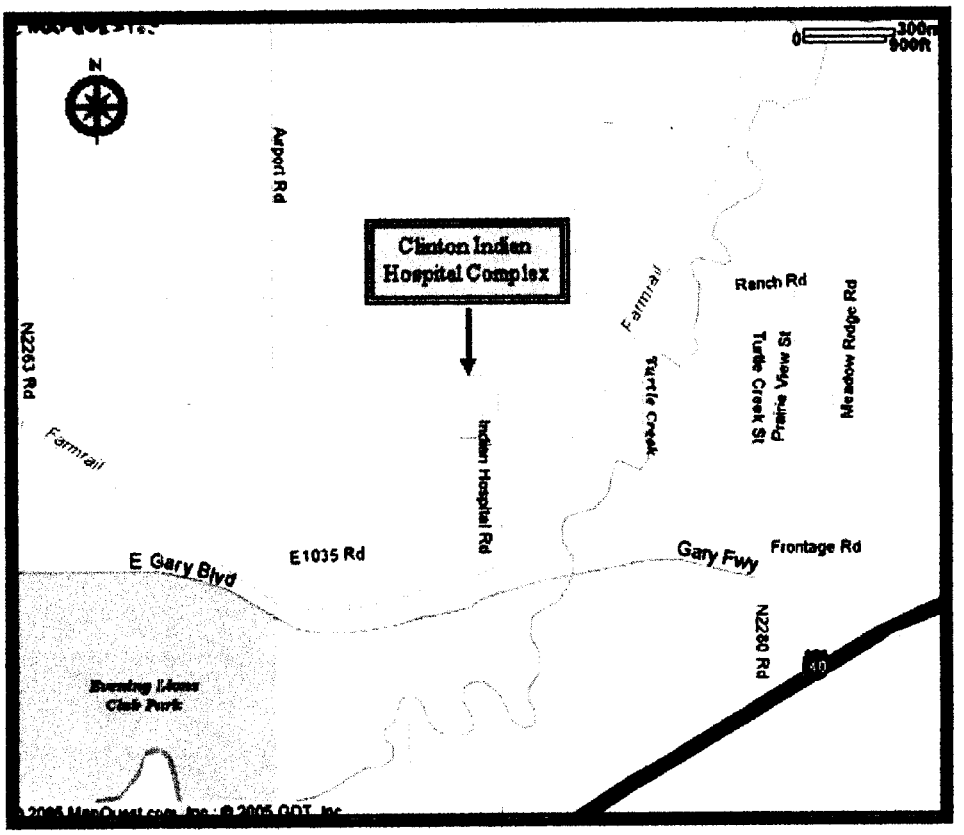
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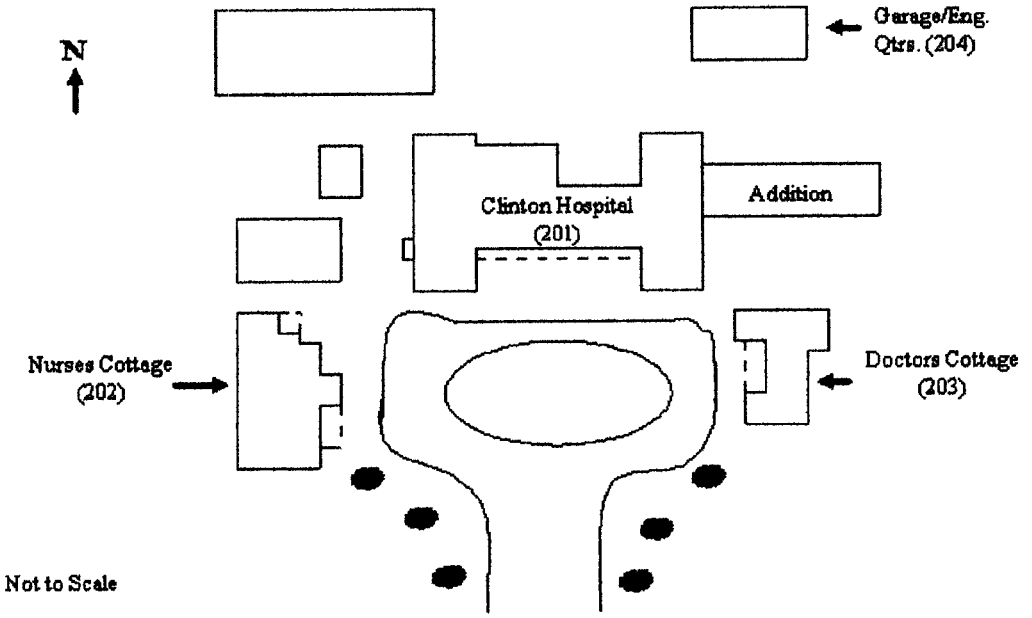
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1996 The Native American Renaissance, 1960-1995. In *The Cambridge History of the Native Peoples of the Americas: Volume 1, North America, Part 2,* edited by Bruce G. Trigger and Wilcomb E. Washburn, pp. 401-474. New York: Cambridge University Press.

APPENDICES

APPENDIX A

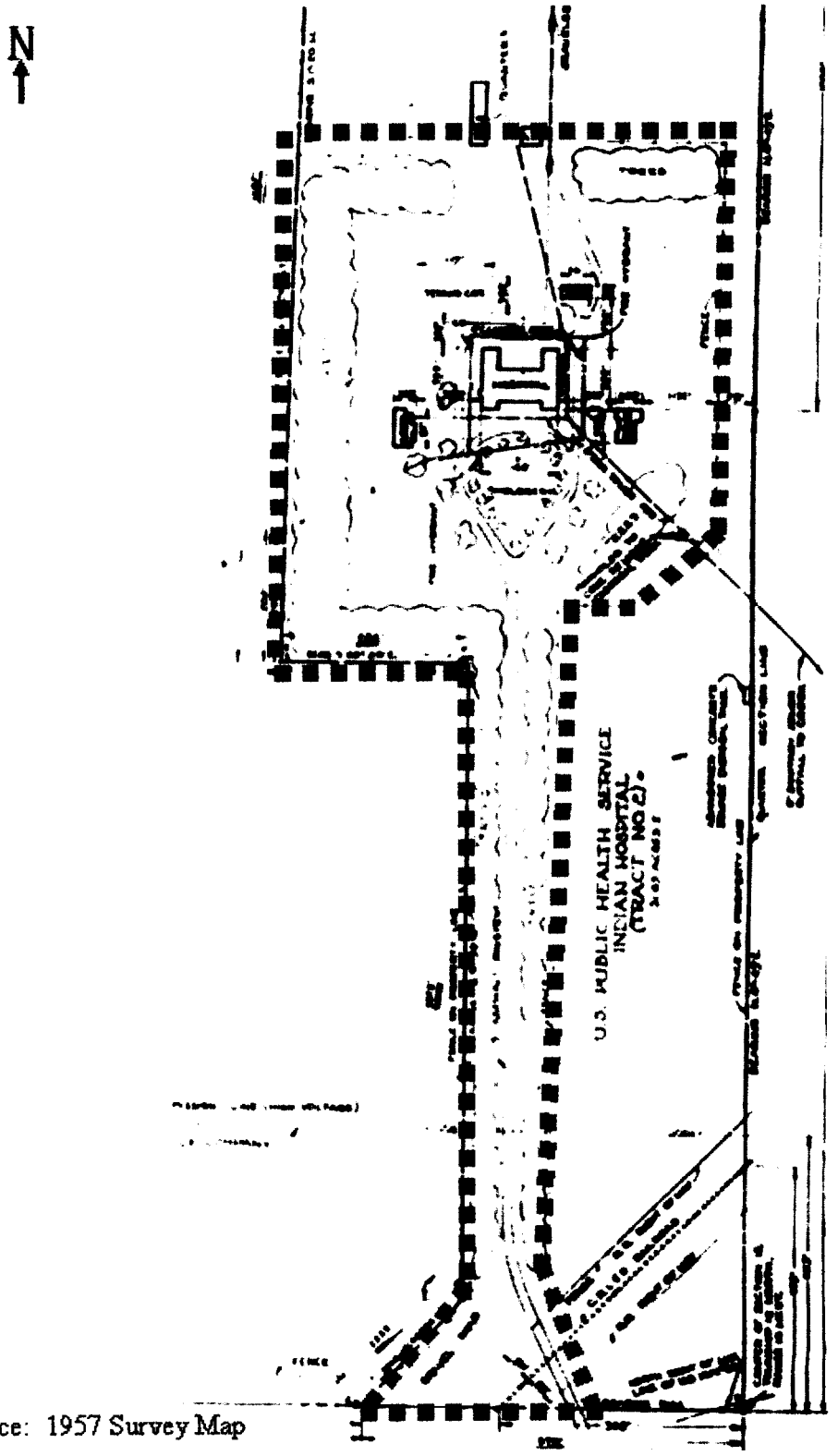
CLINTON INDIAN HOSPITAL COMPLEX
SITE PLAN
HISTORIC DISTRICT BOUNDARY MAP
HISTORIC PHOTOGRAPHS


N
Airport Rd
Clinton Indian Hospital Complex
Ranch Rd
Farmtail
Turtle Creek
Prairie View St
Turtle Creek St
Meadow Ridge Rd
N2263 Rd
Farmtail
Indian Hospital Rd
E Gary Blvd
E1035 Rd
Gary Fwy
Frontage Rd
N2260 Rd
Burning Limbs Club Park


N
Garage/Eng. Qtrs. (204)
Clinton Hospital (201)
Addition
Nurses Cottage (202)
Doctors Cottage (203)
Not to Scale

Site Plan

Recommended Historic District Boundary



Source: 1957 Survey Map

CLINTON INDIAN HOSPITAL COMPLEX HISTORIC PHOTOS
Hospital Building (201)



Front (South) and Side (East) Elevations, c. 1944



Rear (North) and Side (West) Elevations, c. 1944

Nurses Quarters (202)



