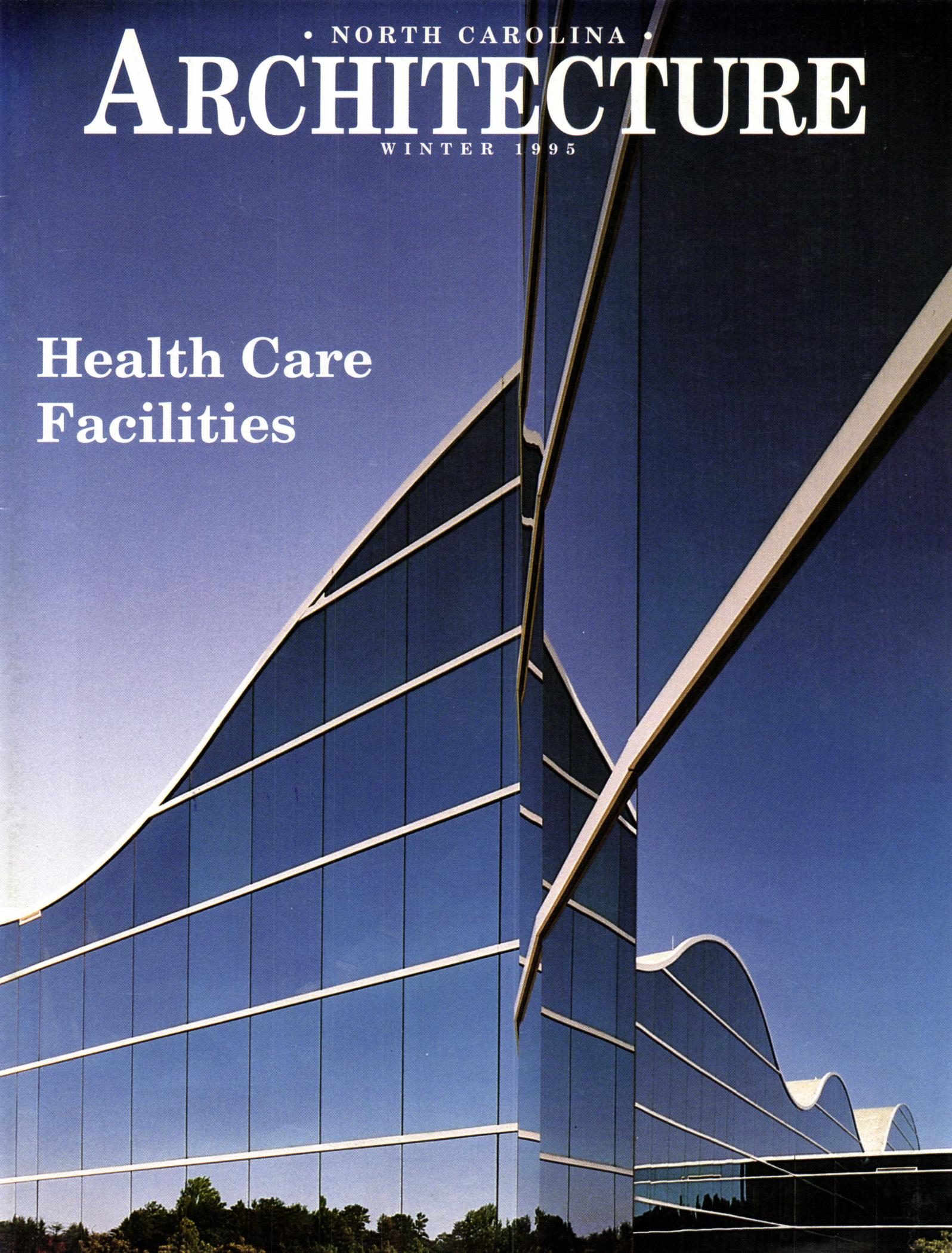


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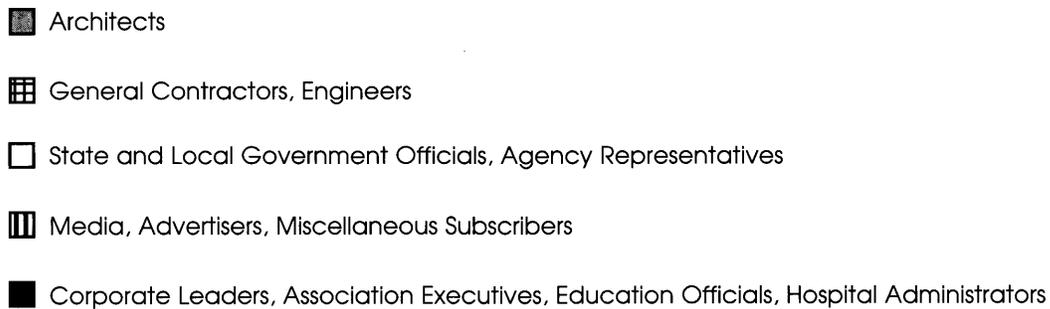
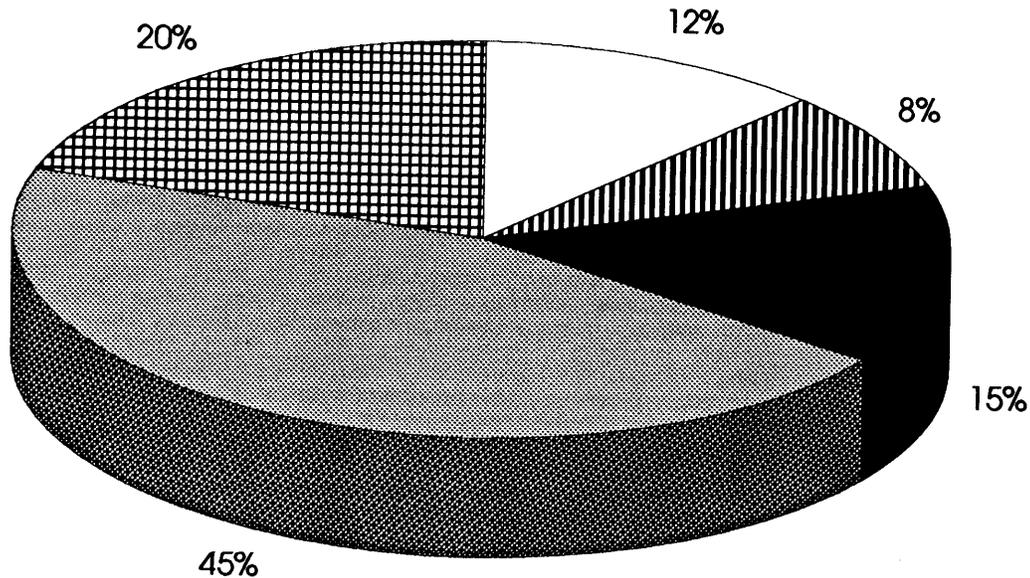
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ON THE COVER

The Alamance Regional Medical Center, in Burlington, N.C., designed by Peterson Associates, p.a., of Charlotte.

