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United States Department of the Interior  
National Park Service

# National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.



### 1. Name of Property

Historic name: Franklin Park Medical Center

Other names/site number: Franklin Park Medical Center Inc.

(Enter "N/A" if property is not part of a multiple property listing)  
N/A

### 2. Location

Street & number: 1829 East Long Street

City or town: Columbus State: Ohio County: Franklin

Not For Publication:  Vicinity:

### 3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this X nomination \_\_\_ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property X meets \_\_\_ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

\_\_\_ national \_\_\_ statewide X local

Applicable National Register Criteria:

X A \_\_\_ B \_\_\_ C \_\_\_ D

<u>Barbara Powers</u>	DSHPO for Inventory & Registration	<u>Sept. 12, 2016</u>
<b>Signature of certifying official/Title:</b>		<b>Date</b>
State Historic Preservation Office, Ohio History Connection _____		
<b>State or Federal agency/bureau or Tribal Government</b>		

In my opinion, the property ___ meets ___ does not meet the National Register criteria.	
_____	_____
<b>Signature of commenting official:</b>	<b>Date</b>
_____	_____
<b>Title :</b>	<b>State or Federal agency/bureau or Tribal Government</b>

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**4. National Park Service Certification**

I hereby certify that this property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register
- removed from the National Register
- other (explain:)

Patrick Andrews  
Signature of the Keeper

11/2/2016  
Date of Action

**5. Classification**

**Ownership of Property**

(Check as many boxes as apply.)

- Private:
- Public – Local
- Public – State
- Public – Federal

**Category of Property**

(Check only **one** box.)

- Building(s)
- District
- Site
- Structure
- Object

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**Number of Resources within Property**

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>1</u>	<u>0</u>	buildings
<u>          </u>	<u>          </u>	sites
<u>          </u>	<u>          </u>	structures
<u>          </u>	<u>          </u>	objects
<u>1</u>	<u>0</u>	Total

Number of contributing resources previously listed in the National Register 0

**6. Function or Use**

**Historic Functions**

(Enter categories from instructions.)

Healthcare – medical office/business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Functions**

(Enter categories from instructions.)

Vacant/Not in use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 7. Description

### Architectural Classification

(Enter categories from instructions.)

**Modern Movement - Wrightian**

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**Materials:** (enter categories from instructions.)

Principal exterior materials of the property: \_\_\_\_\_

Foundation: concrete block

Walls: concrete block, wood, plywood, stone cladding

Roof: rubber membrane

Other: aluminum fascia

### Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

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#### Summary Paragraph

The Franklin Park Medical Center is located at 1829 East Long Street in Columbus, Ohio, next to the Norfolk Southern railroad viaduct. It is a split-level Modernist building with Wrightian influences. The building is constructed of standard concrete block, plywood and wood, and glass. It has a flat roof, stone cladding, and expansive glass windows that enclose a low-ceilinged lobby. The interior of the building has been abated for asbestos and mold and the non-load bearing walls were removed. It does retain some interior features such as light fixtures and stair railings. The interior retains the original circulation pattern. The exterior has excellent integrity and retains decorative lighting, stone cladding, and the aluminum fascia that are the building's Modernist elements. It has historic integrity due to its location, workmanship, feeling, association and setting. The exterior especially retains these aspects of integrity. The historic layout of the building's public spaces is still evident. Overall, the building retains historic elements to convey its significance as a mid-century modern medical office building that was sited in its location because of segregation.

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## Narrative Description

The Franklin Park Medical Center at 1829 East Long Street is a two-story Modernist stone, glass, and concrete block building. It is situated north of East Broad Street and Franklin Park, an important recreational facility for the City of Columbus. The surrounding area has mixed residential and commercial land uses and is well to the east of the downtown business district. The building sits at the southeast corner of Monypenny Avenue and East Long Street and is positioned immediately west of the right-of-way for the Norfolk Southern Railroad. The medical center is bordered by a small office building (1824 E. Broad Street) on the south, and residential and administrative/office properties sit to its west on the opposite side of Monypenny Drive. Due to the somewhat diagonal course of the Norfolk Southern right-of-way, the Franklin Park Medical Center parcel is irregularly shaped. The lot is 206 feet long, 70 feet wide at the north end, and 120 feet wide at the south end.

The building has a poured concrete foundation and has several different levels. The north lobby wing sits just above ground level and has a basement space below, containing the building's utility rooms. The main wing sits immediately south of the lobby and is composed of a first and second floor; the bottom portion of the first floor is below grade. The main wing's first floor originally contained storage and utility spaces while the second floor had doctors' offices and administrative space. A concrete staircase south of the lobby provided access from the lobby to both floors of the main wing. A second rear staircase on the south end of the main wing provided alternate access to the first and second floors via a rear door on the building's south wall.

The exterior walls of the lobby wing are composed of irregular sandstone veneer, vertical wood paneling, and glass. (Photographs 1, 2, 9) The north wall of the lobby wing serves as the building's main facade and has an original set of aluminum double doors with transom and sidelight. (Photographs 2, 4, 6) A small section of sandstone wing wall and a four-part aluminum plate glass window compose the center of the facade, while the eastern third of the wall is clad in vertical wood paneling. (Photographs 1, 2, 3) The west wall of the lobby is composed of a plate glass window, a small section of sandstone wing wall, and painted concrete block. Aluminum letters spell out "Franklin Park Medical Center" on a section of sandstone wing wall. (Photograph 7) The lobby wing's east wall is largely hidden from the street since it faces the railroad right-of-way; it is composed of plain concrete block that has been painted. The entire lobby wing is capped with a molded aluminum cornice. (Photographs 13, 14) On the north and west walls, the cornice trims a deep roof overhang, the underside of which is composed of a plywood soffit with a series of original inset metal cylindrical lights that illuminated the front of the building. (Photograph 9) The aluminum cornice extends to the lobby wing's east wall but has no overhang on this side. Landscape features around the lobby wing include a grass lawn, concrete sidewalks, and a set of concrete steps with a wrought iron railing that leads to the front

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door. A small sandstone structure that once contained a sign for the doctors' offices is located northwest of the main facade. (Photograph 5)

The two-story main wing sits south of the lobby wing. The same deep roof overhang with molded aluminum cornice, plywood soffits, and built-in lighting seen on the west and north wall of the lobby is present on the west, south, and east sides of the main wing. Since it is behind the lobby, only a small strip of the main wing's north wall is visible. This north wall consists of a band of sandstone veneer capped with the aluminum cornice seen elsewhere on the building, but in this case with no overhang.

The main wing's west wall is composed of a series of small painted concrete blocks that are laid in a decorative grid-like pattern. (Photograph 90) A series of five vertical openings in the wall contain all doors and windows on this side of the building. Most of the vertical openings contain an aluminum-framed plate glass window on the first floor at grade level, a section of vertical wood paneling above, and a second aluminum window on the second floor. One of the openings contains a metal door instead of a window on the first floor, and since the floor level is below grade, this metal door is surrounded by a small concrete stairwell. Above this door is a sconce of Modernist design; the light is contained in a metal cylinder that is punctured with a series of small holes, echoing the form of the built-in soffit lighting in the second-story overhang above. (Photograph 8) The west wall is abutted by a grass lawn with shade trees and concrete walkways.

The main wing's south wall is composed of the same decorative grid-pattern concrete blocks. The south wall's only opening is a centrally located metal flat double door on the first floor; a sconce identical to the one on the building's west wall is positioned above this door. (Photograph 9) The metal double door opens out onto the building's asphalt parking lot. The south wall is capped with a roof overhang identical to the one on the west wall, with the same built-in lighting.

The main wing's east wall faces the Norfolk Southern Railroad right-of-way. (Photograph 3) This wall is composed of painted common-grade concrete block laid in a running bond pattern. However, this wall features the same pattern of five vertical openings for windows and doors as the west wall, with windows at ground level on the first floor, additional windows on the second floor, and the space between filled with vertical wood paneling. In the middle vertical opening, however, a set of concrete steps goes up to a flat metal emergency door on the second floor, instead of a window. The east wall also features the overhang and aluminum cornice seen on the main wing's south and west walls, but the soffit does not contain any lighting fixtures. The east wall is adjacent to a small grass and concrete area that forms the east edge of the property; beyond this strip is a chain link fence that separates this property from the railroad right-of-way.

The interior of the building can also be divided between the lobby wing on the north and the main wing on the south. The lobby wing is entered through the door on its north side, leading into a small entrance vestibule. (Photograph 4, 20, 22) On reaching the vestibule, a plate glass

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window is visible to the west, while to the east is a section of sandstone wall with a stone planter at its base, and above, a plaque. The plaque is a black granite slab covered with Plexiglas that has lettering reverse-cut into it. The inclusion of Alfred B. Jefferson on the plaque indicates it is post-1972, the time when Jefferson joined the partnership. The plaque reflects the date for the building opening although the official grand opening was in October, 1962. The plaque reads:

Franklin Park Medical Center September 1962

Arthur L. Clark, M.D.

Alfred B. Jefferson, M.D.

Harold E. McDaniel, D.D.S.

Richard D. Ruffin, M.D.

Jaime Smith-e-Incas, M.D.

Walter A. Thomas, M.D.

The floor of the vestibule is composed of poured concrete, but patterns in the concrete indicate that it was once covered in small rectangular tile.

