



THE TEXAS

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COVER AND PAGE 3

Austin citizens, challenged by a group of U.T. architecture students are working on a development plan for Waller Creek.

The Texas Hospital Association and TSA look at methods for controlling economics of health facilities.

Art in our daily life, at home, work and worship adds an extra dimension of beauty and meaningful experience.

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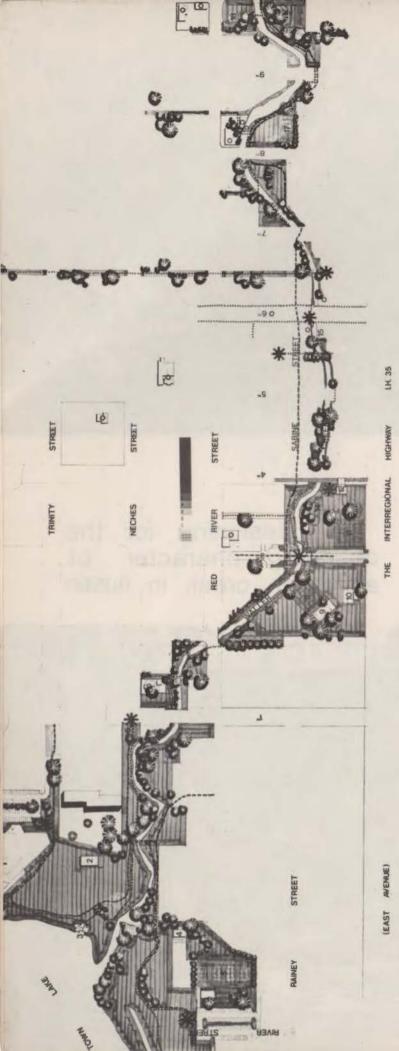
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WALLER

designing for the changing character of an urban creek in Austin





Austin, Texas captivates visitors and turns them into residents. Huge live oaks shade historic mansions set majestically along the Balcones Escarpment. Motorist travelling IH 35 encounter a panoramic view of the city's central business district stretching off to the west. Streets climb in and out of creek valleys, providing surprising vistas and revealing familiar landmarks on every slope. A network of creeks and valleys, tributaries of the Colorado River, creates a strong visual impact that seems to structure the city and define its neighborhood and activities.

Years ago, the Russell Fish family, residents of a bluff above Shoal Creek, initiated the nation's first "hike and bike" trail along a few blocks of this creek. This act of ecological preservation initiated an interest in protecting Austin's creek system that is now widespread. Mrs. Lyndon B. Johnson has taken the Honorary Chairman's post on a committee to beautify Town Lake. One of this group's projects is an additional "hike and bike" trail. This is part of the city master plan to develop Austin's creek areas into a total greenbelt system.

Waller Creek, more urban and more haturally beautiful than most, has great ecological potential, both as an open space system and as a generator of commercial development and activity. Waller Creek is an environmental paradox. This spring-fed creek flows for almost ten miles through residential areas, the University of Texas Campus, past the State Capitol complex and the central business district, yet maintains a nineteenth century atmosphere of limestone, live oaks and near wilderness. The creek's character is diverse, changing around each bend from 34th Street to Town Lake.

At times, Waller Creek flows in manicured city parks,, at others in a wilderness of cypress trees, making the city's residents forget they are a block from San Jacinto Boulevard and The University of Texas Memorial Stadium. Near the downtown area, this natural channel turns into limestone retaining walls and arched bridges, with historic structures right up to the creek, creating an atmosphere that would be most suitable for commercial development.

Waller Creek's open space system, as dictated by the urbaness of the surrounding landscape, would consist of a continuous constricted green belt

OPEN SPACE PLAN

along the creek, periodically opening into timely block-sized and vest pocket parks. The smaller, highly landscaped new parks would act in conjunction with the existing facilities to provide space for picnicing, tennis courts and outdoor theater. Hike and bike trails contained on the greenbelt would connect with the Town Lake area to the South.

The northern terminal, Adams Park and 34th Street, would be linked to Shoal Creek via a short "bicycle street", allowing pedestrians and cyclists to make a scenic ten mile loop around the central area of the city with minimum contact with traffic.