Photography by Tim Buchman.

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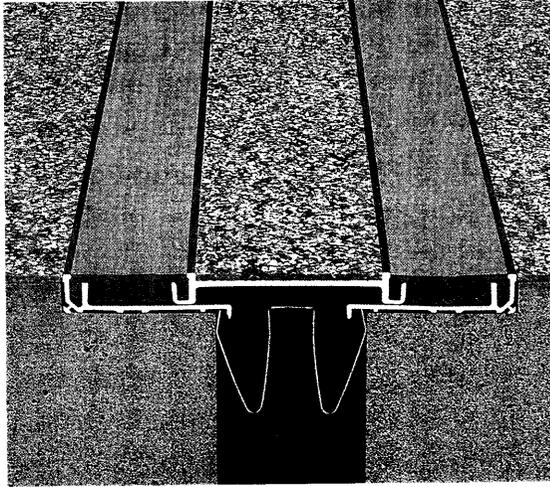
TIM BUCHMAN

The Alamance Regional Medical Center in Burlington, designed by Peterson Associates, p.a., of Charlotte. The health care facilities' feature begins on page 8.

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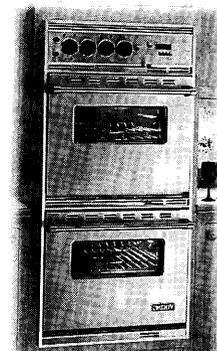
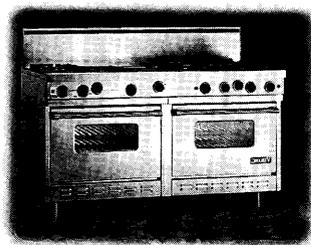
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Legislative Report

AIA State President Serves on Schools Study Commission

House Majority Leader N. Leo Daughtry (R-Johnston)

says, "There is not a greater issue facing our state." The "issue" is the critical need for K-12 public school facilities in North Carolina. A 1993 survey indicated more than \$5 billion worth of needs, based on population growth plus the age and relative safety of existing buildings. The 1995 General Assembly created a Schools Capital Construction Study Commission to develop ways for solving the problem. That commission is now in the midst of a new survey to better determine the scope and cost of a massive state-supported building program.

Wilmington architect Paul Davis Boney, AIA, was appointed to the 20-person study commission by Governor James B. Hunt, Jr. On December 14, Boney was formally inducted as president of the American Institute of Architects, North Carolina Chapter (AIA North Carolina).

The study commission has recently completed nine public hearings across the state, gathering input and information. At each location, committee members have toured various school facilities — some new, some old. As an architect with extensive public school experience, Boney has been an invaluable resource for the commission in helping them understand the factors involved in quality learning space.

The commission will continue meeting in Raleigh on a monthly basis before presenting a final report to the 1996 General Assembly when it convenes in mid-May. The report is expected to include recommendations for financing public schools, a distribution formula for low-income school districts and methods of building schools efficiently.



Paul Davis Boney, AIA

Wilmington Architects Help Solve Synthetic Stucco Problem

There's an epidemic of moisture and structural problems with so-called "soft stucco"-built homes in the Wilmington area and the Triangle. More than 80 homes have experienced significant damage with rotting wood and wallboard beneath synthetic stucco facades.

A special task force, assembled and funded by AIA Wilmington, has amassed an enormous amount of data on the subject. The data has been made public and was to be presented to the N.C. Building Code Council on December 12 in Raleigh.

More than 200 homes, most of them in the greater Wilmington area, were inspected for the study. Also included in the study were 16 homes in the Triangle.

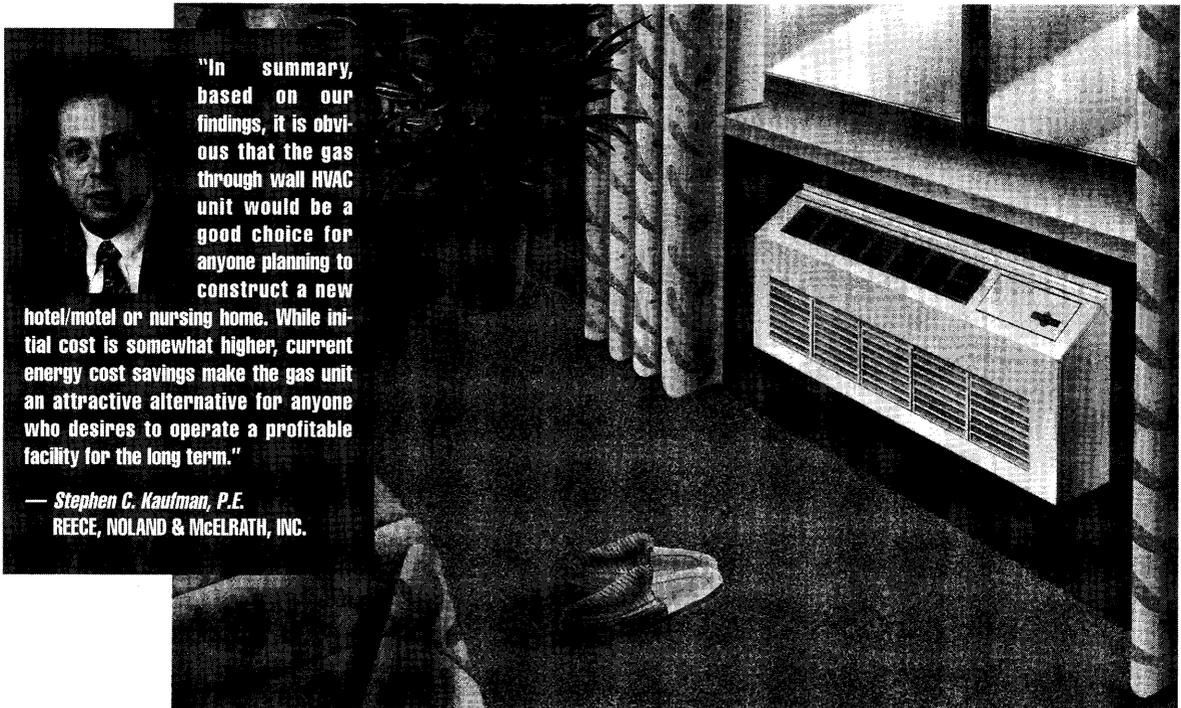
Wilmington architects Glenn Richardson, AIA, Henry W. Johnston, AIA, Elias J. Marsh, AIA, and J. Quinn Sweeny, AIA, played a major role in developing the database, along with New Hanover County building inspector Jonathan B. "Jay" Graham, III, AIA. The task force provided more than 1,200 manhours in gathering and compiling the information.

The survey includes the following observations:

- Plywood sheathing appears to be more resistant to water damage on EIFS homes. Homes sheathed with Oriented Strand Board (OSB) have a 33 percent greater chance of water penetration than those with sheathing with plywood.
- When windows are properly caulked, the resistance to water intrusion improves by 233 percent.