Front (East) and Side (North) Elevations, c. 1944



Rear (West) and Side (South) Elevations, c. 1944

Doctors Cottage (203)



Front (West) and Side (North) Elevations, c. 1944



Rear (East) Elevation, c. 1944

Garage and Engineers Quarters (204)



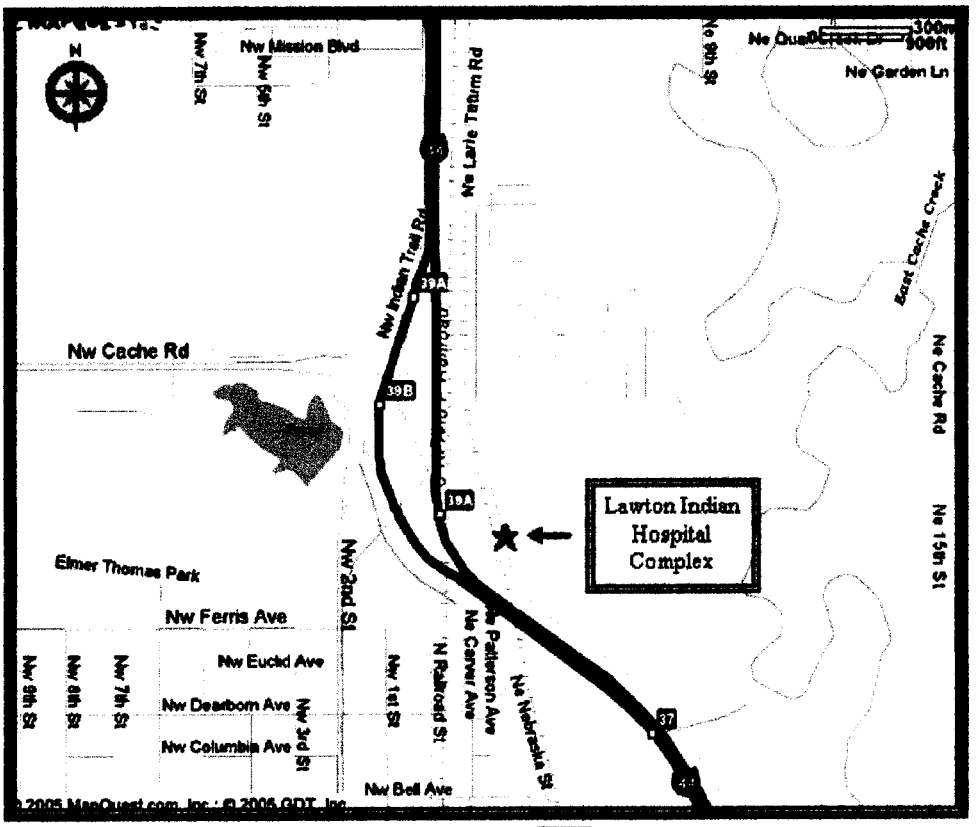
Front (South) and Side (West) Elevations, c. 1944

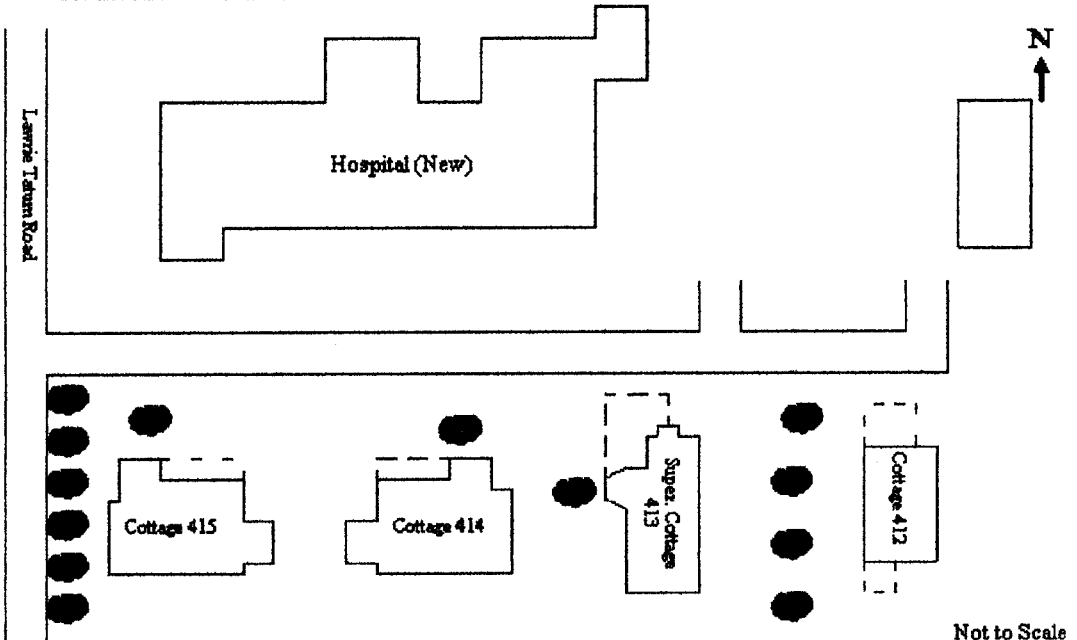


Rear (North) and Side (East) Elevations, c. 1944

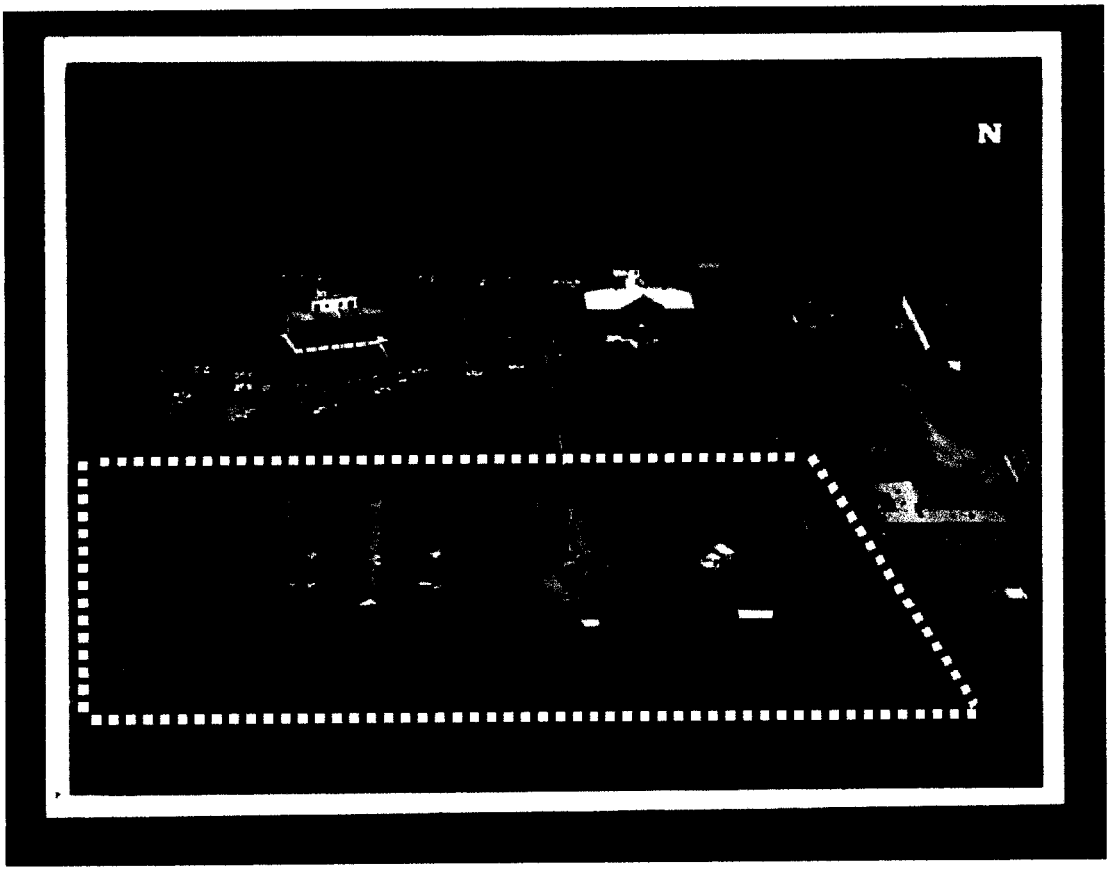
APPENDIX B

LAWTON INDIAN HOSPITAL COMPLEX
SITE PLAN
HISTORIC DISTRICT BOUNDARY MAP
HISTORIC PHOTOGRAPHS


N
Nw Mission Blvd
Nw 7th St
Nw Cache Rd
Nw Indian Trail Rd
Ne Lawrie Tatum Rd
Ne 9th St
Ne Garden Ln
East Cache Creek
Ne Cache Rd
Ne 15th St
39A
39B
19A
37
Lawton Indian Hospital Complex
Elmer Thomas Park
Nw Ferris Ave
Nw 2nd St
Nw Euclid Ave
Nw Dearborn Ave
Nw Columbia Ave
Nw 3rd St
Nw 1st St
N Railroad St
Ne Cameron Ave
Ne Patterson Ave
Ne Nebraska St
Nw Bell Ave
Nw 9th St
Nw 8th St
Nw 7th St
© 2005 MapQuest.com, Inc. · © 2005 GDT, Inc.