From the entrance vestibule, one reaches the main lobby through another set of aluminum and glass doors. The main lobby space has concrete floors that were once covered in tile, and had ceiling that featured large acoustical panels composed of small strands of fiber fused together with an adhesive. That material appeared to be similar to the Danish acoustical paneling product Troldekt, which is composed of wood fibers and cement. It was replaced in 2016 with Tectum. A series of dark brown laminated wood beams supports the ceiling. A few ceiling lights are present in the lobby and consist of small black conical metal lamps suspended from the ceiling on cords. Marks on the ceiling indicate that there were more of these lamps originally but many have been removed. Above the acoustical paneling the lobby roof structure is composed of a thin concrete deck covered by a rubber membrane. (Photographs 21,23)

The lobby's west wall is composed of a mixture of plate glass windows and unpainted concrete block, although wood strips nailed to the blocks indicate the wall was originally clad in drywall. (Photograph 23) The lobby's south wall is clad in irregular sandstone veneer, and a small sandstone planter extends from this wall. (Photograph 16, 21) The north wall is composed of plate glass and unpainted concrete block that was also once covered by drywall. The lobby's east area had a series of wood stud walls indicating the presence of a series of small rooms. One of the rooms was a front desk space with an appointment window, while the other spaces were public restrooms. The original drywall and studs of these rooms has been removed. The east perimeter of this suite of rooms is composed of an unpainted concrete block wall that was originally covered in drywall.

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A concrete staircase south of the lobby leads to the basement that sits below the lobby floor. (Photograph 19) The basement has concrete floors and concrete block walls that are in some areas covered by original drywall. The basement ceiling is composed of corrugated metal panels that form the underside of the floor slab of the lobby. Below the corrugated metal panels are a series of light steel trusses; tie wires on the trusses indicate that some parts of the basement once had a drop ceiling. A series of concrete block partition walls separate the furnace room on the basement's east wall from the rest of the space. In some areas of the basement, the concrete block walls are painted, indicating that they were originally exposed.

A large rectangular opening in the south wall of the lobby gives access to the main wing. The area inside this opening consists of a stair landing with unpainted concrete block walls, although these walls were covered in the past with drywall. The concrete stairs retain rubber treads and risers and steel handrails. The original ceiling has been removed from the stairwell and the unfinished joists and plywood roof deck can now be seen. At the top of the stairs to the second floor, a decorative steel bar screen is still in place. (Photograph 19)

From the landing, concrete steps can be taken up into the main wing's second floor, or down into the first floor, which sits partially below grade. The first floor has concrete floors, and the ceilings are composed of steel trusses that support corrugated metal panels. Evidence exists of tile floor covering in some areas of the basement but much of the concrete shows no evidence of past floor coverings and may have originally been left bare. A central corridor with concrete block walls runs from north to south on the first floor, and past these block walls on each side are a series of rooms formerly partitioned with wood studs and drywall. (Photographs 31-34) The east and west outer walls of the first floor are composed of unpainted concrete block and have a series of windows with frosted glass, probably for privacy due to the location of the windows at ground level.

The main wing's second floor has a similar layout, with a central corridor running north-south and formerly opening into smaller rooms. The rooms were divided off by wood stud walls with drywall, but the drywall and non-load bearing stud walls had been removed during the recent abatement and stabilization. The second floor had a series of larger and smaller rooms and different sections of the floor show evidence of either tile or carpet floor covering. In some places outlines of the former locations of built-in cabinets, desks, cubicles, and other office fixtures are visible on the floors. The ceiling throughout the second floor is composed of unfinished roof joists and rough plywood roof decking, but there is evidence of a now-removed drop ceiling. The outer perimeter walls on the east and west sides of the second floor are composed of rough, unpainted concrete block; they would have been clad in drywall originally. The east and west walls both feature frosted glass windows in aluminum frames. (Photographs 25-29)



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On the south end of the main wing is a back staircase that gives access to the first and second floors. The staircase area has unpainted concrete block walls that were originally covered by drywall, and like the front staircase, the original ceiling has been removed and the roof joists and deck are visible. The stairs are concrete and have rubber treads and risers and iron handrails similar to those seen in the front staircase. A metal bar screen similar to the one on the front staircase survives on the second floor at the top of the stairs. The rear staircase opens to the metal double doors on the south side of the building.

The building interior was constructed in phases. The upper level was not finished when the building opened in 1962. The original partners were located in the finished lower level. The upper west side of the building was sold in the 1970s to Dr. Alfred Jefferson, who became a partner in the practice. At this time the lobby wall was moved. The upper east side was rented to a variety of practitioners who were not partners, including a general practitioner and an internist. The pharmacy was moved from the lobby to the lower level in the 1970s when the practice had begun to lose clientele and downsized their business.<sup>1</sup>

In 1995, the medical practice's founders donated the building to the Columbus Foundation in order to establish a scholarship fund for medical students. The building was then sold to Charles Brown, and it continued its original function as a medical practice. However, Brown and the subsequent owner did not maintain the building, and even the patients began to complain about the building's interior condition.<sup>2</sup>

The building was purchased by Porter Laboratories in 2003; some of the founding doctors continued to rent their office spaces during this period. In 2006 Porter Laboratories defaulted on their building loans from Fifth Third Bank and the City of Columbus. The building became vacant around 2009 and was later declared a public nuisance. The building was often unsecured and became a site of informal habitation for the area homeless. In 2013, the Franklin County Treasurer foreclosed the building for back taxes. Since the building is located in the City of Columbus, it was transferred to the City of Columbus Land Bank according to previous agreements for the disposition of foreclosed properties in the city limits.

Deferred maintenance and abandonment took a heavy toll on the building. The rubber membrane roof failed in portions, most notably in the lobby, where a large hole was present in 2016. Recognizing the building's historic significance and importance to the community, however, the city land bank, the Franklin County Land Bank, formally known as the Central Ohio Community Improvement Corporation, contracted with Moody Nolan Architects and Miles-McClellan Construction to stabilize the building under the supervision of a restoration architect from Moody Nolan. Contractors removed the moldy drywall and furring strips down to the concrete

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<sup>1</sup> Harold McDaniel D.D.S. in discussion with Rory Krupp, March 22, 2016, at the Franklin Park Medical Center.

<sup>2</sup> McDaniel, discussion.

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block, while preserving stair railings, metal stairwell metal screening, and some interior light fixtures from the lobby. Asbestos abatement included removing floor tile and ductwork. The drop ceilings were removed to get to the ductwork. The mechanical systems, which had been partially stripped for scrap during the period of abandonment, were entirely removed.

Exterior stabilization entailed the replacement of the rubber membrane roof. Although the Wrightian flat roof was designed to shed most rainwater to a gutter on the east elevation, internal drains were also present near the center of the roof, a design flaw that had unfortunate ramifications. Attempts were made over the years to improve the roof drainage by altering the internal drains, but the essentially flat roof never drained correctly. When conditions declined further due to deferred maintenance by later owners, the roof failed completely, and large holes developed over the lobby. The new rubber membrane roof has insulation between the sheathing and membrane to slightly slope the roof to the east, and a new gutter system hidden by the metal fascia transmits rainwater to new square downspouts. Rotten wooden roof joists and sheathing were also replaced in the upper western section of the building.

Pertinent to consideration of the building's interior integrity is the fact that many of the removed interior elements, such as the non-load-bearing stud walls, were features that had been added and removed throughout the history of the building.

For example, asbestos remediation and roof-failure-related mold necessitated removing drywall and ceiling panels, and the non-structural stud walls were removed during the abatement process. However, in the case of the upper west bay, for example, the stud walls were not present at the time the building was opened, and when the building was purchased by Porter Laboratories in 2003 it appears that the interior was altered for use as a medical laboratory. A comparison of the floor plan made during the recent renovation to fastener holes in the floor made from the attaching the stud wall bottom plate to the concrete floor indicates that some walls had been removed prior to removal of stud walls during the abatement process—likely to make rooms larger by removing storage closets.

Many interior physical attributes are still present to convey significance. In the case of the lobby, the remnants of Tyler's Pharmacy, which had been moved downstairs in the 1970s, were removed during the building's recent stabilization in order to reframe the roof and interior structural elements. But the spacious and well-lit lobby amply conveys the mid-century modern feeling with its tone-clad walls and planter, Wrightian proportions (low ceiling with expansive space), and replacement tectum ceiling. The original horizontally laminated beams in the lobby had rotted and were not structurally sound; they were replaced by modern microlaminated beams that when wrapped will mimic the originals.

Interior circulation patterns are roughly preserved through the lobby, load-bearing walls, stairwells, and upper and lower corridors in the center of the office areas. The circulation pattern

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to the private medical spaces would be familiar to former patients—up or down the stair to a central corridor before going right or left into the doctor’s office. The decorative planter still marks the stairway entrance; the windows, doors, and fenestration pattern are unaltered; and the stair railings and metal screens are intact.

The exterior integrity of the building is excellent and continues to convey its significance. The building is in its original location, a key element in its significance. The building also retains the overall landscaping and surroundings. The suburban-style rear parking lot has not been encroached. The original sign and exterior planter are present. Exterior lighting fixtures and railings are intact.

The aluminum fascia, partially stripped from the building during its vacancy, was replaced like for like. The plywood soffit, which was badly deteriorated due to roof drainage problems, was also replaced with like-for-like materials, and the original light fixtures were retained and rewired underneath the soffit. The entire exterior was painted. The original wood exterior cedar or redwood insets are intact and were repainted.

The location of the building is directly linked to its association and feeling. While the founding doctors chose a modern building type that would fit in any suburban setting—an automobile-oriented professional building—segregation dictated the building’s location: while its type is normally located in a commercial suburban location such as a shopping center, it is instead located in an African American inner-city residential neighborhood. Both the limitations and promise of the practice are evident in the building’s exterior, site plan, and location.

The building’s historical significance and its connection to segregation and civil rights rely strongly on its location, association and setting, feeling, and exterior workmanship. The building’s aspect of association is good: the mid-century modern exterior, lobby, and circulation patterns are intact. The setting is entirely intact, and the excellent exterior integrity conveys feeling. Although some interior elements have suffered from design flaws and neglect, essential architectural elements and features remain to clearly convey the building’s significance.