The Wilmington architects urge owners of homes with synthetic stucco siding to have their homes inspected immediately. Building inspector Graham told the *Wilmington Morning Star* that synthetic stucco keeps moisture from evaporating, unlike brick or other siding materials.

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Health Care Facilities

Architects take a different design approach to one of the fastest-growing building types



TIM BUCHMAN

Alamance Regional Medical Center (above) is just one of many examples of how architectural design for the health care industry is changing.

The health care industry, as we know it, has changed dramatically. No longer are giant inpatient towers the center of the hospital world. Soaring health care costs, which topped 14 percent of the nation's economic output last year, have made hospital stays shorter and shorter as the health care insurance industry applies ever more restrictive reimbursement policies. Properly trained clinical and technical personnel are also in short supply and that drives wages and costs higher.

Hospitals now are under intense pressure to control costs. To compete in this new marketplace, they feel the need to improve the quality of care and the impression of the hospital experience.

The problem is that few of today's hospitals are built to

accommodate this new health care industry. The giant structures with specialty areas located in different wings are typically cold, impersonal facilities with patients being wheeled from specialty area to specialty area with little regard for their comfort.

The industry is abuzz with change, however, as new facilities offer a new concept of health care. There will still be the major academic medical centers with specialists and technology to care for the critically ill, but in smaller regional hospitals, the emphasis is shifting to outpatient treatment centers. The customer's comfort and desires are a higher priority, as architects, working closely with marketing and medical experts, have broken the traditional mold for medical facilities.

"Flexibility is a key word in health care architecture now,"

said William D. England, AIA, of Charlotte's McCulloch England Associates Architects, principal architects of the Presbyterian Hospital Matthews, a 102-bed hospital which integrated outpatient services and office space.

"The health care site will become a community resource," England predicts. "Part of the community resource aspect is not having the intimidation factor. You don't have the intimidation level of talking to a doctor or walking up to a traditional nurses station where you have a bunch of busy nurses and the last thing you want to do is bother them.

"It's a whole different mode of marketing to people," England said.

Now, the challenge for community hospitals is to put together the best package of health services and make coming to the hospital an easier, more pleasant, experience than the competition.

"Today, hospitals are much more competitive than they once were. Consequently, they are looking for the cutting edge that is going to give them an advantage over the competition," said J.J. Peterson Jr., AIA, of Charlotte's Peterson Associates, p.a.

Peterson has spent much of the last 20 years looking at new ways of organizing hospitals. His work began with studies in Scandinavia and Europe which evolved into the medical mall concept used in the Alamance Regional Medical Center in Burlington. The challenge with this facility was to merge two existing hospitals into one that offered greater efficiency.

This facility is not intended to compete with the larger academic medical facilities of the region but instead offers an outpatient-based hospital with easy access to adjacent medical office buildings. The hospital was one of the first in this region to be recognized for its design qualities when *Modern Healthcare* in conjunction with AIA presented the firm with a citation recognizing excellence in design.

The medical mall concept involves making ancillary and complementing services accessible and easy for visitors to find or locating services such as radiology close to or within departments that need such services.

Developing such facilities takes team work between medical administrators, architects and the staff who will operate in this new style of workplace.

J. David Ramseur, AIA, of Charlotte's Odell Associates, Inc., said the key to developing a facility that meets today's needs lies in the cooperation of everyone involved. His firm served as consultants on the Shriners Hospitals For Crippled Children, in Springfield, Mass, which is a 40-bed children's orthopedic hospital designed to provide a complete range of family unit sup-

port services.

"Everyone is becoming very patient-care focused. What you are finding is that convenience to the patient is number one, secondly there is convenience to the staff.

"We have on-site work sessions with various user groups at which we show them the graphical options based on their programmatic needs and made them a part of the solution. You build a lot of enthusiasm for the project that way, and you get a lot of decisions made quickly," Ramseur said.

"We see the architect being of far more value in the process now than heretofore," Benjamin T. Rook, chairman of Odell Associates adds. "That's the most exciting thing about it. No more do you see the little rectangular box sitting on the one-story pancake. It's all in an integrated scheme of things. It's

more of a medical mall atmosphere.

"With all the complexity," Rook said, "all sorts of opportunities arise. We find that our designs are really getting better and better and that makes it exciting for the teams that are working on it."

While many hospitals are building completely new facilities to better respond to industry changes, others are addressing the new atmosphere in additions and renovations.

That was the case with the Wake Medical Center, in Raleigh. The \$10 million addition FreemanWhite Architects, Inc., of Charlotte, designed for the medical center was a key ingredient to the facility's conversion to an ambulatory care focus.

Franklin H. Brooks, AIA, of FreemanWhite agreed that cooperation among all groups

involved is essential when working in such a technologically advanced field that is striving to compete and deliver a quality product in as cost-effective manner as possible.

"Architecture is not just concerned about buildings," Brooks notes. "It is concerned about work processes and work flows. So what we do is work with the staff who are out there in contact with their clients to understand the trends that are happening. Then we test solutions.

"The way you do it," he said, "is to involve the people that are on the front lines dealing with the patients and customers, analyze what they are doing and how they are interacting, and try to have the facility respond to that."

According to Brooks, the intent is to try and involve all the people with a stake in the business.

"You try to involve a broad range of people from the stakeholder group to see the problem from different views. It's the same problem, but everybody sees it differently."

"Today, hospitals are much more competitive than they once were. Consequently, they are looking for the cutting edge that is going to give them an advantage over the competition."

— J.J. Peterson Jr., AIA,
Peterson Associates, p.a., Charlotte

Alamance Regional Medical Center

Location: Burlington

Architect: Peterson Associates, p.a., Charlotte

Construction Manager: Rodgers Builders, Inc., Charlotte

Construction Completed: July 29, 1995

Photographer: Tim Buchman

The new Alamance Regional Medical Center is a 350,000 s.f. facility located on a new 70-acre site in Burlington. The 238-bed hospital is designed around a medical mall concept, with one end serving as the outpatient area and the other serving as the inpatient area with bed units. Two medical office buildings are linked by connecting corridors to the medical mall. The design challenge was to merge two existing county hospitals into a single facility, offering greater staff efficiency in the delivery of health care. A major goal of the design was program flexibility and building an image which breaks with the institutional image of health care.

The building makes a bold initial statement with its gently undulating "sine wave" shaped glass roof line and its "pod bed towers." The sine wave form was a response to the contours of the site offering a prominent view of the roof line from the entrance road. Underneath the skylight sine wave is the building's main public space and identifies the medical mall.

As a medical mall, the hospital is extremely user-friendly for both patients and staff. Outpatients and visitors enter the medical center through two separate entryways and are led to the sunlit mall area beneath

the undulating glass roof form. At that point, they check-in at one of four highly visible registration areas, where they are directed to their respective destinations. The medical mall has been designed to provide a comfortable environment for patients and family. The non-hospital appearance reduces stress levels in patients, and simplifies circulation so people are directed to the correct door every time. Waiting areas are designed as small clusters to create less intimidating seating arrangements.