One of the most interesting possibilities of the open space system is the integration of an "Historic Austin Buildings Trail". Thirty buildings of historical significance lie within one or two blocks of Waller Creek. These could become a part of the system by using fingers of open space to reach out and surround the historic sites. The old buildings, most constructed before 1880, might become museums, restaurants or retain existing residential use.

The Austin Symphony Society is making their headquarters in an historic building along the creek, incorporating an amphitheater and two other structures, to make up Symphony Square. This addition to the heritage of Austin is a project of the Brackenridge Urban Renewal Tract.

Waller Creek's changing character contains a channel near the downtown area perfect for commercial development. "Old Town on the Creek" would be a river rivalling San Antonio's famous attraction, on a smaller scale. Nightclubs, specialty shops, and hotel facilities could line the creek to take advantage of its aesthetic appeal and the constant flow of people through this area. New restaurants and a marketplace would be a boon to the central business district economy, drawing people from the suburbs in to shop. In fact, the creek development would be the creation of an exciting new life for Austin residents-a twentyfour hour life where people could work, play, shop and take up residence in townhouses on Waller Creek.

The creek is in contact with the urban scene, close to huge concentrations of people at the University, State Capitol, and downtown, and can provide relief from that urban congestion and tension. This proposed development will preserve the greenbelt and ecosystem of Waller Creek, providing safe places for recreation.

Most of all, the sensitive development of Waller Creek, in combination with Austin's entire creek system, would bring beauty and order to the urban mayhem; an order based on the natural landscape.





PEDESTRIAN BRIDGE AND STUDY AREA crossing the Creek on the University of Texas campus. Developments like this occur along the length of the creek but are isolated and need to be linked together as a continuous development.



TEN MILES OF CONTINUOUS HIKE AND BIKE TRAILS would be included in this greenbelt loop around the very center of Austin, enabling residents and tourists alike to spend an hour or an afternoon experiencing the many activities. Other Austin creeks flowing into Town Lake could easily be tied into this greenbelt system.



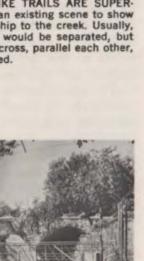
TWO OF THE THIRTY STRUCTURES to be incorporated into the proposed Historic Buildings Trail. In every case, the buildings would take on a specific function either private or public. On the left, a commercial structure converted to a townhouse and below, a residence which has become an attorney's office.



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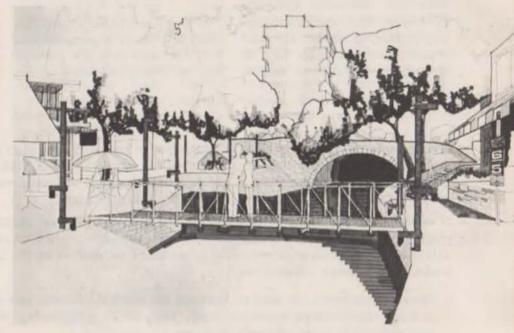


HIKE AND BIKE TRAILS ARE SUPER-IMPOSED on an existing scene to show their relationship to the creek. Usually, the two trails would be separated, but may at times cross, parallel each other, or be combined.



BEFORE AND AFTER SCENES in the downtown area which is proposed for the three square block commercial development "Old Town on the Creek" The old and the new would be blended to give Austin an exciting marketplace.







THE WALLER CREEK ACTION TEAM, a group of University of Texas students in Architecture and the Graduate School of Community and Regional Planning has been in charge of the Waller Creek project. Through their efforts, the people of Austin in governmental agencies and civic interest groups have become aware of and involved in plans for the creek. It is a long and complex road to implementation because of the many ownerships and jurisdictions on Waller Creek, but through the guidance of the Austin Chapter of the A.I.A., progress is being made toward our goals. The Team Five Design Group of the W.C.A.T. is Karl Dietz, Larry Good, and Jack Tisdale, plus Craig Kennedy and Larry Newell, later replaced by Stan Miller and Howell Ridout.

Excerpts from presentations at a Regional Seminar conducted by the Texas Hospital Association—Council on Construction and Plant Operation and The Texas Society of Architects Committee on Health Facilities.