N
Lawrie Tatum Road
Hospital (New)
Cottage 415
Cottage 414
Super. Cottage 413
Cottage 412
Not to Scale

Site Plan



Source: 1960s Aerial Photograph

Recommended Historic District Boundary

LAWTON INDIAN HOSPITAL COMPLEX HISTORIC PHOTOS
Cottage 412



Front (North) and Side (East) Elevations, c. 1944



Rear (South) and Side (West) Elevations, c. 1944

Superintendent's Cottage (413)



Front (North) and Side (West) Elevations, c. 1944



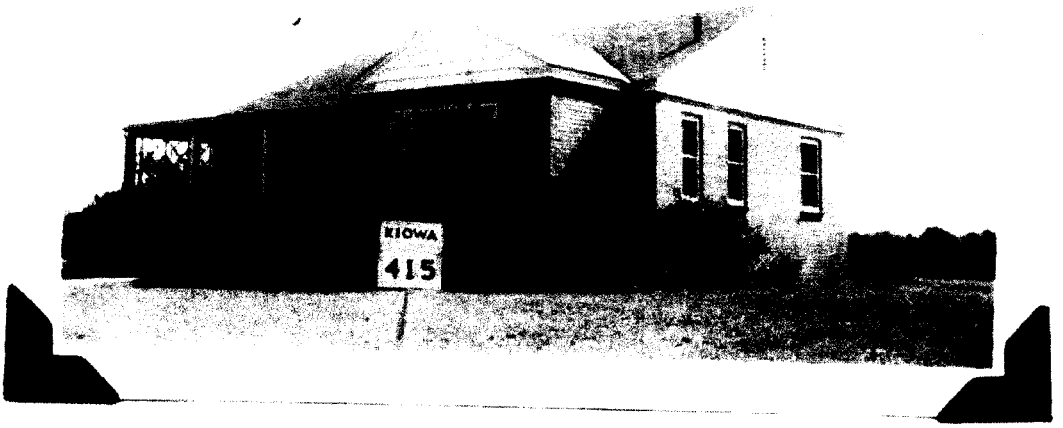
Rear (South) and Side (West) Elevations c.1944

Cottage (414)



Front (North) and Side (West) Elevations, c. 1944

Cottage (415)



Front (North) and Side (West) Elevations, c. 1944

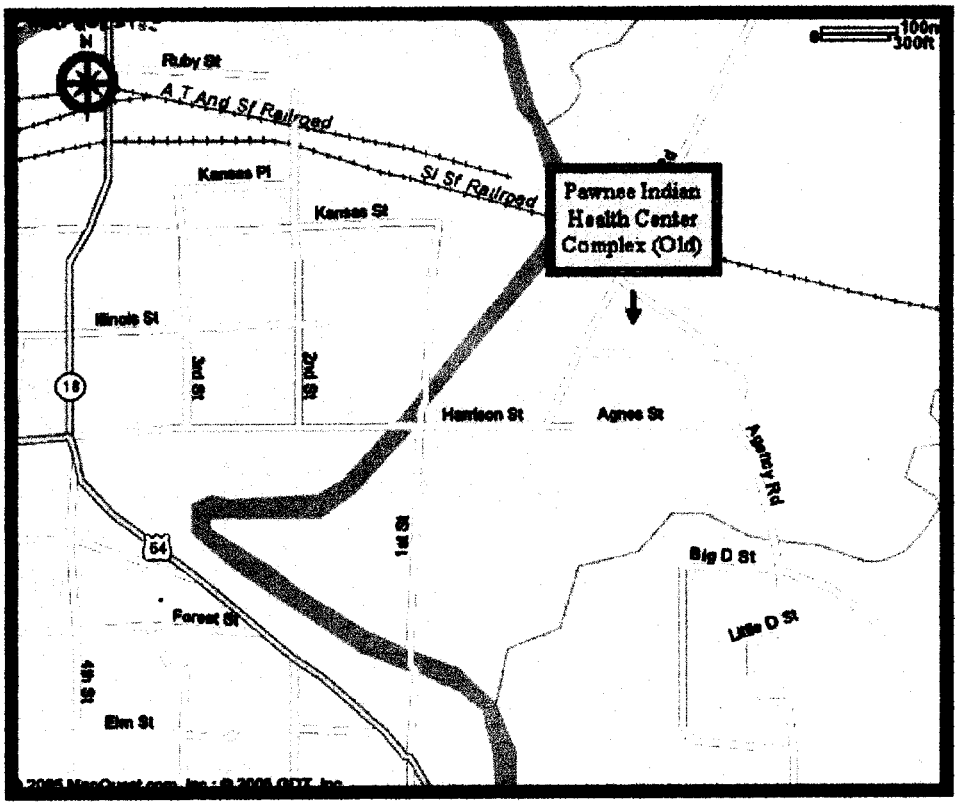


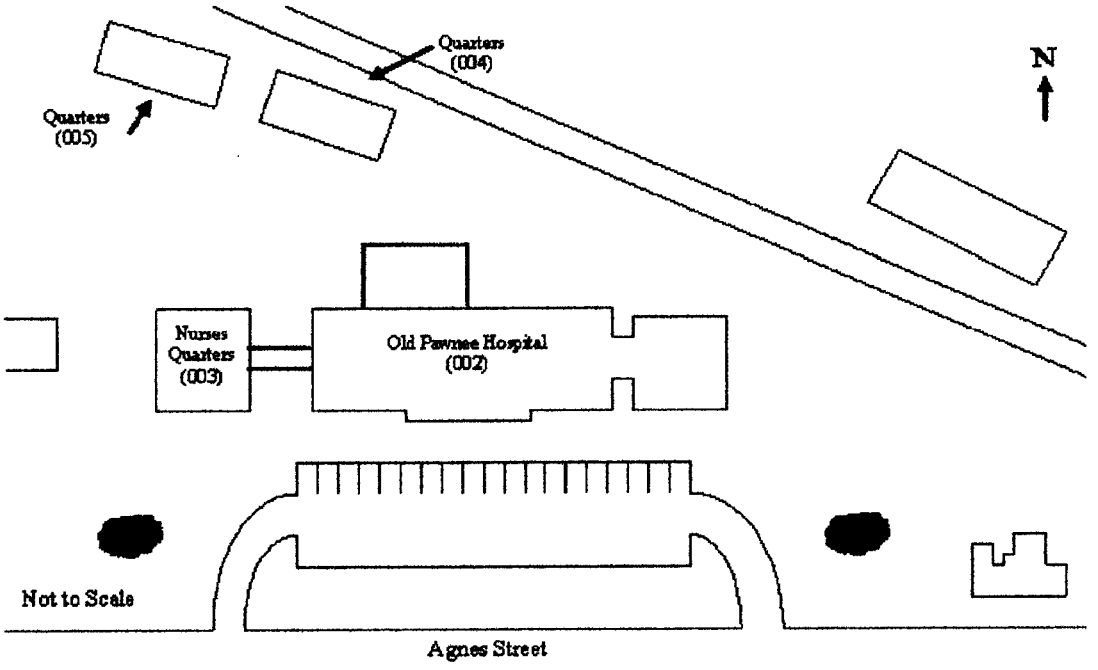
Rear (South) and Side (East) Elevations, c. 1944

APPENDIX C

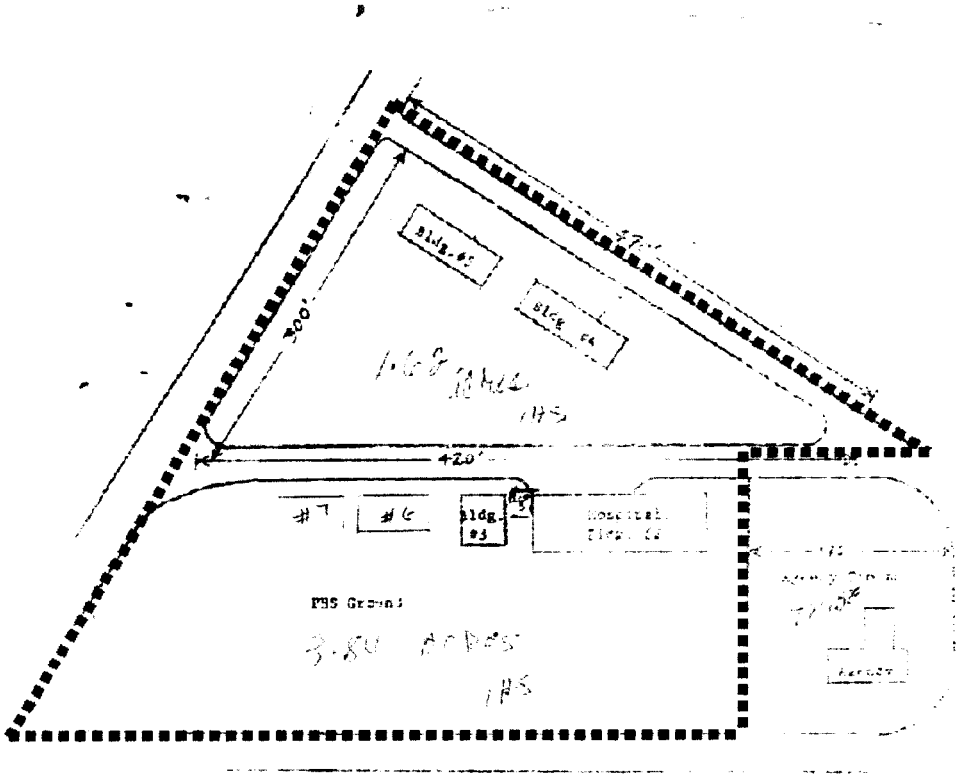
PAWNEE INDIAN HEALTH CENTER COMPLEX

SITE PLAN
HISTORIC DISTRICT BOUNDARY MAP
HISTORIC PHOTOGRAPHS


N
Ruby St
A T And St Railroad
St St Railroad
Kansas Pl
Kansas St
Pawnee Indian Health Center Complex (Old)
Illinois St
3rd St
2nd St
18
Harrison St
Agnes St
Agency Rd
64
1st St
Big D St
Little D St
Forest St
4th St
Elm St
100m
300ft


Quarters (004)
Quarters (005)
N
Nurses Quarters (003)
Old Pawnee Hospital (002)
Not to Scale
Agnes Street

Site Plan



Source: Indian Health Service Parcel Map

Recommended Historic District Boundary Map

PAWNEE INDIAN HEALTH CENTER COMPLEX HISTORIC PHOTOS
Old Pawnee Hospital (002)