The functional size of this hospital design is unique and ergonomic because it focuses on no-nonsense, direct care for patients. The staff moves easily from "point a" to "point b" in virtually any part of the hospital without crossing major public circulation patterns. The shape of the bed tower pods create operational efficiencies, as nurses will have a maximum 40-foot walking distance to any patient room from the nurse station.

The program included plans to create a structure prepared to expand either horizontally, vertically, or both, depending upon what challenges the future brings. And, because the design includes traffic patterns primarily on the building's perimeters, future expansion is assured to minimally disrupt existing departments.

The exterior of the building combines the elemental shapes of the treatment areas with the drama of the sine wave circulation spine. A contrasting glass skin for the center spine showers the main circulation element with natural light. Split-faced concrete block was chosen as the masonry unit to offer rich texture, which contrasts with the smooth glass skin and adds to the non-traditional health care look. The relatively low cost of the block units helped to balance the budget for the building's skin with the expense of curtainwall system. The ends of the bed tower pods, traditionally delegated as bold brick walls, were sculpted to fold together with the ribbon window elements of the towers. The ends are further celebrated at night with spot lighting of the dominant red tile stripe rising the full height of the tower, which is capped by a precast medallion.





Wake Medical Center Hospital Addition

Location: Raleigh

Architect: FreemanWhite Architects, Inc., Charlotte

General Contractor: Fowler Jones Beers Construction, Winston-Salem

Construction Completed: November 1993

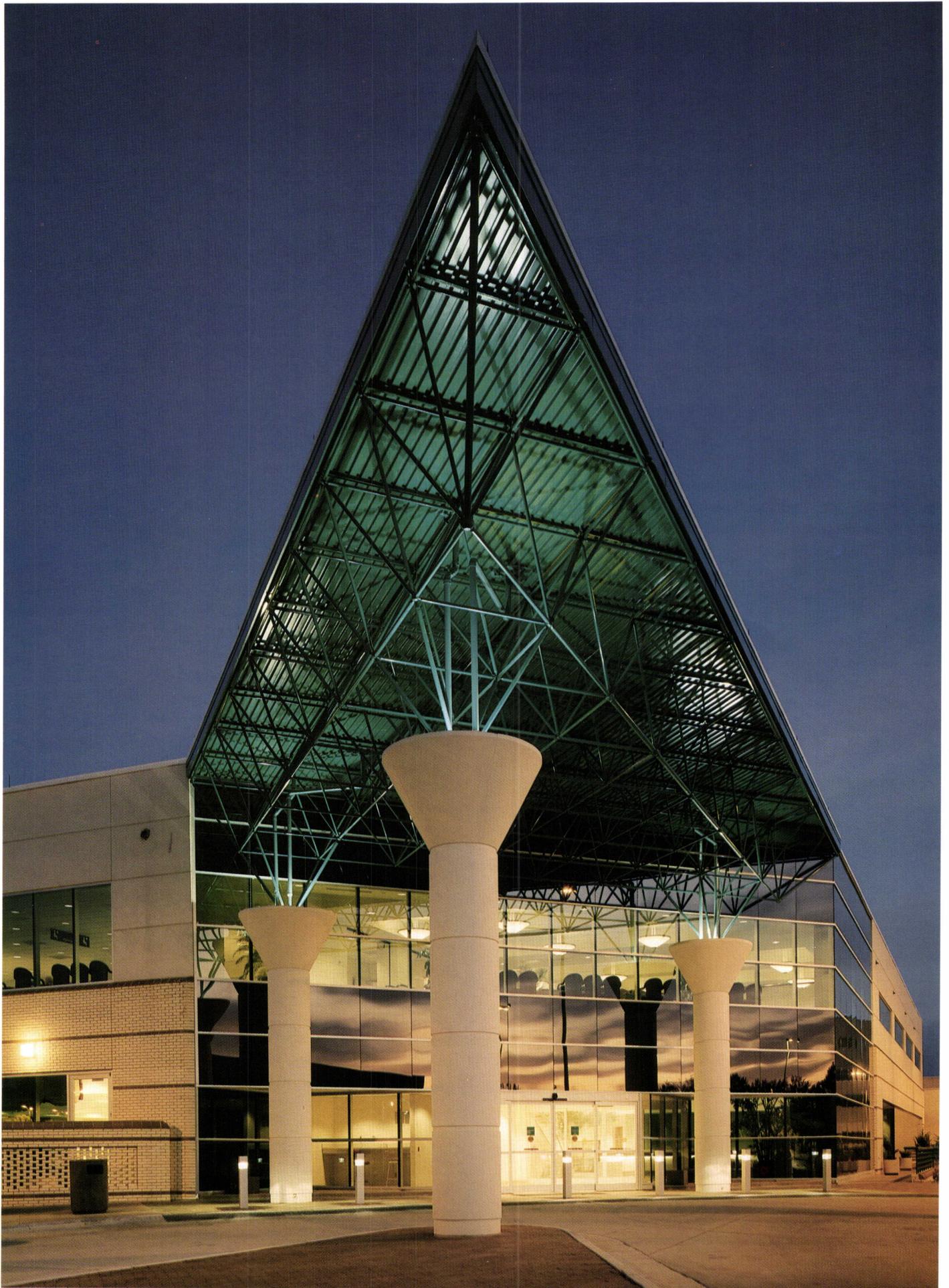
Photographer: Tim Buchman

The Wake Medical Center Hospital addition is a key ingredient to the hospital's conversion to an ambulatory care focus. This \$10 million addition to the hospital houses central registration, pre-admit testing, endoscopy and ambulatory surgery.

The objective of the hospital was to ease patient access to the outpatient services of Wake Medical Center. Reception, registration and testing areas are located directly off the two-story atrium lobby and escalators carry patients and families directly to the surgical facilities on the second floor. By creating a single point of patient admitting and providing easy access to the

expanded outpatient surgery department, the design team was successful in creating a "one-stop shopping" environment. The design also makes allowances for outpatient surgery to expand into existing inpatient surgery as volumes continue to shift outpatient use over time.

The hospital addition also created new dietary facilities for the staff and visitors. A state-of-the-art kitchen with a "scatter" serving area was created with a large dining area with a raised "stage" used for large hospital functions. An outdoor dining terrace was also provided. The dietary facilities have received numerous comments of praise as one of the nicest dining areas in an institutional setting.



Presbyterian Hospital Matthews

Location: Matthews

Architect: McCulloch England Associates Architects, Charlotte

General Contractor: McDevitt Street Bovis, Charlotte

Construction Completed: August 1994

Photographer: Rick Alexander & Associates

Presbyterian Hospital Matthews is a new 102-bed healthcare facility with a major emphasis on outpatient services including 100,000 square feet of integrated physician office space. It is part of the Presbyterian Healthcare System which includes numerous hospitals and outpatient facilities and is headquartered in neighboring Charlotte.