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### 8. Statement of Significance

#### Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A. Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B. Property is associated with the lives of persons significant in our past.
- 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.
- D. Property has yielded, or is likely to yield, information important in prehistory or history.

#### Criteria Considerations

(Mark "x" in all the boxes that apply.)

- A. Owned by a religious institution or used for religious purposes
- B. Removed from its original location
- C. A birthplace or grave
- D. A cemetery
- E. A reconstructed building, object, or structure
- F. A commemorative property
- G. Less than 50 years old or achieving significance within the past 50 years

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**Areas of Significance**

(Enter categories from instructions.)

Ethnic heritage  
Health/medicine  
Social history  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Period of Significance**

1962-1966  
\_\_\_\_\_  
\_\_\_\_\_

**Significant Dates**

1962  
\_\_\_\_\_  
\_\_\_\_\_

**Significant Person**

(Complete only if Criterion B is marked above.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cultural Affiliation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Architect/Builder**

Harold Schofield & Associates/Meyers Construction  
\_\_\_\_\_  
\_\_\_\_\_

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**Statement of Significance Summary Paragraph** (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

The Franklin Park Medical Center is significant under Criterion A for its role in African American history. The Franklin Park Medical Center's founding doctors faced entrenched segregation and discrimination in society and the medical field. Working together, the founders, Dr. Arthur L. Clark, Dr. Harold E. McDaniel, Dr. Richard D. Ruffin, Dr. Jaime Smith-e-Incas, and Dr. Walter A. Thomas established a practice that enabled them to flourish professionally, especially in the field of public health and preventative medicine in a community hitherto underserved.

The period of significance is 1962-1966, from the date of construction to 1966, which is the fifty-year closing date for significance under the National Register guidelines. The Franklin Park Medical Center continued to operate as a professional building for African American doctors and dentists until 2009; consequently the end of the period of significance corresponds to the fifty-year closing date of 1966.

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**Narrative Statement of Significance** (Provide at least **one** paragraph for each area of significance.)

### **Historic Context**

Columbus, Ohio, and segregation grew and flourished together in the first decades of the twentieth century. While some progress was made in race relations between the inception of segregation (following the Great Migration in the 1920s) and the establishment of the Franklin Park Medical Center in 1962, in many ways the mercurial, unmarked system of northern segregation was strong until the passage of the Civil Rights Acts in the mid-1960s. Discrimination in regard to purchasing land, obtaining financing, and entering the medical system changed little in Columbus between 1920 and 1960. That the Franklin Park Medical Center practice and its doctors' private residences were all located in the east side Columbus neighborhood where African Americans lived was no coincidence. There were no other opportunities. Consequently, in order to thrive African American doctors had to work within a system while simultaneously working against it in order to realize goals that for white doctors were a matter of routine: starting a practice and pursuing continued professional development. In addition, black doctors cared for patients who were often outside the medical system.

African Americans originally settled the part of Long Street between North Fourth Street and High Street.<sup>3</sup> East of there, affluent whites built Victorian homes on Long Street west of Jefferson Avenue in the 1880s and 1890s. African Americans began to move eastward in the early 1890s, when Pennsylvania Railroad workers rented houses near the intersection of Mt.

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<sup>3</sup> Richard Clyde Minor, "The Negro in Columbus" (Ph.D diss. Ohio State University, 1936), 24.

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Vernon Avenue and Champion Avenue near the Pennsylvania Railroad yard.<sup>4</sup> White residents initially attempted to confine blacks to certain streets. However, African Americans quickly realized that buying a house on an otherwise entirely white block, while costing an inflated price, would prompt the remainder of the block to sell at fire sale prices enabling them to accumulate additional properties at lower costs, a strategy they started to use to great effect in the area.<sup>5</sup> However, one part of the neighborhood where white flight did not occur was the business district on nearby Mt. Vernon Avenue. There, eastern European Jews settled and opened businesses in the early 1900s with many maintained until the riots of the late 1960s.<sup>6</sup> Consequently, the bulk of black-owned business and professional activity was concentrated on Long Street.

Concurrently, the national Great Migration began: the mass movement of African Americans from the rural south to northern cities. European immigration was largely curtailed by the advent of the First World War, opening many job opportunities in heavy industry in northern cities. In addition, increasing racial segregation in the south, political disenfranchisement, a boll weevil infestation that destroyed the already meager prospects of tenant farming, and a southern labor depression in 1915 pushed African Americans north in search of jobs and a less restrictive social and political environment.<sup>7</sup> New African American enclaves formed and grew in the north, defined by racial covenants and informal segregation. New York's Harlem, Chicago's Black Metropolis and Indianapolis' Indiana Avenue became the locations of a northern black renaissance. Letters from friends and relatives and black newspapers such as the *Chicago Defender* and the *Pittsburgh Courier* spread the word in the south about northern job opportunities.

In Ohio, the Great Migration was most pronounced during 1915-1920, and in Cleveland, Columbus, and Cincinnati the black population grew. Columbus' African American population increased from 12,739 in 1910 to 32,774 by 1930.<sup>8</sup> Long Street east of Jefferson Avenue became the main entry point for new arrivals from parts south, and the East Long Street District became the premier African American section of the city.

While many of the new arrivals came from eastern seaboard states such as North Carolina and Virginia, large numbers also came from southern Ohio.<sup>9</sup> The new residents' sudden arrival disrupted the delicate racial social fabric in Columbus for both blacks and whites. Newly arrived southerners imagined that northern states were paradisiacal places of freedom and opportunity. However, reality fell short of these dreams, as noted in 1921:

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<sup>4</sup> Mary Louise Mark, *Negroes in Columbus* (Columbus: Ohio State University Press, 1928), 17.

<sup>5</sup> Ibid.

<sup>6</sup> Marvin Bonovitz, *Mt. Vernon Avenue: Jewish Businesses in a Changing Neighborhood, 1918-1999* (Grove City Ohio: Z-Enterprises/Columbus Jewish Historical Society, 1999), 11.

<sup>7</sup> William Giffin, *African American and the Color Line in Ohio, 1915-1930* (Columbus, Ohio: The Ohio State University Press, 2005), 10-1.

<sup>8</sup> Giffin, *African American and the Color Line in Ohio, 1915-1930*, 232.

<sup>9</sup> J. S. Himes Jr. "Forty Years of Negro Life in Columbus, Ohio," *The Journal of Negro History* 27 (April 1942):135.

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“He has been anxious to leave his supposed bondage and enjoy the freedom that the north affords. Upon his arrival he is confronted with similar rules and customs that held him so closely suppressed while in the South and in his attempt to try out his newly acquired freedom runs into the solid roots of the well-established northern social order.”<sup>10</sup>

The new arrivals tested what they thought were newly acquired, but were in reality non-existent, freedoms. This caused social frictions among new arrivals, whites, and long-term black residents. Among long-term black residents, recent African American arrivals were reputed to have both capital and business acumen, which caused animosity between new and longer-term residents as new class divisions were created. In addition, working-class Great Migration arrivals were thought to be too boisterous on Columbus streetcars, which caused discomfort for both whites and long-term black residents. Some whites felt it was the duty of black residents to get out of whites' way on the sidewalks and would push newly arrived blacks into the street if they were not quick to comply.<sup>11</sup> Consequently, segregation became the force that re-delineated social, economic, and political boundaries.

Institutional segregation was quickly implemented. The Columbus Public Schools' board president advocated segregated schools in 1907.<sup>12</sup> Changes to the Columbus City Charter in 1912 effectively curtailed black political power.<sup>13</sup> Settlement houses were segregated by 1920. Movie houses and theaters implemented varying degrees of seating policies based on race. Tony downtown hotels began to refuse service to African Americans.<sup>14</sup>

White-led grass-roots efforts at racial containment were initiated. The Long Street Improvement Association was formed by white businessmen with real estate interests in the immediate area to discourage blacks from continuing to move to the part of Long Street east of Jefferson Avenue.<sup>15</sup> In addition, the Association lobbied to change the name of Long Street to Commerce Street east of Jefferson Avenue to avoid any association with African Americans.

Members of the medical field experienced professional segregation. Forbidden from the staffs of major hospitals, they began to establish their own practices. While this did offer them a chance to practice medicine, it also isolated them.

The private African American Alpha Hospital located at 893 E. Long Street was founded in 1920. But the private hospital model proved untenable, and the enterprise became a charity non-profit. Alpha Hospital founder Dr. W. A. Method remained while co-founder Dr. R. M. Tribbet moved to the Theresa Building on East Long Street. (In 1925, the Theresa Building (NR1500324) had been constructed by African American entrepreneur Al Jackson for black

<sup>10</sup> Ralph Garling Harshman, “Race Contact in Columbus, Ohio” (master’s thesis, Ohio State University, 1921), 13.

<sup>11</sup> Harshman, “Race Contact in Columbus, Ohio,” 39.

<sup>12</sup> Gregory Jacobs, *Getting Around Brown: Desegregation, Development and the Columbus Public Schools* (Columbus: Ohio State University Press, 1998), 13-14.

<sup>13</sup> Himes, “Forty Years of Negro Life in Columbus, Ohio,” 137.

<sup>14</sup> Harshman, “Race Contact in Columbus, Ohio,” 32.

<sup>15</sup> Nimrod Allen, “East Long Street” *The Crisis Magazine* (November, 1922): 13.



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professionals including doctors.) This practice was open until the 1970s and provided primary care and dentistry. In 2015 the Theresa Building was listed in the National Register for its significant associations with Columbus African-American commercial history during the period of the Great Migration in 1920s.