CONTROLLING ECONOMICS OF HEALTH FACILITIES

Preston M. Geren, Jr. AIA

Health care is probably America's fastest growing business and, unfortunately, its cost is one of the fastest growing items in the American economy.

Hospital design, properly done, is a complex, social, architectural and technical task—the field is full of contradiction; rapidly increasing construction and operating costs conflict with increasingly sophisticated techni-

cal requirements, rigidity of physical structures obstruct flexibility, the inhuman scale of very large institutions must be coped with and obsolete hospital organization and operation must acquire some of industry's efficient business methods.

The hospital creates an environment of primary importance, not only for those who are patients but for those who work within its confines. The design should offer a solution to physical, technical and economic requirements of the facility. Administrators and architects should take a more positive role in the formulation of health and safety standards imposed on us, not only by grants and interest subsidies related to construction but medicare and medicaid requirements and the Occupational Safety and Health Act.

E. D. Rosenfeld, M.D.

The Eighty-Ninth Congress of 1966 responded to pressure for better health care and for means of providing it without pricing it out of the reach of the American public. The most monumental health care legislation program in the history of our nation was passed including medicare, medicaid, the Comprehensive Health Planning Act and the Regional Medicare Program.

In terms of the parameters that generally are accepted, "normal standards" of need and demand which place its major role in the economics of health care delivery, a brief review of the health facilities available in rural, nonurban or deteriorating urban areas, as well as in the balance of our urban areas would lead to these general conclusions:

- There is generally no need to increase the number of acute care beds but there is a great need to replace the facilities containing these beds which are obsolete and antiquated with up-to-date and technologically more adequate facilities.
- 2. There is usually a need to develop more ambulatory care programs.
- There is need to organize physical medicine and rehabilitation programs in regions which have still not been provided with adequate services of this kind.
- 4. There is a need to expand the scope of home health care services.

A very important factor in increasing facilities costs is the joint commission on accreditation of hospitals higher standards for health care delivery. This trend is reflected in the higher standards for design and construction and operation that develop through the Hill-Burton program and in the dissemination of new and better standards in building codes.

Gaining acceptance are the efforts to find ways to contain costs of construction are the new mechanisms for organizing contracting, sub-contracting, and controlling the construction project and process. The fast tracking, construction management, turnkey or package deals, design construct contracts, negotiated bidding, systems building consortiums, hospital development consortiums, planning and construction teams, component construction involving putting together major building subsystems in factories and shipping them to the site for installation, are all examples of efforts in the direction of cost containment and cost control.

RURAL HEALTH DELIVERY SYSTEM EXTRACT FROM DOCUMENTARY WORK REPORT

Introduction

The country's health care delivery system is currently facing immense problems. Across the nation, rising costs of health care are aggravated by inefficient use of services and facilities. The supply of health professionals continues to lag behind population increases, while at the same time the demand for health care has been substantially increased through public awareness and governmental programs such as Medicare.

Federal reimbursement programs for health care quickly generated federal standards for health care quality. These standards have created, or at least magnified, another major health problem. Many hospitals cannot meet the standards and are faced with the prospect of closing if certification is lost. This is especially true with rural hospitals and a major reason seems to be the continuing movement of people from rural to urban areas. Rural areas find that they must support programs and facilities of an earlier day with declining populations and dwindling supplies of health personnel. As a consequence, many rural hospitals are overbuilt, understaffed and financially stricken.

Texas has far more small rural hospitals than any other state. Many of these hospitals are classified "7C" by the Medicare Program, indicating some serious staffing or facility deficiencies which raise questions concerning their ability to provide patients with high quality medical care. Currently many "7C" hospitals are permitted to participate in the Medicare pro-

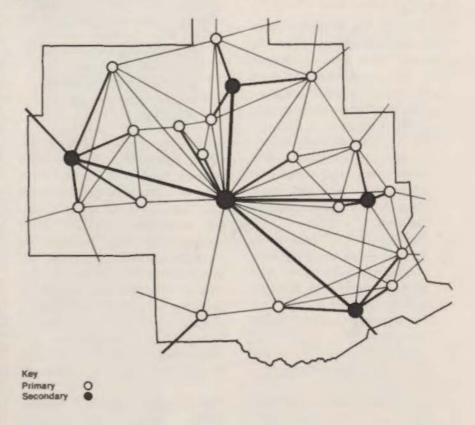
gram because they provide the only source of medical care available to the population they serve. However, with increasing federal funding of medical care, a hospital which fails to overcome its "7C" rating is likely to be deprived of federal support and thus be forced to close.