The major challenge of the project was to design a new healthcare facility on a undeveloped site with the emphasis on a total healing environment (site and building/exterior and interior) which would not only respond to and support the concept of "patient-family focused care", but also one that would stimulate and enhance that same concept. It was a goal of the design team to create a facility which would become a true community resource, encouraging wide use by the community for hospital/healthcare services as well as for non-healthcare related services such as local civic and business meetings, receptions, dining and educational classes.

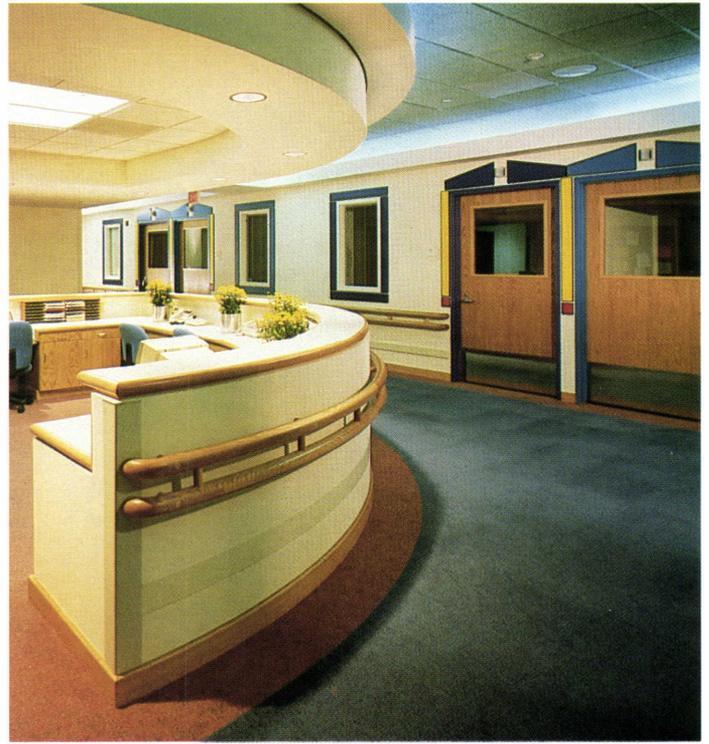
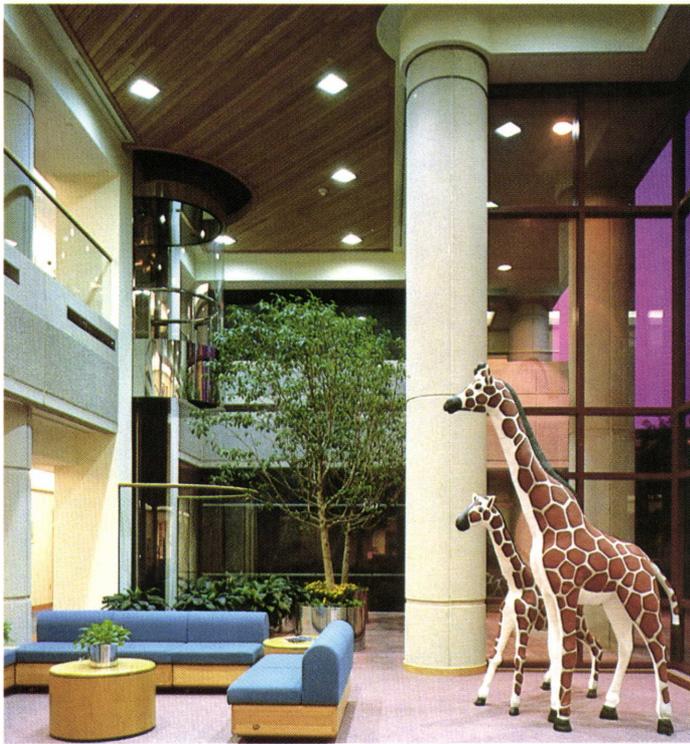
In designing a healing environment, solutions included: site design and landscaping which created a park-like atmosphere; visuals and sounds of water (a lake, fountain and water cascading over rocks); an

entrance bridge over water; attention to scale and massing of building elements and materials to achieve a "friendly" image; emphasizing natural light inside the building with skylights and large windows; use of light interior materials (pickled wood, pastel colors, white trim) to create a light, airy, spacious feeling throughout; providing for use of live plants and flowers; use of artwork sensitive to the needs of each area; access to the outdoors on each level by use of courtyards and balconies; design-sensitive lighting fixtures, details and controls; arrangement of patient vs. public vs. service areas to achieve a calming ambiance; attention to detail.

Design solutions enhancing "patient/family focused care" addressed issues of patient dignity and privacy, accommodations for families, functional spaces and services and amenities including: large, all private patient rooms with built-in sofa-bed for family members, seating for up to six visitors, built-in cabinetry, small refrigerator, cafe table and bathroom with tub/shower; private ICU rooms with family alcoves in each room; family kitchens on each floor including ICU; access to public balconies on each floor; family lounges and private nurse/physician/family conference rooms on each floor; patient discharge lounge; private outpatient surgery pre-post op room; private ER treatment rooms; "room service anytime" approach to dietary with nutrition kitchens in each nurses' core; LDRP rooms with access to private balcony per suite; pediatric play areas in family lounges.

The community issue noted as one of the design challenges was addressed by solutions including: incorporating design elements which inferred community images (lake, bridge, park-like site development, clock tower, flag pole, park-like pavilion entrance canopy, outdoor eating areas, etc.); the use of building materials which reflected the image of the surrounding residential communities; convenient parking; a large two-story mall/lobby which provides direct, easy access to spaces used by the community such as a 200 seat multi-purpose assembly space, healthcare information library, cafeteria, office for human resources, chapel, administration, gift shop, admitting, physicians' offices, all outpatient diagnostic and treatment areas, and all public elevators.





Shriners Hospitals For Crippled Children

Location: Springfield, Mass.

Architect: Odell Associates Inc., Charlotte

Construction Manager: Barton-Malow Co., Southfield, Mich.

Construction Completed: 1989

Photographer: Stanley Capps

This 40-bed children's orthopedic hospital is based on the child life care concept in which the facility is designed for the child's handicap and provides a whole range of family unit support services in addition to care of the child.

The most important challenge of the interior design of this project was to maintain the focus of the users — children. This focus is best demonstrated in the lobby, outpatient waiting area, patient corridor and patient rooms.

Children entering the lobby are directed toward the exterior terraced playground with its colorful play equipment and vine covered arbors. Neutral precast panels and rich green marble walls carry the exterior materials into the interior of the space while wood ceilings and handrails offer a warm familiar feeling of home. In addition, life-size animal sculptures positioned among twenty-foot ficus trees lend a dramatic welcome to children and visitors alike.

The outpatient waiting area offers an equally welcoming atmosphere to the child. The walls of this two-

story space playfully recall in brightly painted gypsum panels of blue, orange, yellow and green the patterning of the exterior precast wall system. A brilliant sweep of kites animates the space with color and motion.

Centered in the waiting area is a sixteen-foot long playhouse which replicates the architecture and color of the space. Furnishings and kite artwork throughout relate to the accent colors previously noted.