Unfortunately, the system of segregation stacked the odds against any type of black medical specialist. Segregation not only hampered African American doctors in their quest to provide healthcare, but also severely affected their professional lives. As was noted in 1920, in a city with white-only hospital staff privileges the black doctor was forced to hand the patient over to a white doctor. The black doctor merely served as a conduit for patients to go to white doctors who held hospital privileges:

“It is his task to get the patient, to make the diagnosis, collect the money for the operation, and then hand over patient, diagnosis, money and all to another surgeon, who thereby obtains all the credit”<sup>16</sup>

This system hampered the African American doctor socially and professionally. Black doctors were unable to be recognized as specialists among their patients or to treat more complicated cases that required a better-equipped healthcare facility. The only obvious solution was for African American physicians to make their own institutions.<sup>17</sup>

A long-standing fear among African Americans of just being a “case” at a white operated medical facility kept many from seeking care until a medical situation was truly dire.<sup>18</sup> The Alpha Hospital briefly overcame this fear by providing care in an environment in which African American patients were comfortable.<sup>19</sup> However, a lack of preventative care ultimately created a public health crisis in the black community—lending urgency to efforts to better connect black doctors with their patients for routine care.

Segregation, once established, was difficult to remove, especially in the north where segregation was not codified as it was in the South. Organizations such as the Columbus Vanguard League, formed in the 1940s, fought segregation in theaters, restaurants, and employment opportunities. But for professionals fighting segregation was a more individualistic undertaking.

The white medical establishment was diametrically opposed to African American physicians making their own institutions. The American Medical Association unofficially forbid black members until the civil rights era.<sup>20</sup> Instead, African American physicians belonged to a rival organization, the National Medical Association. In 1933, Dr. Method was the only black doctor

<sup>16</sup> Gustavus Adolphus Steward, “Alpha Hospital, A Thoroughly Modern Institution Equipped with Latest Scientific Appliances,” *The Competitor* II (October-November, 1920): 182.

<sup>17</sup> Steward, “Alpha Hospital, A Thoroughly Modern Institution Equipped with Latest Scientific Appliances,” 182.

<sup>18</sup> Ibid, Lloyd Clark discussion with Rory Krupp, January 21, 2016

<sup>19</sup> Steward, “Alpha Hospital, A Thoroughly Modern Institution Equipped with Latest Scientific Appliances,” 183.

<sup>20</sup> John Skrentny, *After Civil Rights: Racial Realism in the New American Workplace* (Princeton: Princeton University Press, 2014), 41.

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on a hospital staff, at St. Clair Hospital.<sup>21</sup> The situation failed to improve during the 1940s. In 1948, Dr. Watson Walker, a Meharry-educated board certified surgeon could only find employment where he could practice surgery at the Ohio Penitentiary.<sup>22</sup>

By the beginning of the 1960s the situation for African American medical professionals was still segregated, and African American patients continued to experience mercurial, unmarked Northern racism. In 1959, some Columbus hospitals were reputed to have unmarked segregated wards. When these wards were full, black patients were denied admittance even though other wards were not at capacity.<sup>23</sup> A Columbus teaching hospital discriminated against black general practitioners, which curbed their ability to gain additional medical knowledge, a practice identified in 1920. Two Columbus hospitals were completely integrated, but while some doctors felt the situation was getting better, some felt it was getting worse.<sup>24</sup>

Integration efforts in the 1950s through the National Medical Association and other civil rights groups had opened places for black doctors on some hospital staffs although most often black doctors could not be on staff or get offices at hospitals.<sup>25</sup> However, this gradual integration also proved to be a double-edged sword. The staff positions, when available, were usually entry-level. For a physician fresh out of medical school it was an opportunity, but for older African American physicians who had many years of experience in private practice an entry-level position at a hospital was not attractive.<sup>26</sup> The situation was the same for physicians with specialties. After years of training in a specialty, to work as general practitioner in a position well below their experience and education was not tenable. In addition, studies conducted in the late 1950s indicated that doctors who did accept such positions in white hospitals were not promoted at the same rate as white physicians.<sup>27</sup>

## Franklin Park Medical Center History

Although Drs. Clark, Thomas and Smith-e-Incas knew each other from Howard Medical School the whole group met in Columbus.<sup>28</sup> After moving to Columbus each doctor had set up a practice in areas where African Americans were allowed to live and work—on the east side and in the Hilltop. Dr. Harold E. McDaniel noted that when his white fellow dental students graduated,

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<sup>21</sup> Andrew Barta, "A Sociological Study of the East Long Street Negro District" (master's thesis, The Ohio State University, 1936), 67.

<sup>22</sup> "Ohio Dr. Walker Watson, Retired Surgeon, Dies" *Jet*, June 25, 1990, p. 36, Gregory Jacobs, *Getting Around Brown: Desegregation, Development and the Columbus Public School System* (Columbus: Ohio State University Press, 1998), 18.

<sup>23</sup> Andrew, "A Sociological Study of the East Long Street Negro District," 302.

<sup>24</sup> Andrew Freeman, "Hospital Integration in Columbus, Ohio" *Journal of the National Medical Association* 51 (July 1959): 301-30, 301-302.

<sup>25</sup> Mark Ferenchik, "Medical center among entities listed in report as African American landmarks worth of preservation" *Columbus Dispatch*, February 8, 2016, 1B.

<sup>26</sup> Dietrich Reitzes, *Negroes and Medicine* (Cambridge: Harvard University Press, 1958), 343.

<sup>27</sup> Reitzes, *Negroes and Medicine*, 343.

<sup>28</sup> McDaniel, discussion.

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many established practices in fast-growing suburban locations. This was not an option for McDaniel, who started his practice sharing an office with a general practitioner, on Livingston Avenue.

The founding doctors were specialized: Dr. Arthur L. Clark, pediatrician; Dr. Harold E. McDaniel, dentist; Dr. Richard D. Ruffin, urologist; Dr. Jaime Smith-e-Incas, psychiatrist; and Dr. Walter A. Thomas, obstetrician/gynecologist.

Arthur L. Clark was raised in Orlando, Florida. Graduating early from high school at age 16, he attended Morehouse College, where he graduated in 1948 with classmate Martin Luther King Jr. Clark moved to Columbus and while visiting a friend met pediatrician Dr. Earl Sherard. Sherard had become a doctor after World War II, in which he had served as a Tuskegee airman fighter pilot and gained a Purple Heart after being shot down. Clark completed his residency at Harlem Hospital in New York City and moved back to Columbus to join Sherard's pediatric practice in 1958. At the time they were the only two African American pediatricians in Columbus. They practiced "well child" care and focused on preventive care, especially immunizations, for children.<sup>29</sup>

Dr. Harold E. McDaniel attended the Ohio State University and graduated in dental surgery. McDaniel was one of four African Americans out of a class of 120 dentists. At the time, they were the largest-yet class of black dental students.

Dr. Richard D. Ruffin was from Cairo, Illinois, and attended Meharry Medical College in Nashville, Tennessee. After graduating from Meharry in 1953 Ruffin entered a residency in St. Louis that he completed in 1958. He specialized in urology. Ruffin then moved to Columbus at the urging of his brother-in-law, a flight surgeon for the Tuskegee Airmen.

Dr. Jaime Smith-e-Incas was a native of Panama who entered Howard University at age 16 for his undergraduate studies. He received a full scholarship, edging out a fellow student who spoke seven languages. He spoke eight. He continued to medical school at Howard. He graduated from both programs Summa Cum Laude. Smith-e-Incas specialized in psychiatry after studying neurosurgery at a residency in New York City. After examining indigent patients he became interested in psychiatry. He switched specialties and studied neuro-psychiatry at Taunton State Hospital under the auspices of Massachusetts General Hospital. He started his own practice at 43 North Ohio Avenue when faced with being limited to "house staff" positions at local hospitals.<sup>30</sup>

Dr. Walter A. Thomas was an obstetrician/gynecologist who grew up in Canton, Ohio, and Vandergrift, Pennsylvania. He graduated from Howard University Medical School. Thomas' undergraduate studies at Howard were interrupted in 1945 when he was drafted into the army. He served in the European theater arriving at Omaha Beach on the sixth day after D-Day. He returned to Howard after the war where he met Arthur Clark in 1948. They attended Howard Medical School together. He moved to Columbus in 1958.

<sup>29</sup> Clark biography, on file at the Columbus Landmarks Foundation, Columbus, Ohio.

<sup>30</sup> Bianca Allen, unpublished Smith-e-Incas biography.

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The Franklin Park Medical Center founders recognized that there was a lack of specialized care for African Americans. In addition, there was not a focus on preventative care in the black community. Although most of the founders had privileges at a local hospital, St. Anthony's, they were often temporary.<sup>31</sup>

All the founders belonged to the Columbus Association of Physicians and Dentists where they became familiar with one another at monthly meetings. The future partners decided that they would start a modern professional medical practice. Previously, the doctors had practices in scattered areas where African Americans could rent. Dr. Ruffin ran into problems when he informed the rental agent of his new office that his patients would be black. The agent canceled the contract after stating there weren't really any vacancies in the building.<sup>32</sup> Dr. Thomas rented a house on East Main Street. His patients sometimes complained that his young children living upstairs were a disturbance.<sup>33</sup>

The Franklin Medical Center founders wanted to start a medical center where they could all practice their specialties in one location. Each doctor would assume a revolving corporate position with an equal amount of shares distributed between each founding doctor. But executing the business plan proved difficult. The partners embarked on a three-year process to get the practice started.<sup>34</sup> Purchasing a lot to build upon proved problematic for the black professionals. The owners of a lot on East Broad also refused to sell their land to the group although the failure to reach a deal rested with both money as well as race. A parcel at Long and Champion was rejected because it was too small to include suburban style parking. However, when McDaniel graduated from dental school he had briefly considered a property that was pointed out as being owned by a prominent African American family. McDaniel was unable to muster the resources to purchase it having just graduated. The founders decided to revisit the parcel and see if it was still available.<sup>35</sup> The group contacted Charles Bryant Jr., a wealthy, long-term African American resident whose family owned the C.W. Bryant Company, a construction company that specialized in moving houses and buildings. Bryant's lot was located on East Long Street and Monypenny, nestled tight against the west side of the Norfolk Southern Railroad viaduct. This section of railroad track through the east side of Columbus represented the color line in various Columbus neighborhoods, and here was no different. The residential color line had gradually moved east beginning in the middle of World War II, when construction of Negro wartime housing pushed the edge of segregated African American housing to Taylor Avenue. After the war, African Americans moved past Taylor. But it would have been impossible for the doctors to move any farther east into predominantly white Bexley.