This study seeks to identify opportunities for improving health care delivery at the "7C" rated hospital level. To this end a 19-county, state planning region (West Central Texas) containing eleven "7C" rated hospitals was selected for analysis. The study offers specific recommendations appropriate to West Central Texas' problems and a methodology for approaching similar problems in other planning regions.

Analysis

People

Farming, ranching, and petroleum production are economic mainstays for the region's residents. Out-migration of younger age groups over the last two decades has left West Central Texas with a smaller but older population. As this trend continues it becomes increasingly difficult for small rural communities to provide necessary services for their people. The over 65-age group requires four times as much hospital care as the remainder of the population, yet as West Central Texas' increasing numbers of elderly residents seek care, the tax base for rural county and district hospitals is being eroded by the rural urban population shift. Reversal of this



Health Care Network

exodus of the young is essential if needed health, education and other community services are to be provided for rural areas.

Medical Professionals

The region's most apparent immediate need is for more registered nurses to staff its numerous rural hospitals. A second and perhaps more difficult problem will be replacement of retiring physicians; nearly 40% of the region's doctors are over 60 years of age. The critical question in view of the region's declining population is how to attract and retain adequate medical professionals in smaller rural communities. Nurses trained in urban centers see little opportunity in small rural towns, and physicians are extremely difficult to recruit after education and residency in large metropolitan areas where extensive medical talent and equipment is easily available to them.

Facilities

The regions 28 hospitals have more available beds than the residents can use. Hospitals rated "7C" were found to have the following characteristics:

- * The hospital's rating is generally based on a lack of RN's. Nine of the regions eleven "7C" hospitals suffered from this deficiency while only two had problems related to inadequate facilities.
- The typical "7C" hospital is located in an outlying rural community. It operates less than 50 beds and throughout the year less than half of these beds are occupied.
- More than 60% of the "7C" hospital's patient payments are supported by Medicare or Medicaid.

In many cases these small rural hospitals reflect the dedication and efforts of one or two doctors doing the best they can with their available resources. Most of the region's facility problems result from insufficient medical staff, not inadequate buildings or equipment.

Recommendations

In a climate of decreasing population, aging physicians, too few registered nurses, and too many beds, the region's health care system is faced with a difficult challenge. Many small rural hospitals now trying to provide a broad range of health care services may be forced to close for lack of adequate professional staff or patient workload. Two methods are proposed to improve the region's health care situation: a cooperative health network and consolidation. Coop Health Network modeled along the lines of a farm cooperative is proposed. To create this network hospitals and nursing homes in the region should agree to share in the cost and delivery of improved patient care. The agreements would include:

- * a continuing professional education program.
- * a shared staff program.
- * programs for shared services.

In this way groups of hospitals in-community provide could training for their staffs and share expenses for professional talent that they could not afford alone. For example, individual small hospitals often cannot afford a full-time physical therapist, but in a group they could support this type of medical talent. Shared services agreements can reduce operating costs by encouraging groups of small hospitals to purchase items such as bed linens or laundry services in quantity.

The cooperative network must in addition develop a formal working relationship between rural hospitals and a major medical center. This relationship will include provisions for medical center support in the form of:

- continuing education for rural medical staff personnel.
- diagnostic and consulting assistance to rural hospitals via TV and printed communications links.
- professional relief for rural physicians.

Support of this nature from a major medical center could significantly improve the level of care available to rural residents and enhance the rural hospital's ability to provide health care within the constraints of admittedly limited resources.

Consolidation

Long term plans for health delivery should address the underutilization of existing rural hospitals. Even with an efficient cooperative health network providing support, it will be necessary to consolidate rural hospitals that continue to be under-utilized or understaffed. Such consolidation should aim for fewer but larger centrally located hospitals which can more easily and efficiently support the staff and equipment needed for quality health care. The diagram on page 9 illustrates a proposed health network for the region based on three levels of patient care. The suggested consolidation of facilities envisions secondary care hospitals of at least 100-bed capacity, accessible to the region's population in less than one hour.