Front (South) and Side (West) Elevations, c. 1945



Rear (North) and Side (East) Elevations, c. 1945



Rear (North) and Side (East) Elevations, c. 1945

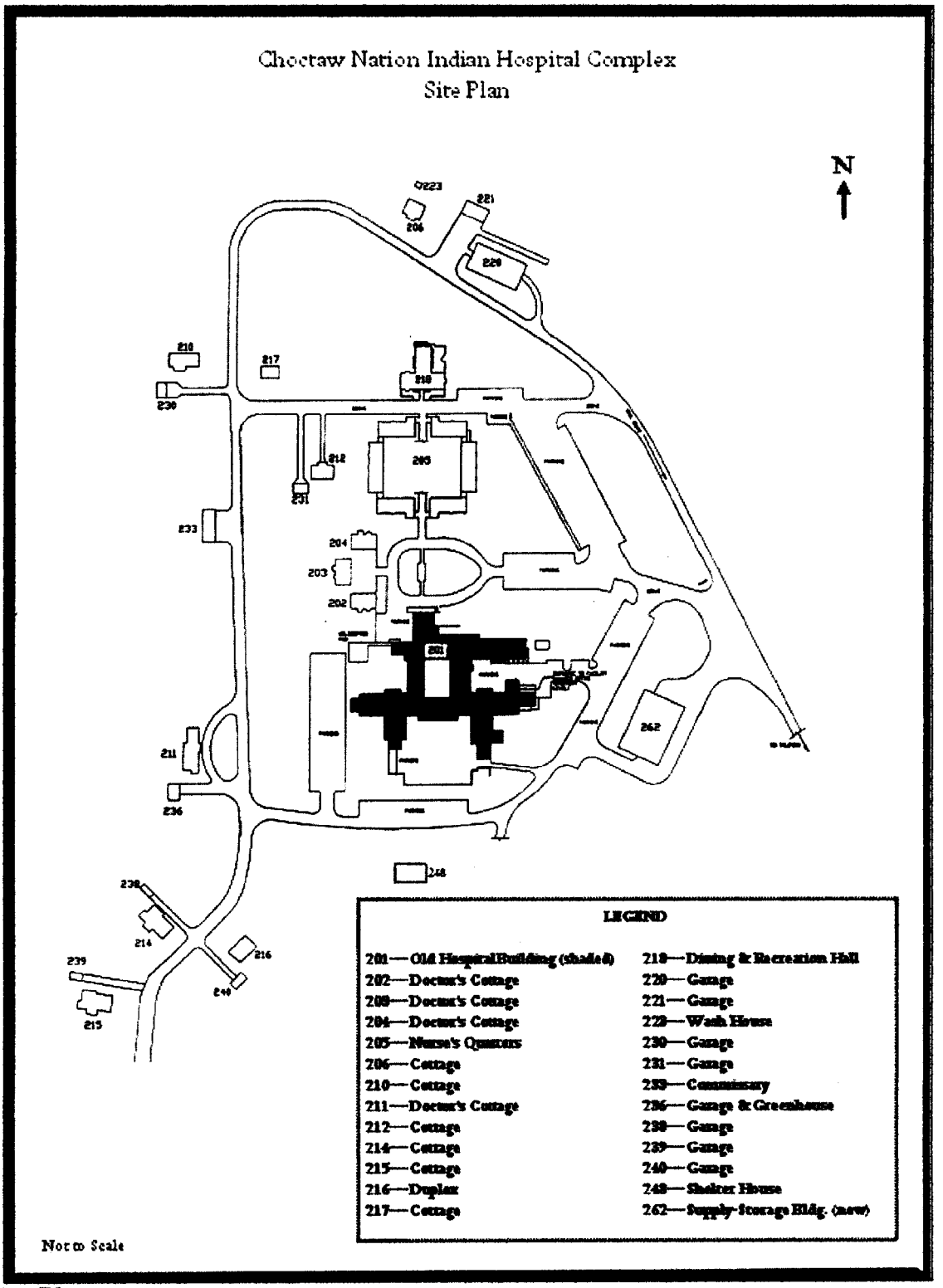
APPENDIX D

CHOCTAW NATION INDIAN HOSPITAL COMPLEX (TALIHINA)

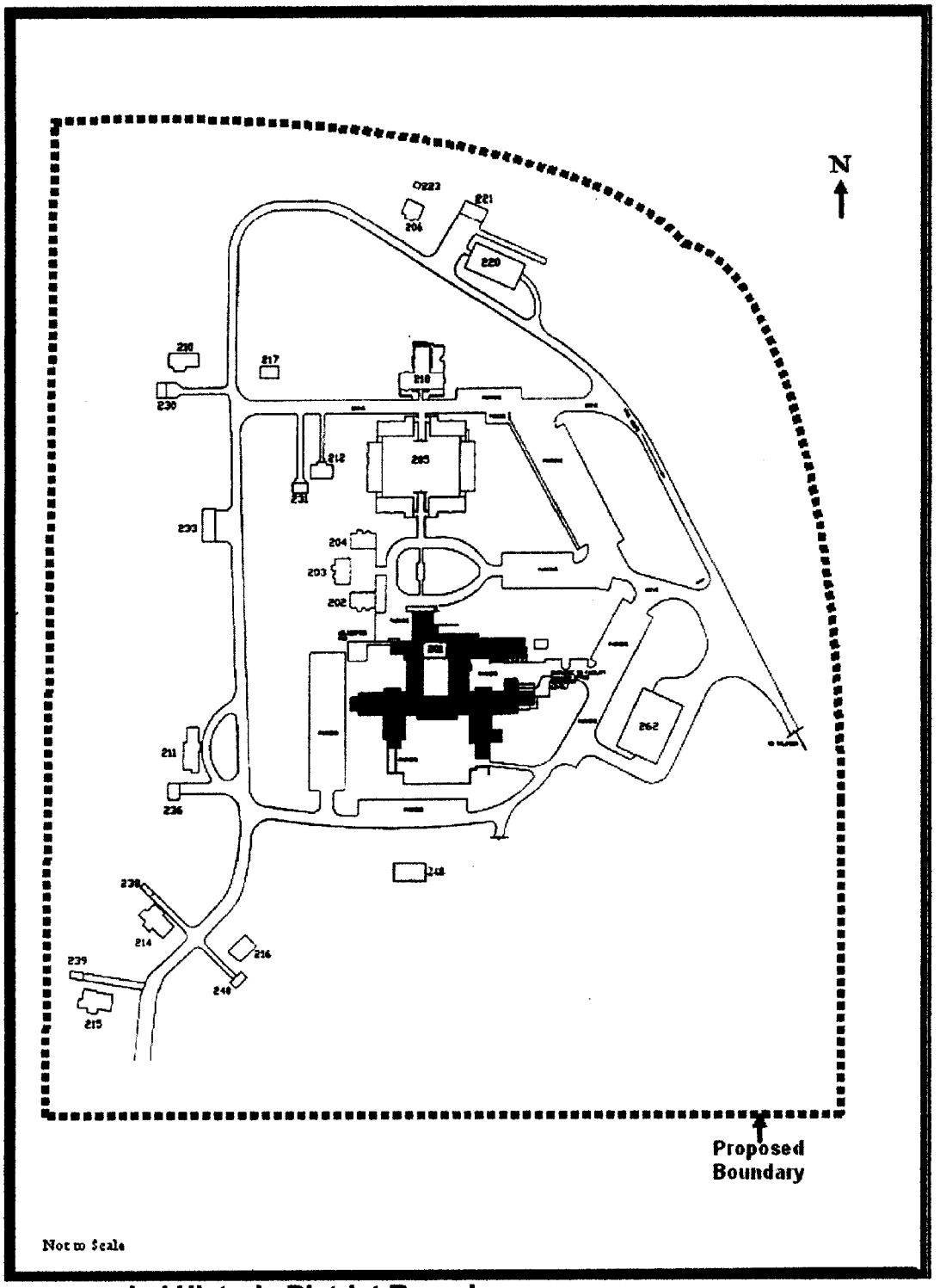
SITE PLAN

HISTORIC DISTRICT BOUNDARY MAP

HISTORIC PHOTOGRAPHS

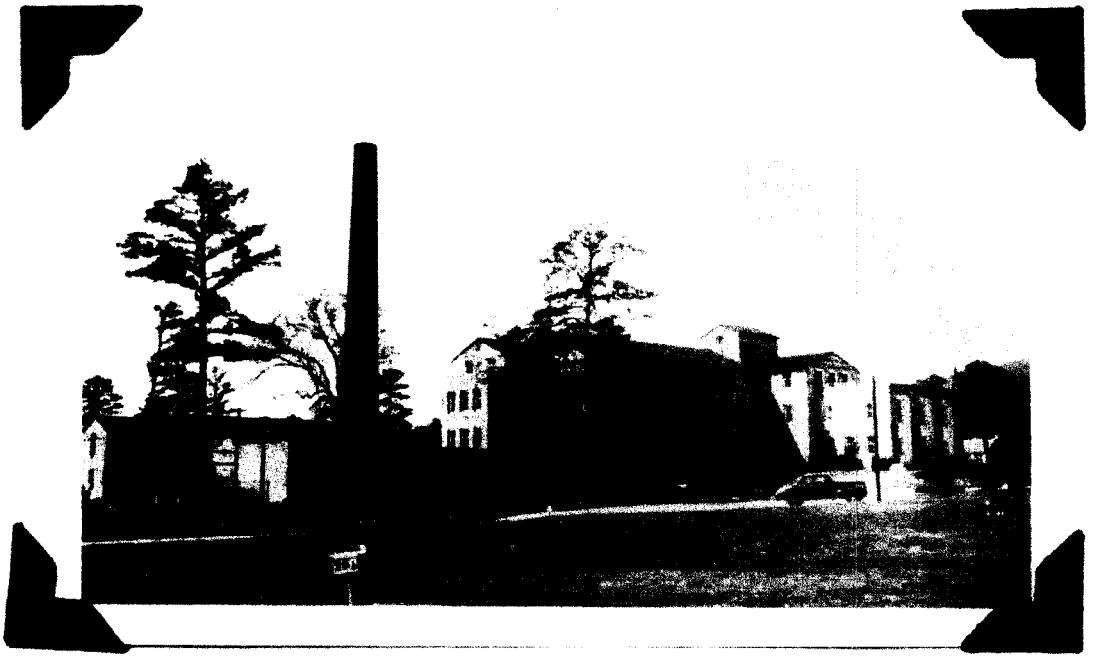

Choctaw Nation Indian Hospital Complex
Site Plan
N
LEGEND
201—Old Hospital Building (shaded)
202—Doctor's Cottage
203—Doctor's Cottage
204—Doctor's Cottage
205—Nurse's Quarters
206—Cottage
210—Cottage
211—Doctor's Cottage
212—Cottage
214—Cottage
215—Cottage
216—Duplex
217—Cottage
218—Dining & Recreation Hall
220—Garage
221—Garage
222—Wash House
230—Garage
231—Garage
239—Commissary
236—Garage & Greenhouse
238—Garage
239—Garage
240—Garage
248—Shelter House
262—Supply-Storage Bldg. (new)
Not to Scale