The founders purchased the lot from the Bryant family in 1961.<sup>36</sup> Financing the construction proved equally daunting. The partners approached literally every bank in Columbus, but not one

<sup>31</sup> McDaniel, discussion.

<sup>32</sup> Kenneth Ruffin, unpublished biography of Dr. Richard Ruffin.

<sup>33</sup> Lenore Thomas, correspondence with Rory Krupp.

<sup>34</sup> "Medical Center Opens," *Ohio Sentinel*, October 18, 1962, 8.

<sup>35</sup> McDaniel, discussion.

<sup>36</sup> Deed, Franklin County Recorder, Vol. 2335, p. 3, Instrument number: 19610724001847.

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was willing to finance the project.<sup>37</sup> Finally, their attorney, John W.E. Bowen (later the first African American from Franklin County elected to the state legislature in 1966), located the financing. Jay P. Zook Inc., a Mellon National Bank and Trust subsidiary and a mortgage originator with offices in Cincinnati, Cleveland and Pittsburgh made the loan. The loan was sold to Monumental Life Insurance Company in Baltimore, Maryland who held it until it was fully paid.<sup>38</sup>

The building was designed by architect Harold Schofield, who had just begun his practice in 1960.<sup>39</sup> Schofield attended the University of Illinois and made a career of designing medical offices.<sup>40</sup> The general contractor was Meyers Construction.<sup>41</sup>

While the practice started in September, the Franklin Park Medical Center, Inc. had a grand opening on October 14, 1962. A Saturday night cocktail party was hosted by former *Call & Post* social editor Ann B. Walker and black professionals from around the state and beyond attended. An open house was held for the public; a crowd of 1,500 people attended the event on Sunday afternoon.<sup>42</sup>

A branch of Tyler's Pharmacy (its third branch in Columbus) was originally located in the eastern portion of the lobby; it was moved downstairs during the 1970s. The five founding doctor's offices only occupied part of the building. The remaining suites were rented to other medical professionals over time who were not partners in the corporation.

The October 18, 1962, *Ohio Sentinel* featured a front-page headline, an article, and an editorial about the medical center's opening. The newspaper illustrates the excitement in the community but also acknowledges dissension. The editorial states that the medical building's opening "might set up a cry in some circles that steps towards the creating of a Negro hospital are not in keeping with the modern trend towards integration."<sup>43</sup> This was not new in Columbus. In the late 1940s, the Columbus Vanguard League, a local civil rights organization, had opposed housing that was placed in segregated areas, preferring to have no housing added rather than promote segregation. The *Ohio Sentinel* editorial roundly condemned this line of thought stating that "no group of people can really be free until they stand on their own feet."<sup>44</sup> It noted that more professionals, such as the specialists at the Franklin Park Medical Center, had to be

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<sup>37</sup> McDaniel, discussion.

<sup>38</sup> Satisfaction of Mortgage, Franklin County Recorder, Vol. 2467, 35.

<sup>39</sup> "New Medical Center" *The Columbus Dispatch*, February 27, 1962, 4B (The building's architect seems to have been misattributed to African American architect Leon A. Ransom rather than Harold Schofield in a number of publications including *African American Architects: A Biographical Dictionary, 1865- 1945*. In 1961-1962, when the building was designed Ransom was an architect for Karlsberger & Associates and did not enter private practice until 1963. Founder Dr. Harold E. McDaniel unequivocally stated that Schofield was the building's architect and that the building's attribution to Columbus architect Leon Ransom was in error.)

<sup>40</sup> Personal correspondence, Hal Schofield to Rory Krupp. Schofield's occupation as an architect for medical buildings is listed on his death certificate, Ohio Department of Health, Certificate 020767, Volume 31471.

<sup>41</sup> McDaniel, discussion

<sup>42</sup> "Medical Center Opened" *Ohio Sentinel*, October 18, 1962, 8.

<sup>43</sup> "Editorials" *Ohio Sentinel*, October 18, 1962, 6.

<sup>44</sup> "Editorials" *Ohio Sentinel*, October 18, 1962, 6.

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developed to guide the entire community, and not just the African American community— and that integration should begin with making businesses and institutions that served everyone, white and black, and ensuring that those entities were successful enough that the entire community would patronize them. However, this manner of integration (whites coming into the black community rather than blacks going to the suburbs) was dependent on blacks starting and patronizing businesses—“not as a matter of segregating themselves, but as a matter, instead, of patronizing their own to build it to the point that whenever residential segregation is licked, as it will be some years in the future, the Negro-owned, or Negro-started institution will be worthy of patronage to the entire neighborhood.”<sup>45</sup>

It was a message that economic self-determination was the path to ending segregation, and the medical center was an important step, for the founders and the community, toward that elusive goal. The editorial illustrates another element of the founder’s perseverance: Not only opposed by the city’s banking establishment and white real estate interests, the founders also overcame a community faction that opposed their clinic on the grounds it furthered segregation.

The group practice focused on underserved populations and preventative care. However, it had to span two worlds. While the doctor’s practices were completely modern, the African American healthcare system was not. Healthcare for many African Americans was provided through outpatient clinics or dispensaries.<sup>46</sup> All the doctors, cognizant of their own struggles with discrimination, made great efforts to provide medical care regardless of their patient’s ability to pay. Dr. McDaniel worked with some patients on a sliding fee schedule. Dr. Clark dedicated two afternoons a week for 31 years treating underprivileged and uninsured patients through Children’s Hospital Community Health Centers. Dr. Clark was also involved in public health issues, including the institution of Medicare, and felt that medical care should be provided regardless of his patients’ ability to pay.<sup>47</sup> The doctors also had to overcome the long-lasting attitudes of African Americans distrust of healthcare. The range of specialties in the practice helped build trust in their patients, and therefore fostered preventative care. Dr. Smith-e-Incas began his own group home for the mentally disabled during deinstitutionalization in the state. Dr. Thomas delivered babies that would become Dr. Clark’s pediatric patients. Not every effort to establish trust was deadly serious. Dr. Clark sang to his young patients, his trademark behavior, and gave the shot while the child was distracted. A lollipop was presented to the youngster as a finishing touch.

The founders continued to break barriers. Dr. McDaniel helped plan civil rights marches in Columbus, continuing to participate as he had when he refused to leave lunch counters near the Ohio State University who refused to serve him and other African Americans in the late 1950s.<sup>48</sup> Drs. Smith-e-Incas and Thomas both taught at Ohio State University. All served on various boards and held leadership positions in the community. Gradually, they gained appointments and

<sup>45</sup> “Editorials” *Ohio Sentinel*, October 18, 1962, 6.

<sup>46</sup> David Charles Sloane and Beverlie Conant Sloane. *Medicine Moves to the Mall* (Baltimore: Johns Hopkins Press, 2003), 104.

<sup>47</sup> Clark biography, on file at the Columbus Landmarks Foundation, Columbus, Ohio.

<sup>48</sup> McDaniel, discussion.

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privileges at local hospitals. They became, as the 1962 *Ohio Sentinel* editorial had urged, leaders for the entire community.

In the late 1960s, Dr. Alfred Jefferson partnered with Dr. Thomas and joined the corporation. The founders continued the practice together until 1992, when Dr. Ruffin retired. Drs. Clark and Thomas retired in 2004. The last founder, Dr. McDaniel retired in 2006. Dr. Jefferson, the partner from the 1970s retired in 2009.

The Franklin Park Medical Center is significant for its location and association with segregation and the burgeoning black elite. While other medical professionals during this period moved their offices to the suburbs for better access to patients and lower costs, this was not an option for the founders.<sup>49</sup> However, they used the same building type as their white peers: an automobile-oriented professional building that would have ordinarily been found near a suburban shopping center or hospital. It was the first large, multi-specialty practice in central Ohio, as well as was the first built by a minority group of doctors.<sup>50</sup> It appears to be the first with a specific building constructed for the purpose. It contained the same state-of-the-art medical equipment that would have been in white, suburban doctor's offices. Patients could drive there and park just as their white counterparts did in suburban locations. However, segregation dictated the building's location. It was impossible for the building to be located in the suburbs or in close proximity to a hospital. Consequently, it is an automobile-oriented professional building with rear parking and a marquee sign located next the railroad tracks in an inner-city neighborhood. For the African American community the building type represented two aspects of pre-civil rights African American life: segregation and the dream that segregation would be eventually overcome through their own hard work. While the building's location was dictated by segregation, the building itself was a step toward equality for both the community and the founding doctors themselves. It enabled the black community to have access to specialized medical care in modern surroundings. It also provided the doctors a chance to thrive professionally and not be relegated to a hospital system that denied them opportunities for promotions and professional growth.