At present, acute care in West Central Texas is burdened with too many hospitals and too few medical professionals. By directing future change to include a network for health care and by consolidating the talent now so thinly spread between many small institutions, the region can provide better care for its people in spite of its limited resources.

Art In Architecture

By Leland A. Guinn, AlA

Works of art incompared in building projects, if selected in sympathy with the building design, enhance the beauty of the structures. They heighten the dramatic impact of a theater enlarge the religious experience in churches, extend the learning experiences in schools and are good public relations when incorporated in business and commercial buildings.

In the past, the blending of works of fine art with structures was a common practice. Norman C. Fletcher, FAIA, said, "We look backward with a rather discouraged gaze at the way the ancients produced great sculpture and painting in the past. We look with envy at the great sculpture of the Gothic where sculpture and architecture what in what might be called fusion, a great one past form, and scale obviously produced by a collection of spirit between the architect and the sculpture indeed they were different persons.

For example, one looks with terrific awe sculptured portals of Chartres or the whole was side of the cathedral of Notre Dame in Paris along with the great Gothic structures of England Lincoln Cathedral. The sculpture and the active seem inseparable; they are the same material and they cannot be subtracted from the building. Sculpture is so much a part of the building that the culture has totally accepted the idea of the union. The architecture without the sculpture is unthinkable.

"Painting and mosaics were introduced by the Renaissance in an integral way in the building as panels between structural elements. Again the panels beem to ware for the hand of the painter, and again one has a hard time separating the

the increase in the population of the United States has caused a great need for new buildings of all types, as well as for the replacement of obsolete and depreciated structures. Concerning the place of the artist in the large volume of work which has to be done, Mr. Fletcher said:

At no time in our history has there existed a greater need for new building programs and new opportunities for building well a fresh environment. Why not involve artists in these programs to implement the Periclean image which our Chiefs of state tell us is their wish? With the need to million housing units per year for the next to wars as stated in the 1968 Housing Act, with the need to rehabilitate our inner cities, with our need for new schools and better education for the under rivileged, with our needs for new cities to be created and the development of new transport, we have the capability and responsibility to build enuronments that reflect our faith in ourselves and the future.

Charles Blessing, director of the Detroit Planning Commission, said this about art in the city. That all of these great cities have serious finance problems no one can question. But the lesson is clear that just as hardheaded business corporations not of late acknowledged the value of them of beauty and of the public's good opinion of them, so too cities across the nation are now recognizing that the cultural climate of a city, the appearance of a city, the education and cultural facilities of a

city—for music, drama, dance and all of the fine arts—are desirable not only because the people want them, need them, deserve them and insist on having them, but because it is good business for the city to provide them. Just as insurance companies and great industrial corporations must sell their image to their customers, the great American public, so too must cities now sell their image to these same great corporations and small ones too—as cities worth living in, working in, playing in, and investing in."

There are many examples of art used to enhance buildings throughout our State and one cannot fail to be impressed with the fact that the owners of these structures believed that the incorporation of art was of sufficient importance to allot for this purpose substantial sums of money. Also, one is impressed with the general excellence of art work used and the number of nationally and internationally known artists who are represented by this work.

During the last session of the Texas Legislature, Senator Mike McKool of Dallas introduced an act to encourage the use of art in construction. It was identified as Senate Bill No. 230, and was titled: "An act relating to the inclusion of fine arts projects in certain state and public building construction projects through cooperation with the Texas Fine Arts Commission."

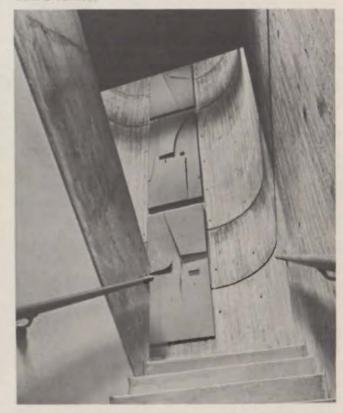
This legislation stipulates that any state department, commission, board, or other agency which requests a project analysis from the State Building Commission may stipulate, and any other state department, commission, board, institution of higher learning, or the governing body of any county, city or other political subdivision, may designate that a percentage of the original project cost estimate not to exceed one percent shall be used for fine arts projects at or near the site of the building construction project, such as murals, fountains, mosaics and other aesthetic improvements. Under this act, the Texas Fine Arts Commission is to be consulted on the utilization of funds set aside for fine arts purposes, and emphasis is placed on works by living Texas artists. The act applies to projects whose original project cost estimate exceeds \$250,000.00.