Site Plan

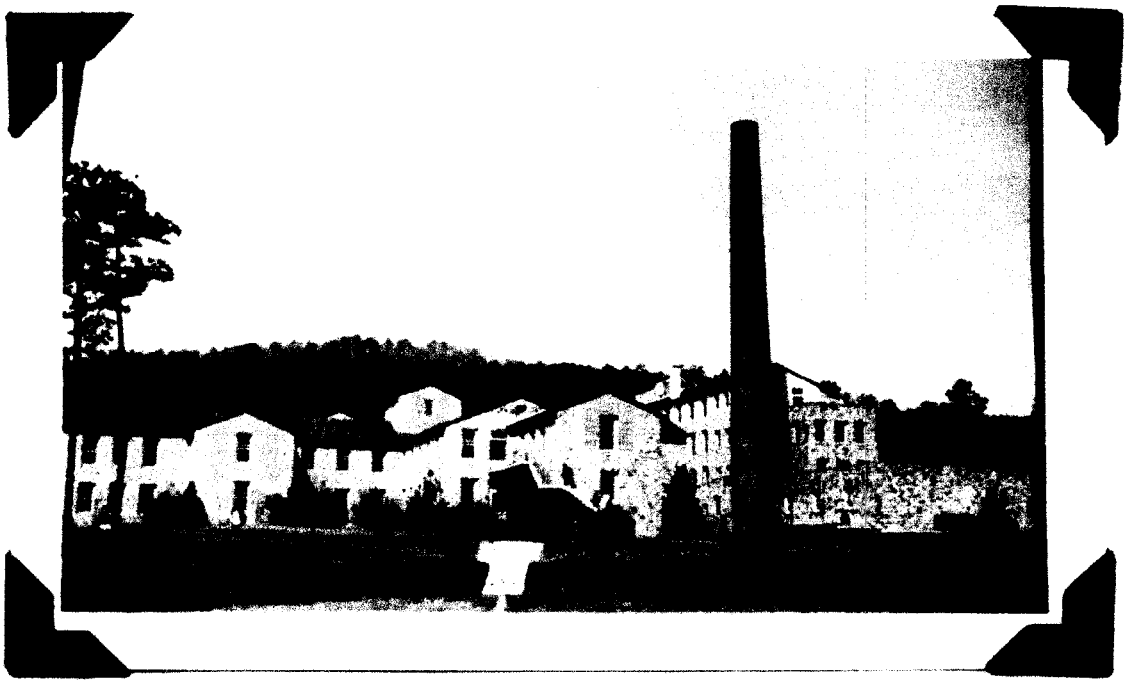


Recommended Historic District Boundary

CHOCTAW NATION INDIAN HOSPITAL COMPLEX HISTORIC PHOTOS
Old Hospital Building (201)

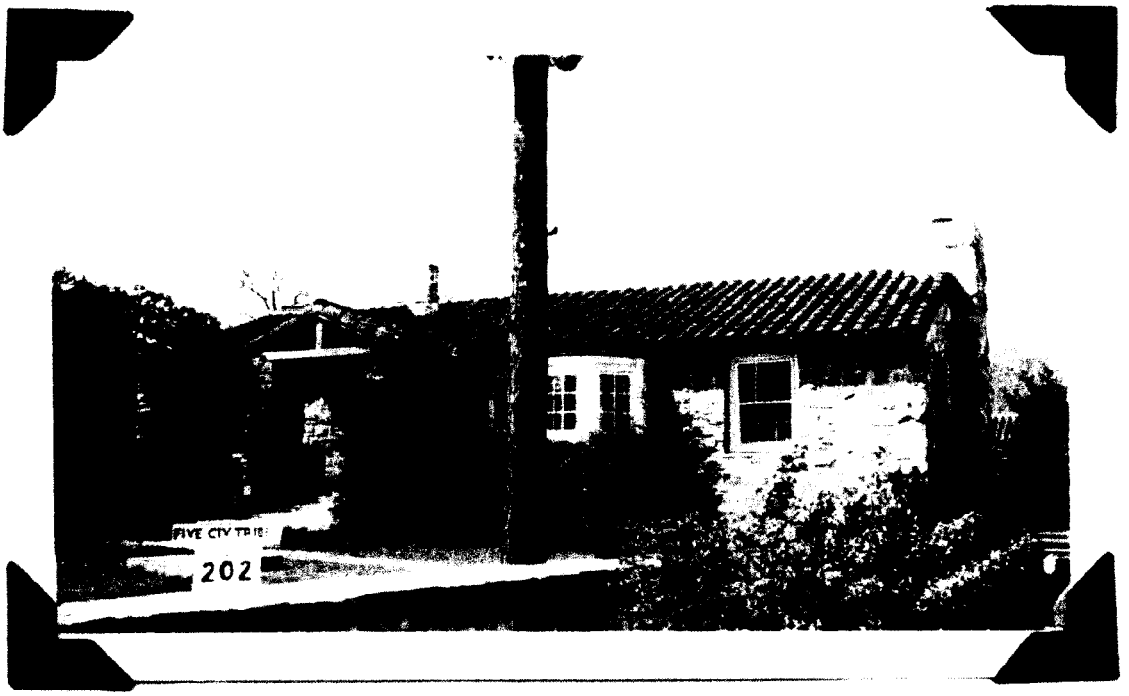


Front (North) Elevation, c. 1944



Side (East) Elevation, c. 1944

Doctors Complex (202)



Front (South) Elevation, c. 1944



Rear (North) and Side (West) Elevations, c. 1944

Doctors Cottage (203)



Front (West) and Side (North) Elevations, c. 1944



Rear (East) and Side (South) Elevations, c. 1944

Doctors Quarters (204)



Front (North) and Side (West) Elevations, c. 1944



Rear (South) and Side (East) Elevations, c. 1944

Nurses Quarters (205)



Front (South) and Side (East) Elevations, c. 1944



Rear (North) and Side (East) Elevations, c. 1944

Cottage (206)



Front (South) and Side (East) Elevations, c. 1944



Side (West) and Rear (North) Elevations, c. 1944

Cottage (210)



Front (West) and Side (South) Elevations, c. 1944



Side (North) and Rear (East) Elevations, c. 1944

Doctors Cottage (211)



Front (East) and Side (South) Elevations, c. 1944

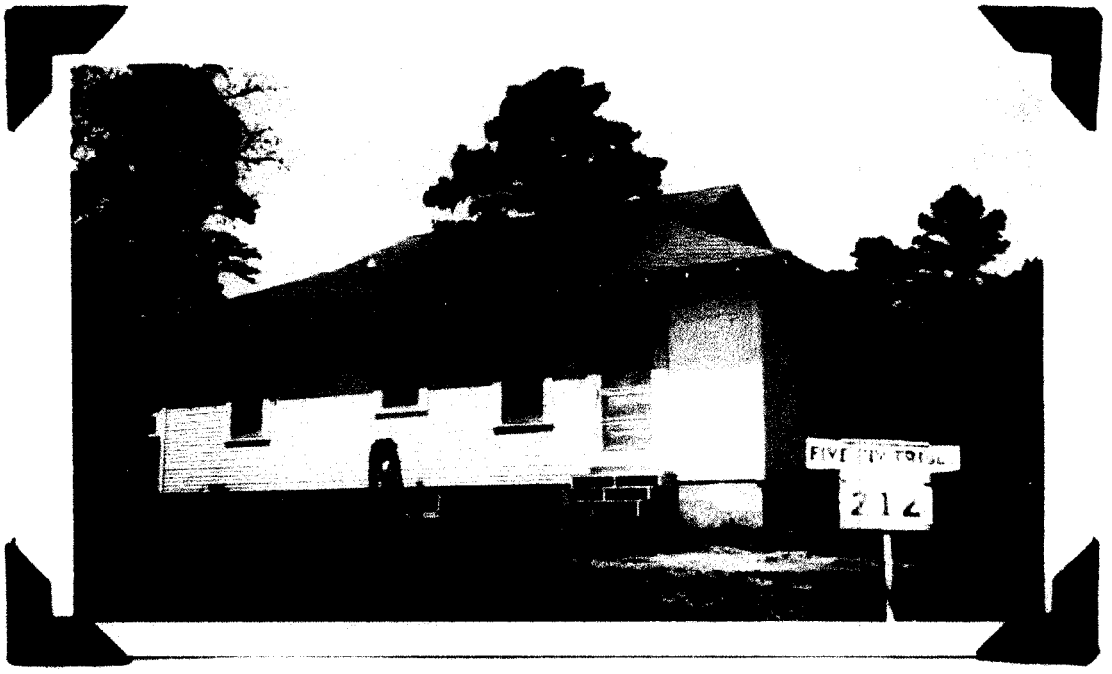


Rear (West) and Side (North) Elevations, c. 1944

Cottage (212)