The founders of the Franklin Park Medical Center broke barriers in segregation by starting their own medical practice that helped an underserved population and enabled the doctors to excel professionally at the same time. The founders overcame discrimination against African Americans purchasing property and obtaining financing for constructing buildings. The founders overcame the white dominated medical system that denied them hospital privileges. The founders also overcame elements in the African American community who felt that the office furthered segregation. For over fifty years, the practice provided much needed medical care to an underserved population. The Franklin Park Medical Center is a physical testament to their perseverance and the dreams of a community.

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<sup>49</sup> Kenneth T. Jackson, *Crabgrass Frontier: The Suburbanization of the United States* (New York: Oxford University Press, 1985), 267-268.

<sup>50</sup> Clark biography, on file at the Columbus Landmarks Foundation, Columbus, Ohio.

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**Previous documentation on file (NPS):**

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # \_\_\_\_\_
- recorded by Historic American Engineering Record # \_\_\_\_\_
- recorded by Historic American Landscape Survey # \_\_\_\_\_

**Primary location of additional data:**

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University

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Other  
Name of repository: \_\_\_\_\_

**Historic Resources Survey Number (if assigned):** FRA-10133-19

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### 10. Geographical Data

**Acreage of Property** less than 1 acre (0.402 acres)

Use either the UTM system or latitude/longitude coordinates

#### Latitude/Longitude Coordinates

Datum if other than WGS84: \_\_\_\_\_

(enter coordinates to 6 decimal places)

1. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

2. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

3. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

4. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Or**

#### UTM References

Datum (indicated on USGS map):

NAD 1927 or  NAD 1983

1. Zone: 17 Easting: 333254 Northing: 4425900

2. Zone: \_\_\_\_\_ Easting: \_\_\_\_\_ Northing: \_\_\_\_\_

3. Zone: \_\_\_\_\_ Easting: \_\_\_\_\_ Northing: \_\_\_\_\_

4. Zone: \_\_\_\_\_ Easting : \_\_\_\_\_ Northing: \_\_\_\_\_

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**Verbal Boundary Description** (Describe the boundaries of the property.)

The property is located at the southeast corner of East Long Street and Monypenny Avenue. The property boundary matches the parcel boundary. The parcel number is: 010-045812-00

**Boundary Justification** (Explain why the boundaries were selected.)

The parcel boundary was selected because it contains the historic resource in its entirety.

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**11. Form Prepared By**

name/title: Rory Krupp/Roy Hampton  
organization: Owen & Eastlake Ltd  
street & number: P.O. Box 10774  
city or town: Columbus state: OH zip code: 43201  
e-mail: rkrupp@oweneastlake.com  
telephone: 614-439-9068  
date: August 26, 2016

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**Additional Documentation**

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

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### Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

### Photo Log

Name of Property: Franklin Park Medical Center

City or Vicinity: Columbus

County: Franklin

State: Ohio

Photographer: Rory Krupp  
Owen & Eastlake Ltd  
P.O. Box 10774  
Columbus, Ohio 43201

Date Photographed: April 20, 2016

Description of Photograph(s) and number, include description of view indicating direction of camera:

1 of 35 (OH\_Franklin County\_Franklin Park Medical Center\_0001)  
Franklin Park Medical Center, Exterior, north elevation, camera facing south

2 of 35 (OH\_Franklin County\_Franklin Park Medical Center\_0002)  
Franklin Park Medical Center, Exterior, north elevation, entrance, facing south

3 of 35 (OH\_Franklin County\_Franklin Park Medical Center\_0003)  
Franklin Park Medical Center, Exterior, north and west elevation, facing southeast.

4 of 35 (OH\_Franklin County\_Franklin Park Medical Center\_0004)  
Franklin Park Medical Center, Exterior, front entrance detail. Camera facing southeast

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6 of 35 (OH\_Franklin County\_Franklin Park Medical Center\_0006)  
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Franklin Park Medical Center  
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Franklin Park Medical Center, Exterior, Neighborhood context, camera facing north, FPMC on right side (east)
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Franklin Park Medical Center  
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Franklin Park Medical Center, Interior, Lobby, entrance and front windows, camera facing  
northwest
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facing southwest.
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- 26 of 35 (OH\_Franklin County\_Franklin Park Medical Center\_0026  
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Franklin Park Medical Center  
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32 of 35 (OH\_Franklin County\_Franklin Park Medical Center\_0032  
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Franklin Park Medical Center  
Name of Property

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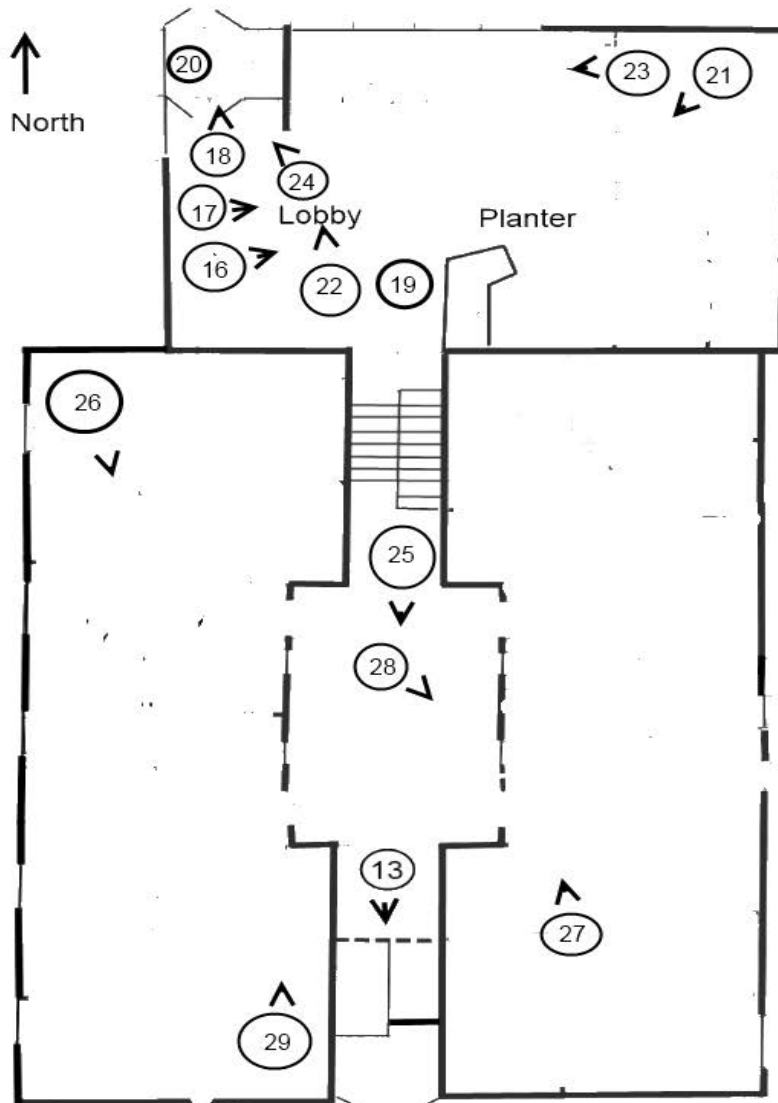


Figure 1: Exterior Photo Key



Franklin Park Medical Center  
Name of Property

Franklin, Ohio  
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Legend

Concrete block	—
Stud wall	- - -
Window/door	—

Figure 2: Lobby and Upper Level Photo Key

Franklin Park Medical Center  
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County and State