The patient corridor further carries forward the child-like theme with bright blue carpet inserts reflecting the soffitted cove lighting above. Colorful geometric shapes surround each patient door giving separate identity to each room in addition to providing a playful rhythm within the corridor area.

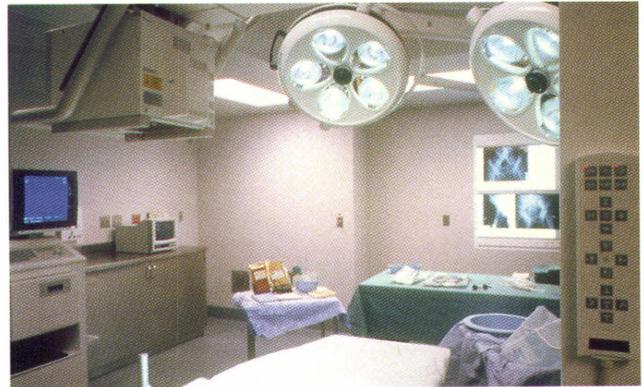
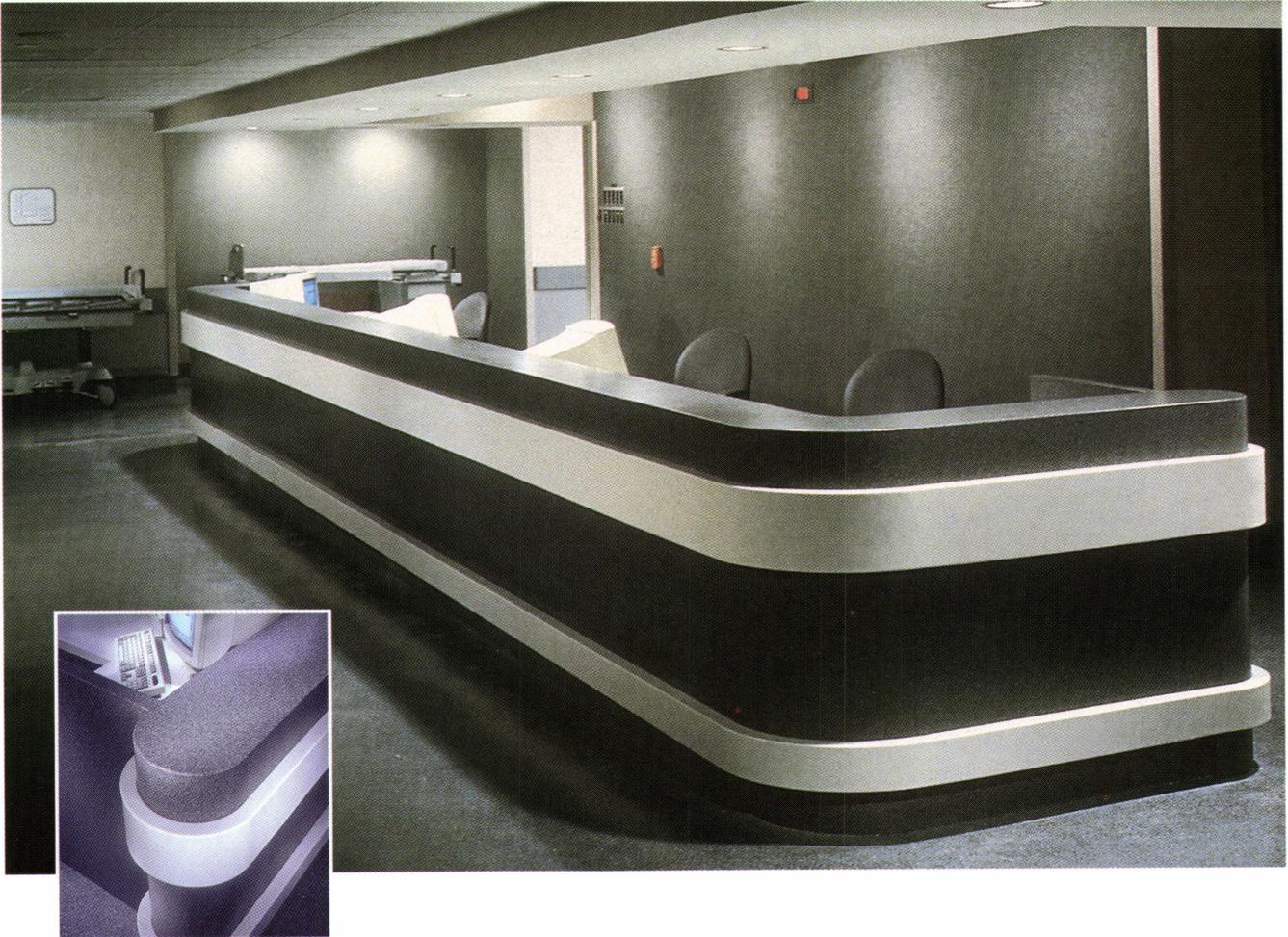
The patient rooms also offer friendly environments for the children to rest and study. Footwalls are covered in muted colors of blue, purple, and orange while brightly covered cushions on oak built-in units provide additional seating and storage for the children. Brightly patterned cubicle curtains, playful artwork and warm wood tones in each patient room replace the usual institutional impression with a feeling of home and comfort.



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"We knew what we *didn't* want," remembers project architect Keith Seitz, AIA, of Louis P. Batson III Architects, Inc. of Greenville, South Carolina. "Materials of every description have been used in operating rooms. But these materials can be tough to maintain, repair and clean."

The cleanability issue was a major one. The pace in a typical OR can be frantic; the focus is on saving lives, not the walls. Equipment, gurneys, instrument carts and people move furiously throughout the space. The inevitable scratches, dings and nicks in the wall become breeding ground for bacteria. "Infection control becomes a huge issue," notes Seitz.

Seitz recalls that several materials were analyzed and dismissed in the search for the ideal wall covering. They looked with an eye towards the future, taking long-term value and performance into consideration. "The needs of the hospital staff were very specific," he says. "First and foremost, the material that was chosen had to be cleanable, non-porous and repairable. We also wanted something that was aesthetically pleasing."

After a stringent, six-month materials review process, the decision makers at the 843-bed Carolinas Medical Center selected DuPont Corian® as the material to bring their operating rooms into the 21st century. In the largest hard-seam installation of Corian® in the world, Pearl Gray Corian® is used to clad the walls of 16 operating rooms, the Cystoscopy Procedure Room and the Trauma Operating Room.

DuPont developed a butt-joint system for this project, which allowed for a seamless installation without battens. Corian® panels are adhered directly onto the sheetrock walls. The surfaces are completely seamless (except at the 90 degree wall joints where silicone caulk allows for expansion), giving germs and bacteria no place to hide.

Because Corian® is non-porous, there are no microcavities to harbor pathogens. Body fluids will not adhere to the surface, and even low-level radioactive contamination is easily removed. "Corian® was ideal for this job," says Seitz. "It actually inhibits bacteria growth. And it's easy to repair. If we need to add new equipment to the space, we can cut a piece out and replace it — the seam is invisible and nonporous."