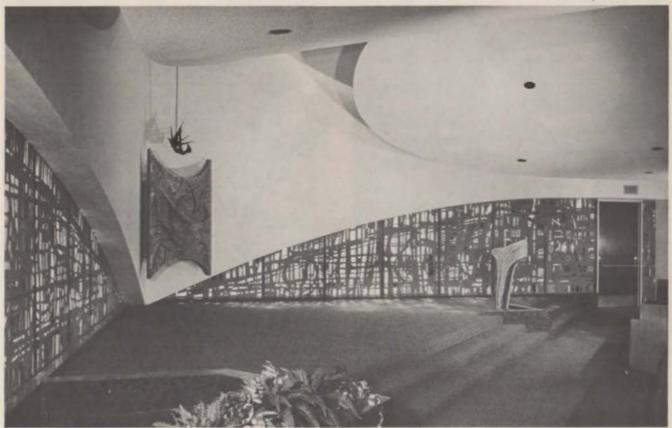
This legislation passed the Texas Senate, but did not pass in the House. It is hoped that similar legislation will be introduced at the next session. Your expression of interest to your local legislator will aid in the future adoption of this worthwhile act.

Sculpture Page 11 by Evaline Sellors in St. Andrews Catholic Church, Fort Worth, Texas; Albert S. Komatsu & Associates, Architects.



Paul Maxwell's Concrete and Brass Mural (above) was designed and executed specifically for inclusion in the Southwest Building in Dallas, by Envirodynamics Inc. Architects. The work was set in place during construction between the first and second floors. Maxwell donated a second work (below) entitled "Hardboard Relief Mural", constructed from hollow core doors with added hardboard forms.





El Paso's Temple Mt. Sinai (above) by architects Carroll, Daeuble, DuSang and Rand, illustrates how art can be incorporated into the spaces and furnishings of a structure. The ark doors, the eternal light and the lecturn are by artist Ted Egri. The facetted glass work is by Jaques Duval. The same

architects demonstrate how art, when added to a space, can enhance a wall or an open area.

The Mutual Federal Savings and Loan building in El Paso shows two uses of such art. (Below and top left, page 14.)



Photo by Darst-Ireland





The harmony and integrations of art and architecture is seen in Houston's Jesse Jones Hall (below, left) by architects Caudill, Rowlett, Scott. The aluminum and gold filled wire sculpture titled "Gemini II" was executed by Richard Lippold who attempted to enhance the space, and continue the movement of the walls with materials harmonious to but different from those of the hall.

Two examples of art not physically integrated into buildings are the "Broken Obelisk" (above, right) at Rice University's Rothko Chapel (Howard Barnstone and Eugene Aubry Architects) and "Star-Gate Vector" (below, right) located in the courtyard of Lamar Fleming High School, Houston (Wilson, Morris, Crain and Anderson Architects).



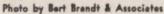




Photo by Alexandre Georges



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Professor Emeritus Florian A. Kleinschmidt, right, was honored on his 75th birthday with a reception and ceremony at Texas Tech University in which the Lubbock chapter of the American Institute of Architects presented Tech's Department of Architecture with a color portrait of the retired professor. At left is Bill W. Cantrell, president of the Lubbock chapter who made the presentation, and Texas Tech President Grover E. Murray, center, accepted the photo which will hang in the reception room of the Architecture Building. Prof. Kleinschmidt came to Texas Tech in 1928 as head of the department, retired as department chairman in 1953 to devote his full time to teaching until his retirement in 1966.

PROFESSOR EMERITUS KLEINSCHMIDT



DECEMBER, 1972

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The Texas Architectural Foundation is pleased to announce that L. L. Ridgway Enterprises of Houston have volunteered to fund three grants, of \$500.00 per year, for the school years of 1972-73, 1973-74 and 1974-75. Each of these \$500.00 grants (one per year) will be awarded by the TSA Board of Trustees on the basis of need to one of the seven schools of architecture in Texas. They will be used to fulfill a specific need of the school which would otherwise be very difficult to obtain, or to aid a student who, in the opinion of the Dean, is having unusual difficulty financing his or her architectural education.