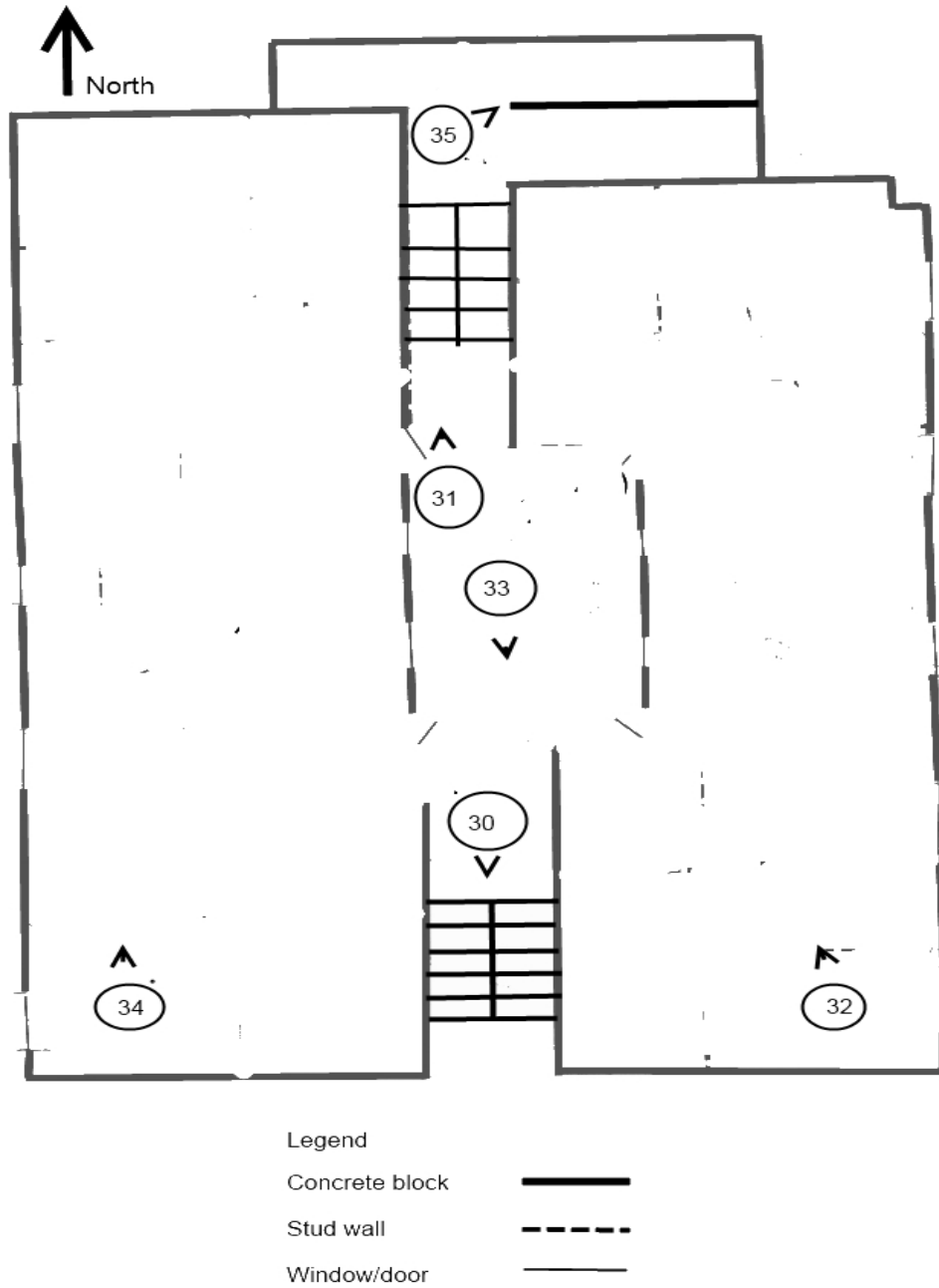


Figure 3: Lower Level Photo key

Franklin Park Medical Center  
Name of Property

Franklin, Ohio  
County and State

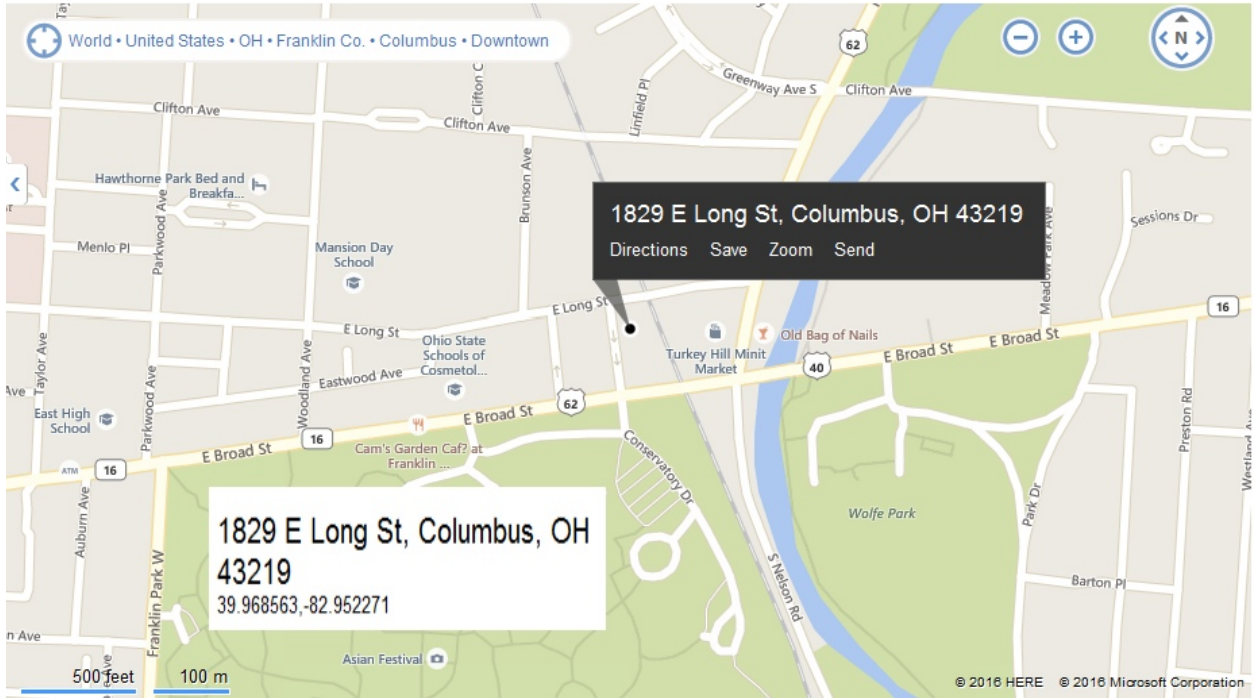


Figure 4: Bing map showing location of Franklin Park Medical Center

Franklin Park Medical Center

Franklin, Ohio

Name of Property

County and State

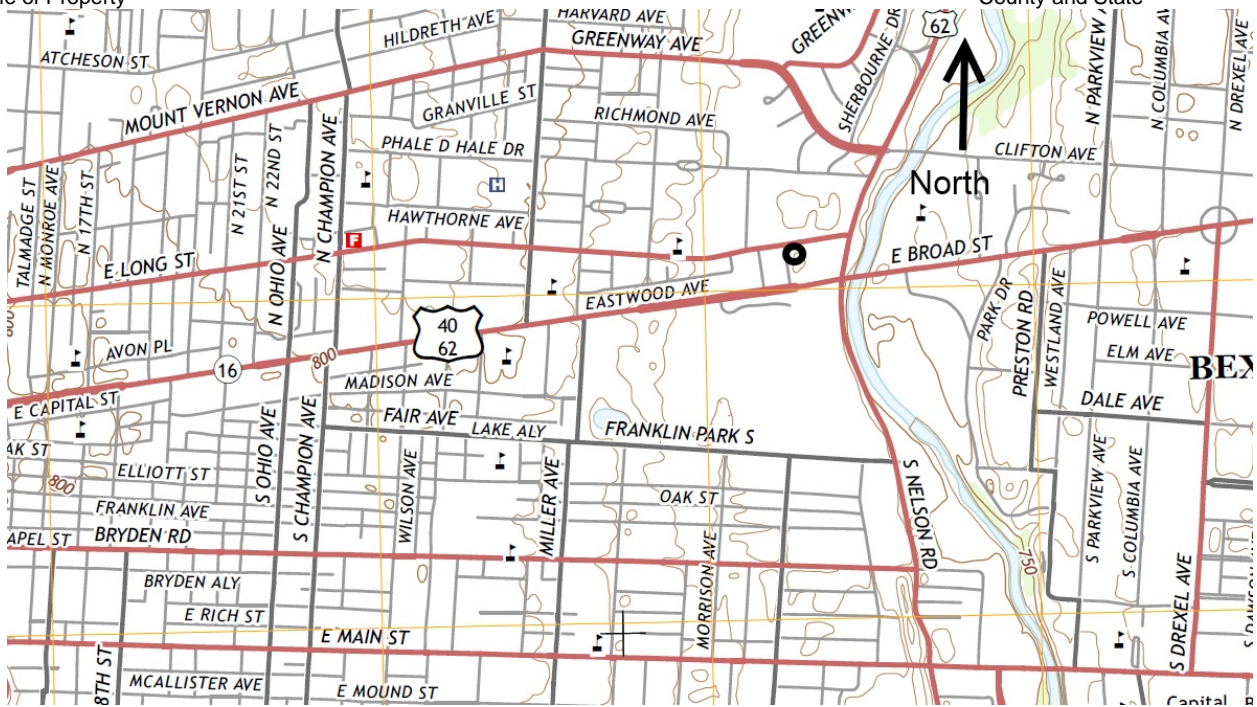


Figure 5: Southeast Columbus USGS 7.5 Minute Quadrangle Map showing location of the Franklin Park Medical Center.



Figure 6: Franklin Park Medical Center in 1962 showing the original blue color of block walls (Photograph courtesy of Lenore Thomas)

Franklin Park Medical Center  
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FRANKLIN PARK MEDICAL CENTER  
. . . Housing -- Modern Pharmacy and  
Doctor's Offices. Shown here is the  
waiting room and reception area, with  
interior of beautiful paneled walls varied  
with irregular stones.

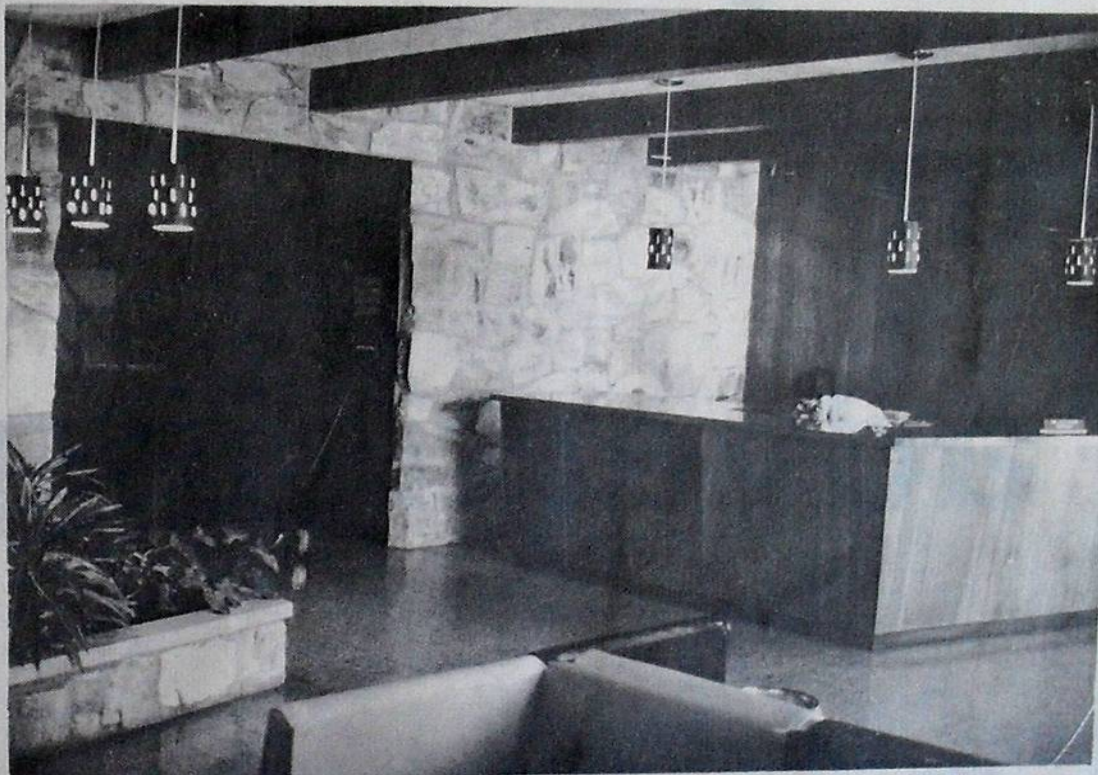


Figure 7: Franklin Park Medical Center at its opening in 1962 (*Ohio Sentinel*, October 18, 1962)