Six-hundred-fifty sheets of Corian® were used to complete the job, which also features a custom control station — a 32-foot-long Corian®-clad, thermoformed reception and monitoring desk. "The Medical Center staff loved the look of Corian® so much, they elected us to use it here, on the nerve center of the OR," says Seitz.

A reception desk is one thing. But does an operating room have to look beautiful? Absolutely, according to the project design and installation team. An OR reflects the institution of which it is a part. Medical professionals want a state-of-the-art facility; they want to feel part of an institution that invests in long-term quality. "A fine facility contributes to the staff's sense of pride — in their work and in their hospital," says Seitz.

The rooms are made to seem brighter and more spacious through the use of the delicately colored Corian®. "The ORs we've created are light and clean-lined," says Seitz.

Many consider these "light and clean-lined spaces" to be prototypes for operating rooms of the future. The Corian®-clad rooms at the Carolinas Medical Center are working showcases of the durability, cleanability and beauty of what could very well be the perfect material for operating rooms.

Project In Brief

Project:
Carolinas Medical Center Surgical Tower

Location:
Charlotte, North Carolina

Project Team:
Catherine Demmitt
Carolinas Medical Center
Senior Hospital Architect

Keith Seitz, AIA
Louis P. Batson III Architects, Inc.
Greenville, South Carolina

Robert J. Glusenkamp, AIA
Rodgers Builders
Charlotte, North Carolina

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PHOTO BY RON CHAPPLE

(Above) *Theodosia's*, a bed and breakfast inn on Bald Head Island.
(To the right) l-r: Kevin Ames, Chuck Dietsche and Mike McLeod — three of the architects who have helped add to the beauty of Bald Head Island.



PHOTO BY JIM SINK

The Architects Of Bald Head Island

The rebirth of the architecture of the American summer



Flora's Bluff

PHOTO BY RON CHAPPLIE

transportation is by golf cart, tram, bicycle or foot-power.

"The first rule on Bald Head Island is the primacy of Nature," said Kent Mitchell, an architect by training and president of the Bald Head Island Management Company. "We consciously design buildings that fit in with the natural landscape, that don't compete for attention with the ocean, the dunes, the maritime forest or any other natural feature."

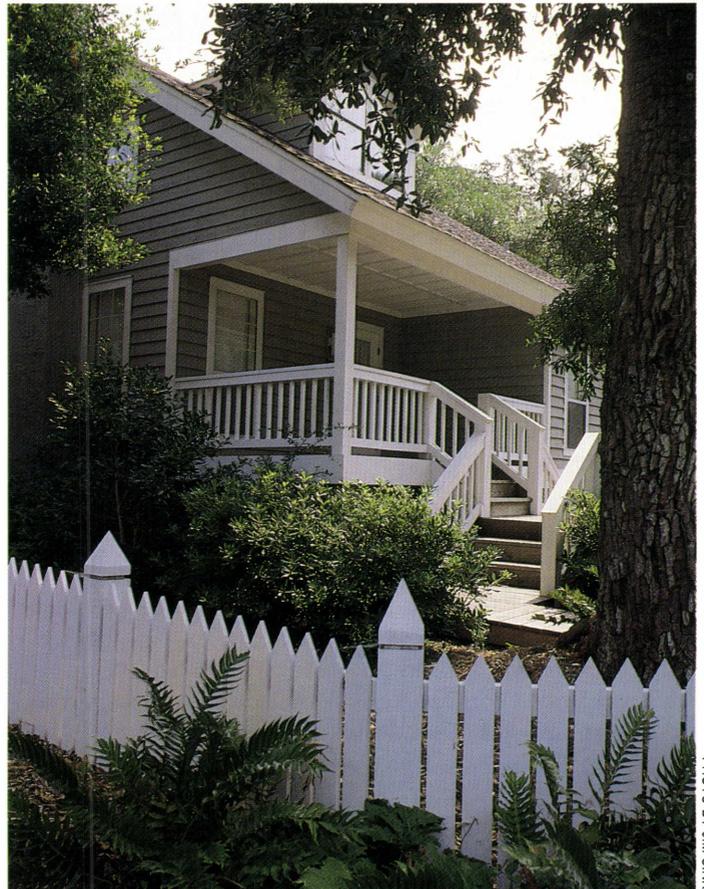
The Bald Head Island architects are beginning to attract national attention. One of their creations—an oceanfront neighborhood called Flora's Bluff—earned Mitchell and his design team of W. Charles (Chuck) Dietsche, AIA, Daniel L. Costa, AIA, and Kevin Ames, AIA, a first-place award in *Southern Living's* 1995 Southern Home Awards competition. Flora's Bluff is reminiscent of the old family compounds at Nantucket, Nags Head, Pawley's Island, and other seacoast communities. The dominant values are simplicity, romanticism and an overriding respect for the natural landscape. The featured elements are wide, rocking-chair porches, long cooling overhangs with exposed rafter tails, and gray-stained cedar siding. The 26 cottages are tied together by white picket fences and weathered boardwalks. It all combines to give Flora's Bluff a timeless look and feel, as if it had looked out upon the sea for generations.

The Bald Head Island architects are also win-

A century ago, the architects of the American summer worked their magic in seacoast communities from Nantucket to Amelia Island. They created a uniquely American style that architectural historian Vincent Scully describes as "an eloquent architectural language, free and easy but with its depths, at once rational enough but endlessly resourceful in fancy." Playful, exuberant, and generously dosed with fantasy, it was the ascendant style of the late 19th century. Then it fell from favor, swept aside in the rise of a new generation of architects.

Today the architecture of the American summer is flourishing once more. The revival is in full bloom on Bald Head Island, a resort and vacation home community south of Wilmington at the mouth of the Cape Fear River. Here a group of North Carolina architects is adding new dimensions to the century-old style, enriching it with contemporary idioms and a heightened sense of architecture's relationship with the natural world.

Since 1983, the development of Bald Head Island has been in the hands of the Mitchell family—brothers Kent and Mark and their father George, founder and chairman of Mitchell Energy Corporation of Houston. Their plan for the 12,000-acre island is a far cry from the noisy clutter of most coastal developments. More than 85 percent of the island is off-limits for development, and will remain in its natural state in perpetuity. In addition, the Mitchells have banned automobiles from the island;



Ibis Roost

PHOTO BY JIM SINK

ning respect in the marketplace. Flora's Bluff was an immediate hit, selling out at some of the highest price points on the island. The Mitchell team promptly moved down the beach and introduced a similar design scheme at Killegray Ridge in late 1994. Its 30 cottages were sold by the end of this fall.

The success of Flora's Bluff and Killegray Ridge was no surprise to Dietsche, a Cornell-trained architect and transplanted New Englander who arrived on the island in 1990. "Architects truly dream for their own generation. The work we're doing on Bald Head Island is proof of that," he said. "There's a real difference between the 55-and-up generation and the one right behind it. The older generation seems to want to make a statement, to show they've been successful. They like those big houses with big rooms and lots of square feet.