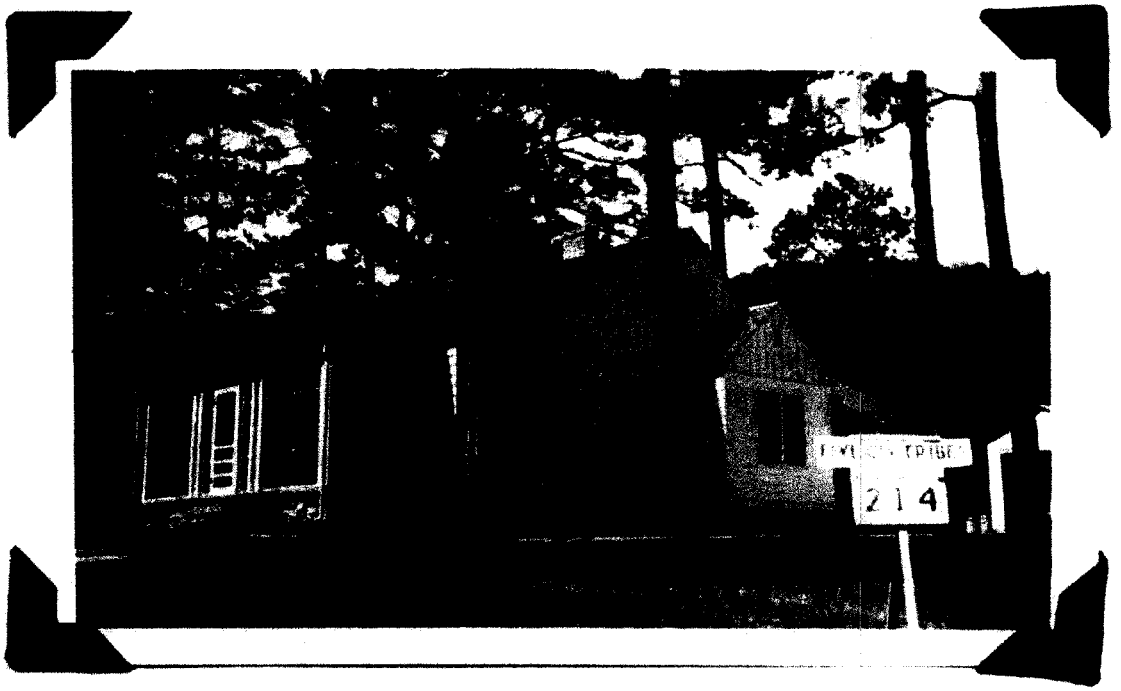


Front (North) and Side (West) Elevations, c. 1944



Rear (South) and Side (East) Elevations, c. 1944

Cottage (214)



Front (South) and Side (East) Elevations, c. 1944

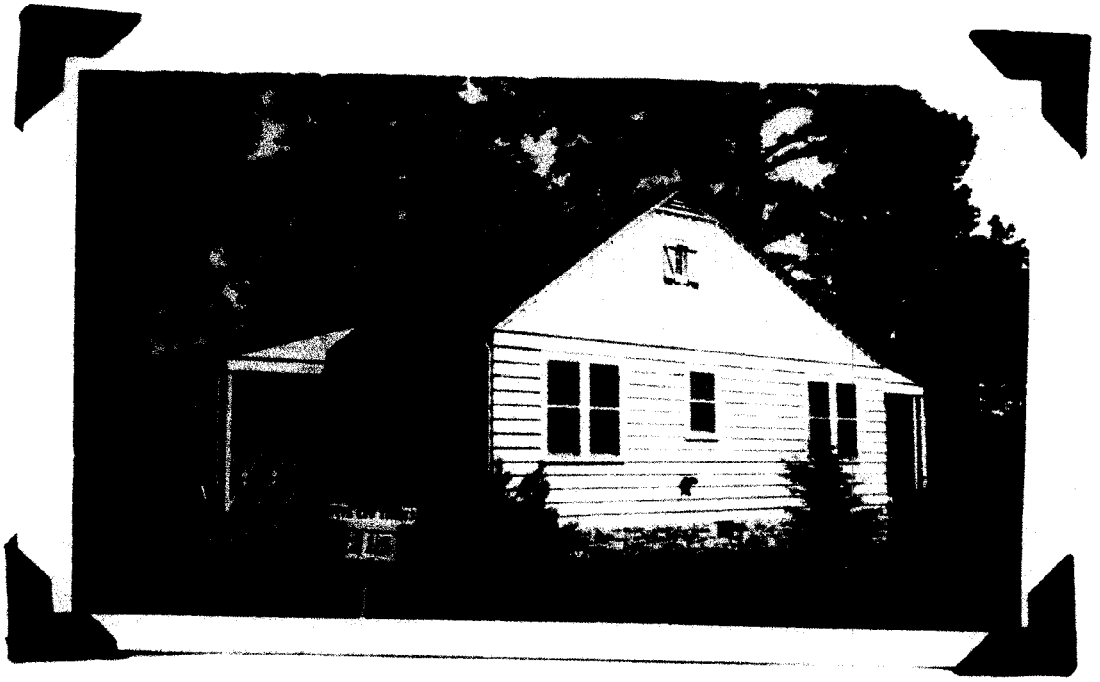


Rear (North) and Side (West) Elevations, c. 1944

Cottage (215)



Front (South) and Side (East) Elevations, c. 1944

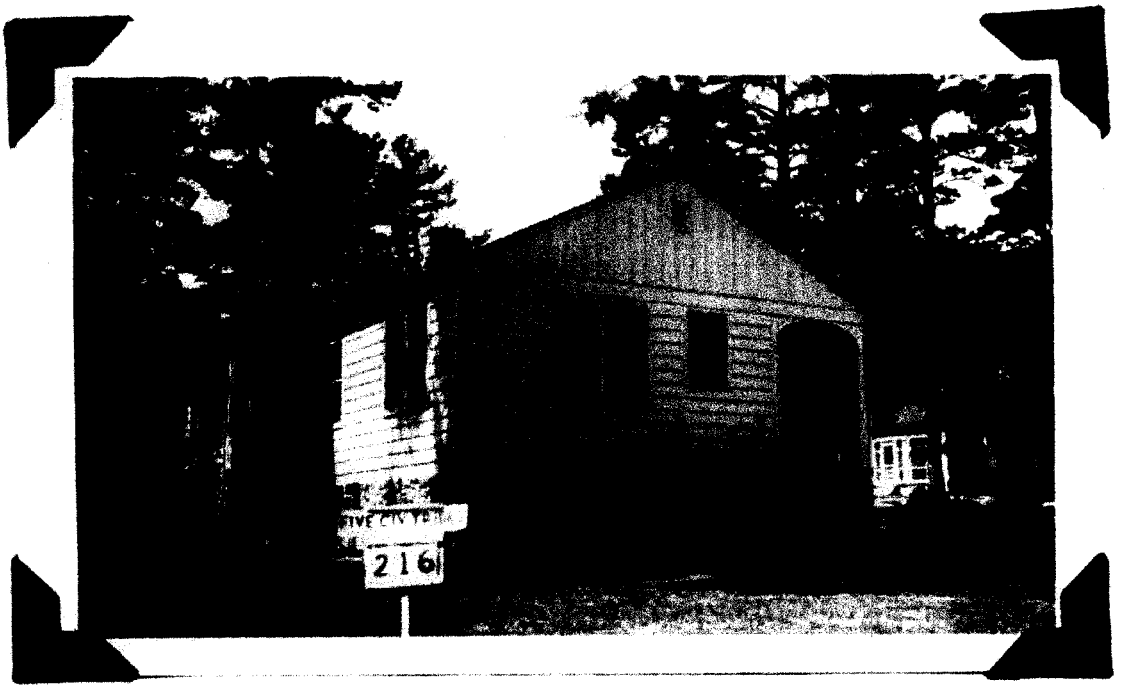


Rear (North) and Side (West) Elevations, c. 1944

Duplex (216)



Front (North) and Side (West) Elevations, c. 1944



Rear (South) and Side (East) Elevations, c. 1944

Cottage (217)