Franklin Park Medical Center  
Name of Property

Franklin, Ohio  
County and State



Figure 8: Franklin Park Medical Center founders in 1962. (Photo credit: John E. Combs, *Ohio Sentinel*)

Franklin Park Medical Center  
Name of Property

Franklin, Ohio  
County and State



Figure 9: Drs. Clark, Smith-e-Incas, McDaniel, and Thomas in 2004. (Photo credit: Lloyd Clark)

Franklin Park Medical Center  
Name of Property

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Figure 10: Franklin Park Medical Center founders and guests at the grand opening, October, 1962. (Photo credit: Ohio Sentinel)



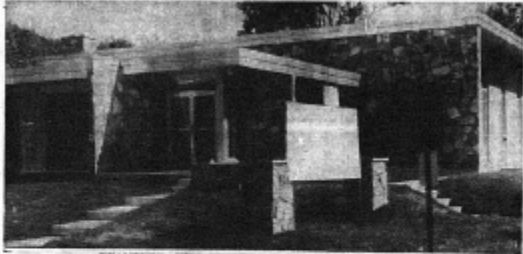
Franklin Park Medical Center  
Name of Property

Franklin, Ohio  
County and State

THURSDAY, SEPTEMBER 13, 1962 THE OHIO SENTINEL PAGE 3

## THE NEW TYLER PHARMACY

LOCATED IN THE



BEAUTIFUL NEW FRANKLIN PARK MEDICAL CENTER

### ANNOUNCEMENT

We are pleased to announce the opening of our new prescription pharmacy, located in the new Franklin Park Medical Center. The store is modern in every detail and is stocked with a wide assortment of fine-quality pharmaceuticals. To you and your family we pledge unexcelled service — prompt, courteous and efficient. You are invited to stop in and inspect our facilities at your convenience. Your consideration is invited.

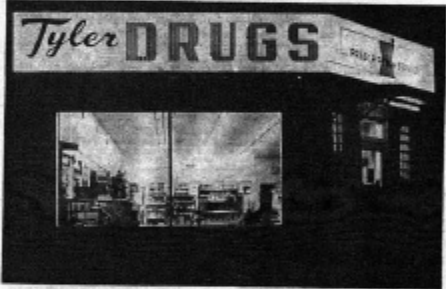
**PROGRESS IS OUR BUSINESS.**

We are very proud of our record number of years having served the near East Side community for 41 continuous years and have grown to be one of the largest and most complete modern drug stores in Columbus.

Our primary aim is to provide the finest in prescription service.

We have just remodeled our No. 2 store, corner Long and Taylor, with a complete line of all pharmaceuticals and supplies that you may want. To insure prompt service on phone orders, we have installed special lines to further insure prompt and efficient preparation of all medical needs.

Comments and suggestions are always welcome for we are striving to constantly improve our service.



Night View of Taylor and Long Store

**Prescriptions**  
**Prescription Accessories**  
**Surgical Supplies**  
**Convalescent Supplies**

**Diabetic Supplies**  
**Complete Cosmetic Center**  
**Prompt Efficient Service**  
**Pharmacist Always Available**

**Quick Delivery Service**  
**Emergency Charge Service**  
**Free Parking**  
**Convenient Locations**

# TYLER DRUGS

PHARMACEUTICAL SERVICES

# YOUR DRUG AND COSMETICS CENTER

Long Street at Taylor Avenue  
Hours 7 A. M. to 10 P. M.  
Phone 253-1914

W. Vance Avenue at 20th Street  
Hours 7:30 A. M. to 10:30 P. M.  
Phone 255-9237

FRANKLIN PARK MEDICAL CENTER  
Phone 253-2647  
1829 E. Long Street

Fig. 11: October 13, 1962 *Ohio Sentinel* advertisement for Tyler Drug pharmacy in the Franklin Park Medical Center.

Franklin Park Medical Center

Name of Property

Franklin, Ohio

County and State



Fig. 12: 2015 Columbus Landmarks Foundation photograph of pre-stabilized Franklin Park Medical Center.

**Paperwork Reduction Act Statement:** This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.



No Parking

FRANKLIN PARK MEDICAL CENTER



29

FRANKLIN



Joint project of the  
Columbus Land Bank and  
the Central Ohio Community  
Improvement Corporation

COLUMBUS  
DEPARTMENT OF  
DEVELOPMENT

COIC

FRANKLIN  
MUNICIPAL CENTER



1829

FRANK  
MEDICA

NO STOPPING  
ANY TIME  
→

D.

JAIME SMITH e INCAS, M. D.  
PSYCHIATRY & NEUROLOGY

FRANKLIN PARK  
PHYSICAL MEDICINE

ER A. THOMAS M. D.  
ALFRED B. JEFFERSON M. D.

FRANKLIN PARK MEDICAL CENTER



NORFOLK & W. S.

FRANK  
MELBA



FRANKLIN PARK  
MEDICAL CENTER





























FRANKLIN PARK MEDICAL CENTER  
SEPTEMBER 1962

ARTHUR L. CLARK, M.D.  
ALFRED B. JEFFERSON, M.D.  
HAROLD E. McDANIEL, D.D.S.  
RICHARD D. RUFFIN, M.D.  
JAIME SMITH e INCAS, M.D.  
WALTER A. THOMAS, M.D.



































UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY NAME: Franklin Park Medical Center

MULTIPLE NAME:

STATE & COUNTY: OHIO, Franklin

DATE RECEIVED: 9/19/16 DATE OF PENDING LIST:  
DATE OF 16TH DAY: 10/24/16 DATE OF 45TH DAY: 11/04/16  
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 16000754

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: N  
OTHER: N PDIL: Y PERIOD: N PROGRAM UNAPPROVED: N  
REQUEST: N SAMPLE: N SLR DRAFT: N NATIONAL: N

COMMENT WAIVER: N

ACCEPT  RETURN  REJECT 11/2/2016 DATE

ABSTRACT/SUMMARY COMMENTS:

RECOM./CRITERIA Accept A  
REVIEWER Pattik Andrews DISCIPLINE Historian  
TELEPHONE \_\_\_\_\_ DATE 11/2/2016

DOCUMENTATION see attached comments Y/N see attached SLR Y/N

If a nomination is returned to the nominating authority, the nomination is no longer under consideration by the NPS.



NATIONAL REGISTER OF HISTORIC PLACES  
NPS TRANSMITTAL CHECK LIST

OHIO HISTORIC PRESERVATION OFFICE  
800 E. 17<sup>th</sup> Avenue  
Columbus, OH 43211  
(614)-298-2000

The following materials are submitted on September 13, 2016  
For nomination of the Franklin Park Medical Center, Franklin Co., OH to the National Register of  
Historic Places:

- Original National Register of Historic Places nomination form  
 Paper  PDF
- Multiple Property Nomination Cover Document  
 Paper  PDF
- Multiple Property Nomination form  
 Paper  PDF
- Photographs  
 Prints  TIFFs
- CD with electronic images
- Original USGS map(s)  
 Paper  Digital
- Sketch map(s)/Photograph view map(s)/Floor plan(s)  
 Paper  PDF
- Piece(s) of correspondence  
 Paper  PDF
- Other \_\_\_\_\_

COMMENTS:

- Please provide a substantive review of this nomination
- This property has been certified under 36 CFR 67
- The enclosed owner objection(s) do \_\_\_\_\_ do not \_\_\_\_\_  
Constitute a majority of property owners
- Other: \_\_\_\_\_



September 13, 2016

J. Paul Loether, Deputy Keeper and Chief, National Register  
and National Historic Landmark Programs  
National Park Service  
National Register of Historic Places  
1201 Eye St. NW, 8th Fl. (2280)  
Washington D.C. 20005

Dear Mr. Loether:

Enclosed please find two (2) new National Register nominations for Ohio. All appropriate notification procedures have been followed for the new nominations submission.

NEW NOMINATION

Morgan Township House  
Franklin Park Medical Center

COUNTY

Butler  
Franklin

The enclosed disks contain the true and correct copy of the nomination to the National Register of Historic Places for the following: Franklin Park Medical Center, Franklin County, OH.

If you have questions or comments about these documents, please contact the National Register staff in the Ohio Historic Preservation Office at (614) 298-2000.

Sincerely,

Handwritten signature of Lox A. Logan, Jr. in black ink.

Lox A. Logan, Jr.  
Executive Director and CEO  
State Historic Preservation Officer  
Ohio History Connection

Enclosures