In addition, L. L. Ridgway Enterprises will donate an additional \$50.00 per year, for the next three years, to the permanent Endowment Fund of the Texas Architectural Foundation, in order to assist in defraying the administrative cost of the TAF's educational program, and to help increase its permanent endowment funds.

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And it is the intense heat of the fire that hardens San Valle tile and gives it such great strength and durability. It is the fire that oxidizes the iron in the clay and permanently bakes in the rich natural tones.

Because it is born of fire, San Vallé tile will not fade under the heat of the sun like other roofing materials. And San Vallé genuine clay tile is impervious to the heat of flying sparks and embers that might set other roofing materials aflame.

Only genuine clay tile is born of fire. Which is why at San Valle, we say, "If it isn't clay, it isn't tile."



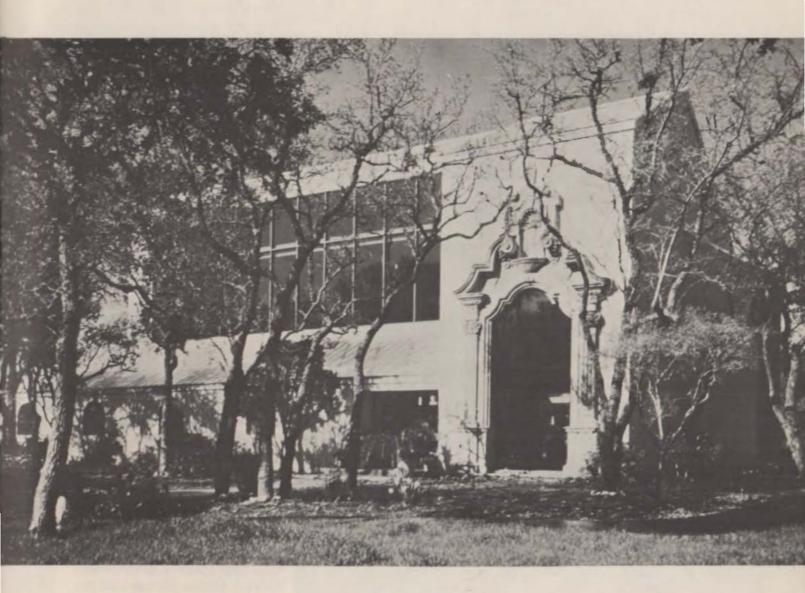
LOS PATIOS GARDEN CENTER

San Antonio

Texas

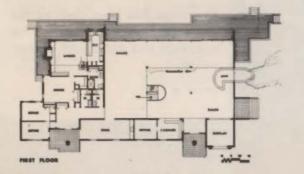
Award of Merit

Texas Architecture 1971



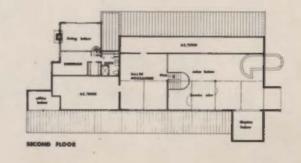
Frank D. Welch

Midland



Architect

Texas









The project houses a landscape architect's offices, his living quarters and a large area for the sale of furniture, plants and gifts. Site is a wooded area along San Antonio's Salado Creek which the owner carefully cleared for his building and nursery.

The building was located in a clearing with the long axis running north and south. Offices and two story living quarters are located at the south end of the large sales area and mezzanine comprising the balance of the structure to the north.

The sales area and mezzanine are marked by a large high window wall to the east and low continuous glass wall on the west accessible to a deck and view of grounds and stream. An indoor fountain circulates under an arched window to a land-scaped pool outside. Besides the entrance to this room is a large cut stone window salvaged from the city's demolished railroad station.

The structure is load bearing concrete masonry shell on reinforced concrete pier and beam foundation. Roof is wood joist supported in cedar beams and steel pipe columns. Exterior wall finish is stucco; interior wall finishes are cedar paneling and gypsum board with Mexican tile floors. The roofing is galvanized iron sheet.

The owner has been cited by the city's conservation society for historical and ecological preservation.



TEXAS ARCHITECTURAL

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