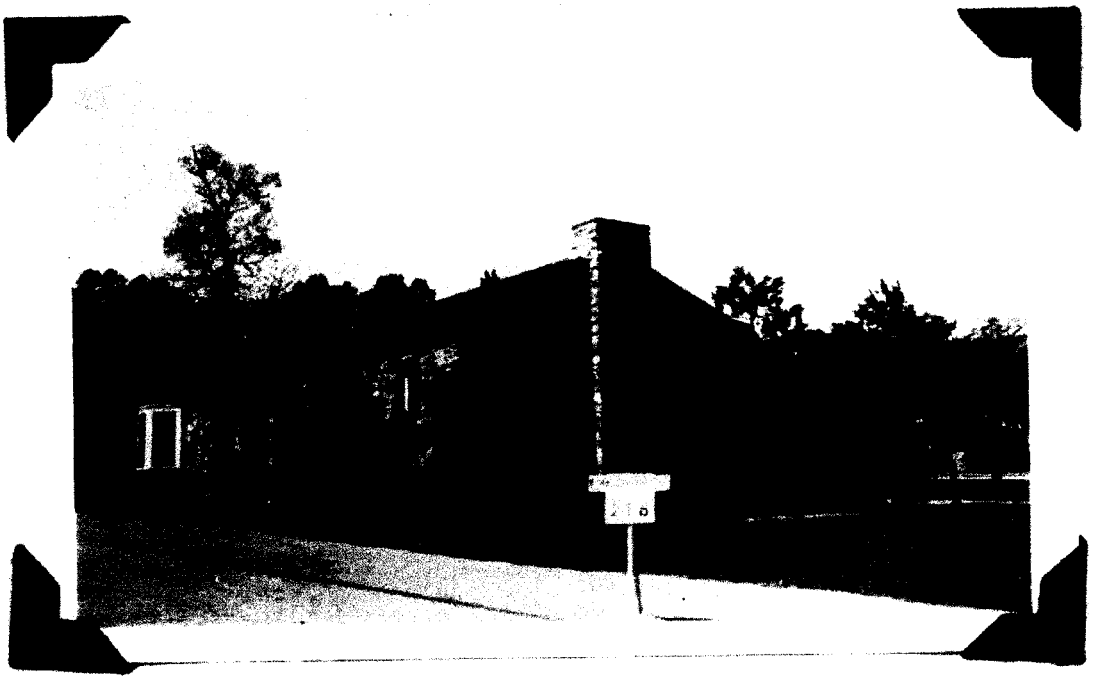


Front (North) and Side (West) Elevations, c. 1944

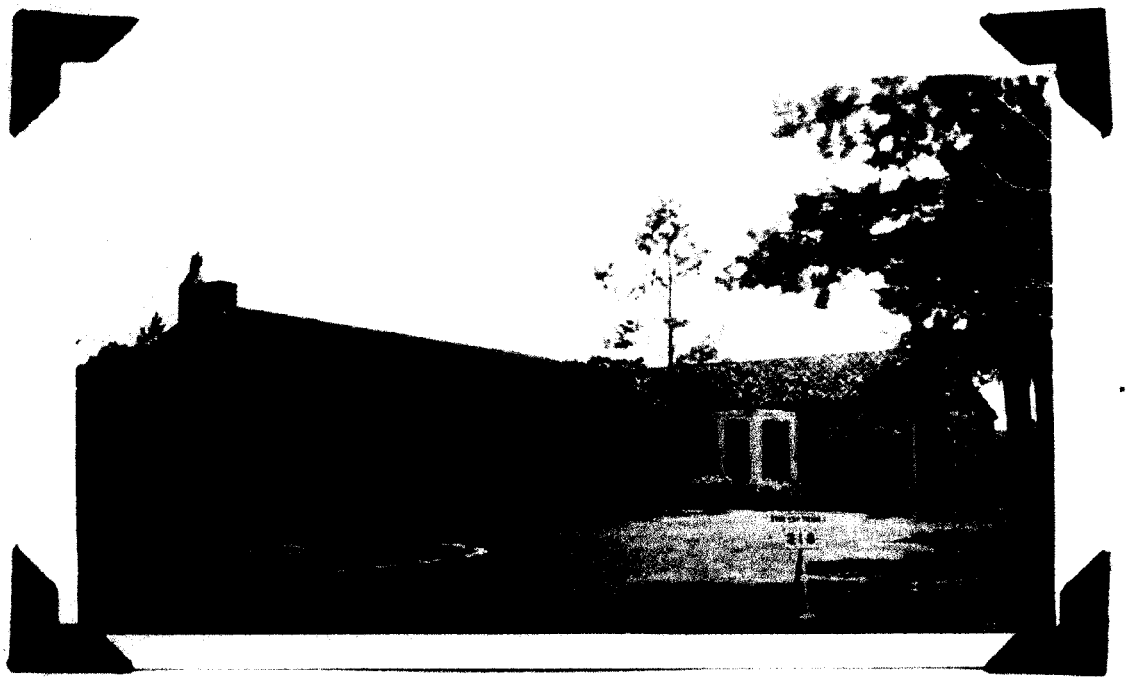


Rear (South) and Side (East) Elevations, c. 1944

Dining & Recreation Hall (218)

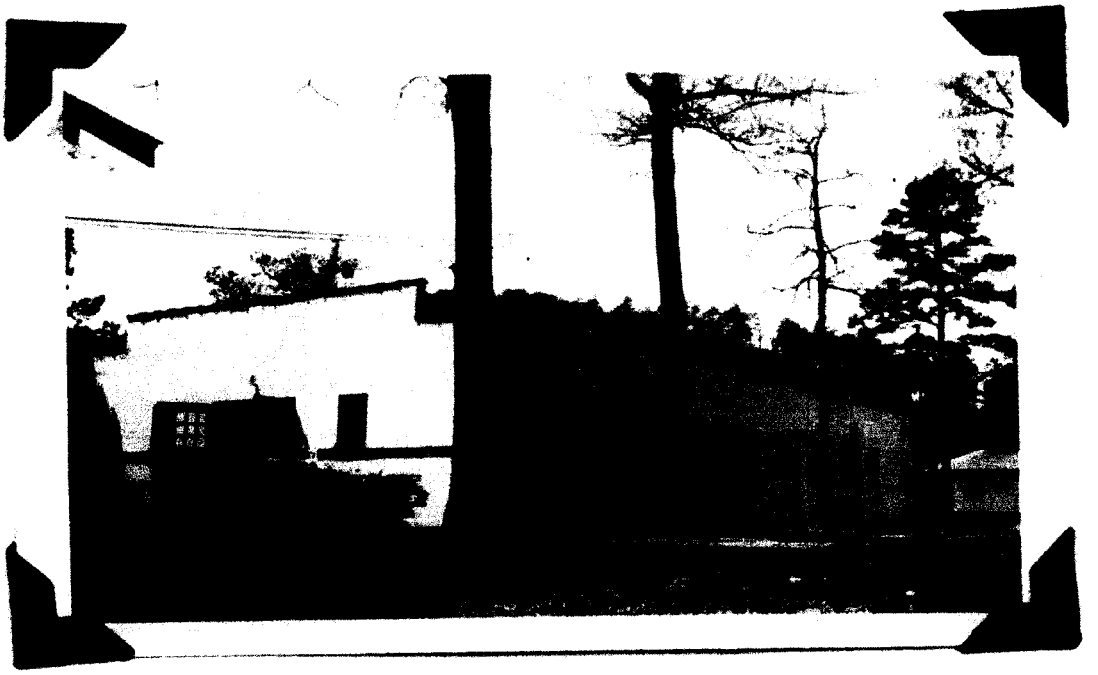


Front (South) and Side (East) Elevations, c. 1944



Rear (North) and Side (West) Elevations, c. 1944

Garage (220)



Front (West) and Side (South) Elevations, c. 1944

Garage (221)



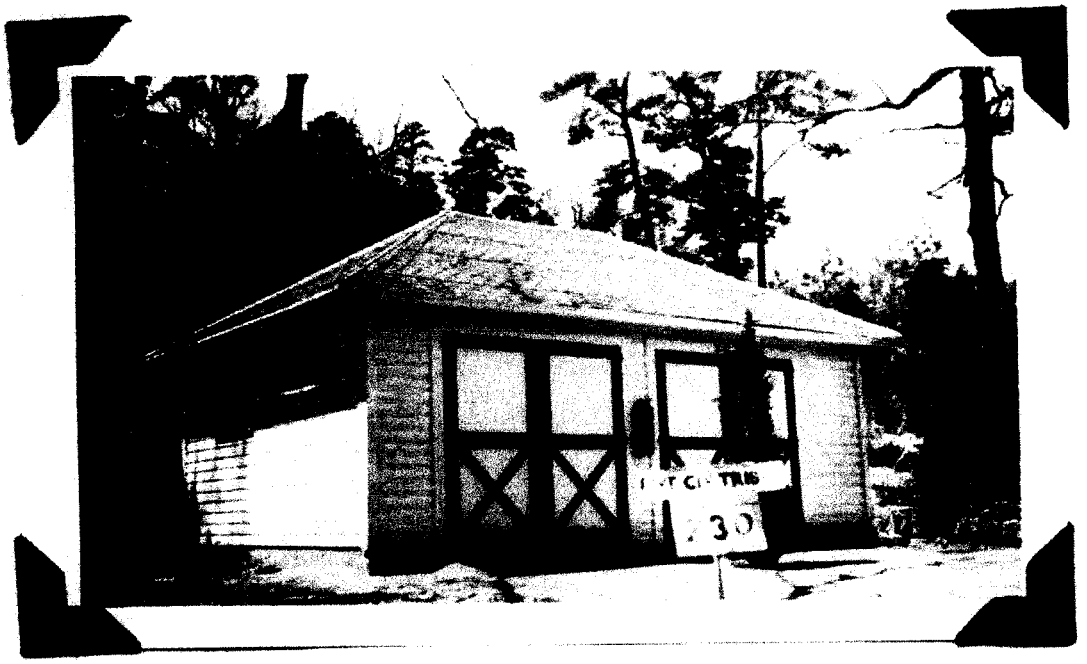
Front (South) and Side (East) Elevations, c. 1944

Wash House (223)



Front (South) and Side (East) Elevations, c. 1944

Garage (230)



Front (East) and Side (South) Elevations, c. 1944

Garage (231)



Front (North) and Side (West) Elevations, c. 1944

Commissary (233)



Front (East) and Side (South) Elevations, c. 1944

Garage & Greenhouse (236)



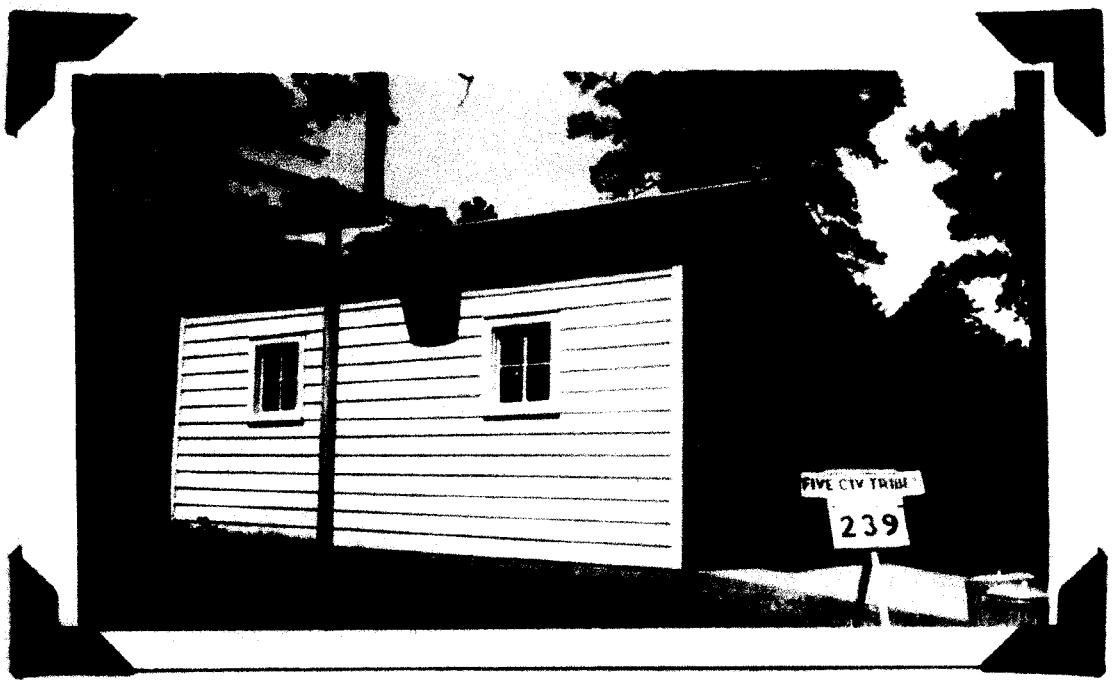
Front (East) and Side (South) Elevations, c. 1944

Garage (238)



Front (South) and Side (East) Elevations, c. 1944

Garage (239)



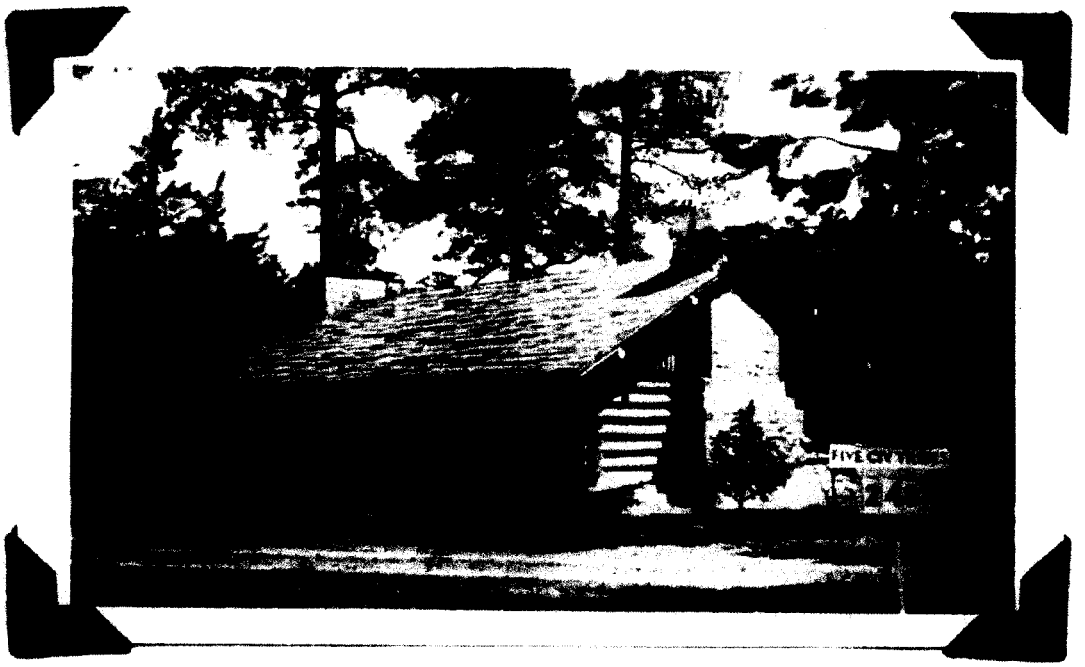
Front (South) and Side (West) Elevations, c. 1944

Garage (240)



Front (North) and Side (West) Elevations, c. 1944

Shelter House (248)



Front (North) and Side (West) Elevations, c. 1944

APPENDIX E

CORRESPONDENCE

DEPARTMENT OF HEALTH & HUMAN SERVICES

Indian Health Service

Oklahoma City Area Indian Health Service
Five Corporate Plaza
3625 NW 56th Street
Oklahoma City, OK 73112-4519

December 11, 2001

Oklahoma Historical Society
State Historic Preservation Office
2704 Villa Prom, Shepard Mall
Oklahoma City, Oklahoma 73107

Dear Sir:

The Choctaw Nation Indian Hospital campus located on 48.13 acres in Talihina, Oklahoma is a government-owned facility and is under the jurisdiction of the Oklahoma City Area Indian Health Service (OCAIHS). The hospital building and 25 surrounding buildings were all constructed between the years of 1918 and 1939.

The OCAIHS has plans to demolish the old Hospital Building 201, which is currently vacant, pending LBP abatement. The Choctaw Nation has requested that title to the remainder of the buildings and land be transferred to the Bureau of Indian Affairs to be placed in Trust for the Tribe.

In compliance with Section 106 of the National Historic Preservation Act, our office is requesting your determination as to the eligibility of these buildings for listing on the National Register of Historic Places and whether the demolition of hospital building 201 would affect archeological and historic properties. A completed Historic Preservation Resource Identification Form and a photograph of each building are provided for your review. Enclosed is a site plan with a listing of the buildings.

According to our latest copy of the National Register Handbook, dated December 1996, and Supplemental National Register Listing, dated 4/18/00, there were no historic sites in this vicinity. However, our office would appreciate a written verification from your office as to whether the demolition of the hospital building would have an impact on any historic site or landmarks.

Your earliest response would be appreciated, so that we may proceed with finalization of the demolition and transfer of the property. If further information is required, please contact me at phone number 951-3714 or fax number 951-3972.

Irene Fields
Realty Officer
Facilities Management Branch

Enclosures:
Listing of Buildings
Building Site Plan
Historic Preservation Resource Identification Forms
Building Photos

Oklahoma Historical Society

State Historic Preservation Office • 2704 Villa Prom • Shepherd Mall • Oklahoma City, OK 73107-2441
Telephone: 405/521-6249 • Fax 405/947-2918

January 3, 2002

Ms. Irene Fields, Realty Officer
Facilities Management Branch
DHHS, Oklahoma City Area IHS
Oklahoma City, OK 73112

RE: File #0583-02; Choctaw Nation Indian Hospital Campus Project, Talihina, Latimer County

Dear Ms. Fields:

We have reviewed the documentation submitted on the referenced property. Based on the information submitted, it is our opinion that the Choctaw Indian Hospital Campus is eligible for the National Register of Historic Places as a district. The district is eligible under Criteria A and C, for its role in the health and welfare of the tribe and for its cohesive architectural value. In addition, Building #201 is individually eligible under the same criteria. Opinions of eligibility are based upon comparisons of historic properties within a context. For purposes of this review, the context is Indian health-care in the 20th century.

The following properties have been identified as contributing to the historic district; Buildings #201, #202, #203, #204, #205, #206, #210, #211, #212, #216, #217, #218, #220, #221, #223, #230, #231, #233, #240, #248. The following properties have been identified as being noncontributing: Buildings #214, #215, #236, #238, #239.

If you concur with this opinion on eligibility, please sign and date the attached form and return it to our office with a description of the proposed project (unless this has already been submitted). We will then complete the review and issue an opinion of effect.

If you do not concur with this opinion of eligibility, we are willing to review any materials you may wish to submit supporting your position. You may also resolve our disagreement about this opinion by writing directly to Ms. Carol Schull, Keeper of the National Register, 1849 "C" Street Northwest, Mail Stop #2280, Washington, D.C. 20240, as noted in 36 CFR Part 63.

Future correspondence pertaining to this project must reference the above underlined file number. If you have any questions, please contact Mr. Jim Gabbert, Architectural Historian, at 405/522-4478. Thank you.

Sincerely,

Melvena Heisch
Deputy State Historic
Preservation Officer

MH:pm
Attachment

State Historic Preservation Office
2704 Villa Prom
Shepherd Mall
Oklahoma City, OK 73107

RE: File #0583-02; Choctaw Nation Indian Hospital Campus Project, Talihina, Latimer County

I have read and understand the statement of opinion of the Oklahoma State Historic Preservation Officer. I agree with the opinion that this property is eligible for the National Register of Historic Places and so indicate my agreement by my signature as designated agent for the agency responsible for this undertaking.

I hereby concur with the opinion regarding the referenced property.

_____ _____
Signature Date

_____
Title

Choctaw Nation of Oklahoma

Drawer 1210 • Durant, Oklahoma 74702-1210 • (580) 924-8280

Gregory E. Pyle
Chief

Mike Bailey
Assistant Chief

September 7, 2004

Ms. Irene Fields
Area Realty Officer
Oklahoma City Area Indian Health Service
Oklahoma City, Oklahoma 73112-4519

Dear Ms. Fields:

This letter is in response to your request of my assistance in completing a cultural asset review of the old hospital site in Talihina, Oklahoma, as required under Section 106 of the National Historic Preservation Act.

You submitted a copy to me of the determination of the Oklahoma Historical Society concerning the eligibility of the Choctaw Nation Indian Hospital campus be nominated as a district to the National Register of Historic Places. This was based on its role in the health and welfare of the tribe and the cohesive architectural value. The hospital building is individually eligible under the same criteria.

My understanding is that the campus and the buildings on it will be transferred to the Bureau of Indian Affairs to be held in trust status for the tribe. The old hospital building and the land on which it is located will remain government owned property, pending a determination on the disposition of the building. The Indian Health Service no longer has a requirement for the building. If it is determined to proceed with demolition, further remediation will be required prior to demolition process. Upon completion of demolition and site restoration, the land will then be transferred back to the Bureau of Indian Affairs to be held in trust for the Choctaw Nation for future development.

After my research of the history of the hospital and inquiry of the tribal people, I agree with the Oklahoma Historical Society's determination of the eligibility of the old hospital to be listed on the National Register of Historic Places. To traditional tribal people, this standing structure is a memorial and a tribal landmark. Leg amputations of diabetic patients were disposed of in the incinerator and some TB patients who died and were unclaimed, were buried on the land near the hospital. Thoughtful considerations should be made before the process of the erasure of physical features of the history of a people.

Sincerely,

Olin Williams, THPO