"I think our generation prefers something less grandiose. Sure, we want to enjoy our success, but at the same time we want to impact the earth less. So at Flora's Bluff and then at Killegray Ridge, we designed on a simpler, more intimate scale. We wanted to turn back the clock to a simpler time, when life was less frenzied and people spent time relaxing with their families. In a sense, what we're selling is romance, not square footage. And evidently we've struck a chord, because the market has responded very favorably to our concept. Bald Head Island is well-positioned for this generation, and we're the ones that are beginning to buy vacation and retirement homes," Dietsche said.

The same values so powerfully at work in Flora's Bluff and Killegray Ridge also apply to development of the island's interior. Wilmington architect Michael R. McLeod, AIA, can attest to that. "We're doing a house in the forest for a client, and our first concern is to preserve those wonderful, 150- to 200-year old live oaks," McLeod said. "You can't cut them down, so you end up designing around them. What we're ending up with is a house that actually seems to grow organically from the forest around it."

McLeod also worked with the Mitchells on Ibis Roost, a complex of 29 turn-of-the-century style cottages in the heart of the island forest, surrounding a swimming pool

and neighborhood clubhouse. "They started with a basic site plan based on the topography, but when they got out there and discovered how many trees would have to be sacrificed, they scrapped the whole thing and started all over. They kept moving houses around to save trees. You don't see many developers like that."

The architects of Bald Head Island take their environmental mission seriously, but there's also a lighter side to their work. This is very much in keeping with an important tradition of the architecture of the American summer. As Scully notes, the style was enlivened with a

"playful vitality," and "sparkling with exuberance and wit." At its best, he writes, it produced buildings that "are objects of delight, full of confidence, and they aim to please."

The playful side of the Bald Head Island architects is displayed in its best light at Harbour Village, a collection of commercial buildings and residences overlooking the island's 10-acre harbor and marina. "Harbour Village is like the vestibule of a grand island home. It's the first room you enter, and it must hit you in a special way," Dietsche said. "We want to create a sense of arrival, that you've entered a world far different from the one you've left."

"Out here, the style is more playful, less pragmatic and stern. You get to try things you'd never do in town or in a subdivision. It's always fun to get commissions on the island. It's the kind of environment that inspires you to do your best work."

—Michael R. McLeod, AIA

The walls of the vestibule are like a gallery of the Bald Head Island architects' best work. It starts with Theodosia's, a bed and breakfast inn designed by McLeod in Island Victorian style, fancifully accented in lavender and magenta. Next door is The Marsh Harbour Inn, a stately example of Low Country Victorian designed by Dietsche and Ames. Across the harbor on Architect's Row stands the "The Sloop," with its distinctive, ship's prow roof line, designed by McLeod. Down the beach, Dietsche and Costa have collaborated on twin tower residences that rise from the dunes like shingle-clad rocket ships.

The architects of Bald Head Island have license to let their imaginations run free. "Out here, the style is more playful, less pragmatic and stern," McLeod said. "You get to try things you'd never do in town or in a subdivision. It's always fun to get commissions on the island. It's the kind of environment that inspires you to do your best work."



— Roger K. Lewis, FAIA

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Off The Drawing Board

Raleigh architect speaks at official opening of Solar World Congress in Zimbabwe.

Michael H. Nicklas, AIA, president of the International Solar Energy Society (ISES), recently joined African leaders and other dignitaries in Harare, Zimbabwe, for the official opening of the Solar World Congress. At the opening of the meeting, Zimbabwe President R.G. Mugabe stressed how imperative it was for the governments of the world to immediately “formulate policies and implement programs that would result in 40% of global energy needs being met by renewable energy by the year 2020.” In what is being hailed by Congress attendees from ISES as a landmark speech, the President encouraged other countries to increase their commitments to the implementation of solar energy, or else face an unsustainable energy future.

Nicklas, who also spoke at the meeting, emphasized that energy sustainability could be achieved if the 2020 goal of 40% renewable energy is met, coupled with enhanced energy-efficiency and pollution reduction within conventional energy technologies. Nicklas uses his expertise on renewable energy in his everyday work as an architect and principal of Innovative Design, a Raleigh architectural firm which has designed over 600 solar buildings.

HONORS AND ACCOMPLISHMENTS

Steven D. Schuster, AIA, of Raleigh and his wife Mary Ann Howard have received the Gertrude S. Carraway Award of Merit from Preservation North Carolina. The award is presented to individuals and organizations demonstrating outstanding commitment to promoting historic preserva-

tion. Schuster and Howard have rehabilitated, invested in and lived in historic buildings in downtown Raleigh.

Robert P. Burns, FAIA, of Raleigh has received the Alexander Quarles Holladay Medal for Excellence from North Carolina State University. The Holladay medal is the highest honor bestowed on a faculty member by the university and its trustees.

Four AIA North Carolina members created ornaments for a Christmas tree on display in the White House Blue Room. **W. Allan Wingfield, AIA**, of Weaverville, **P. Gordon Horne, AIA**, of Charlotte, **George W. Stowe, III**, of Asheville and **Alan D. McGuinn, AIA**, of Asheville each created a special ornament based on the theme “‘Twas The Night Before Christmas”. All of the ornaments on the 20-foot tree were provided by AIA members from across the country.

Little & Associates Architects of Charlotte has received the first-ever, national Client Service Award from the *A/E Marketing Journal* (AEMJ) for its commitment to “excellence in customer service.”

The annual award, which is cosponsored by the *Professional Services Management Journal* (PSMJ), was presented recently at a Quality Client Service Conference in Phoenix, Ariz.

The offices of **Small • Kane Architects** in Raleigh is now listed on the National Register of Historic Places. The office building, located at 105 Brooks Avenue is one of the city’s foremost examples of modernism.

Barbara A. Field, AIA, of Asheville has been re-elected to a third term on the Asheville City Council.

Three internationally known sports and entertainment architects recently joined **NBBJ**, positioning the Research

Triangle Park firm as a leader in the rapidly expanding business of sports and entertainment architecture.

Mike Hallmark, Dan Meis and Ron Turner were hired to expand the firm’s sports and entertainment division, said NBBJ principal Philip L. Szostak, AIA. The trio will work from the firm’s Los Angeles office, joining NBBJ’s North Carolina studio in focusing on the booming sports and entertainment development market throughout the world. “We have been involved in sports and entertainment architecture in projects across the country and have built a solid reputation in this segment of the industry. The addition of Hallmark, Turner and Meis brings tremendous talent and world-class reputations to our efforts.”

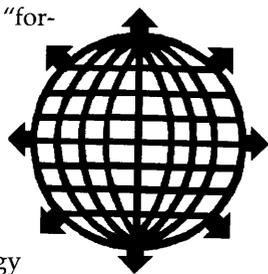
Turner, Hallmark and Meis previously worked at Ellerbe Becket, one of the leading sports design firms in the world. During their years at Ellerbe Becket, the trio built a sports design powerhouse, quickly establishing it as the fastest growing sports practice in the United States.

URBAN DESIGN ASSISTANCE TEAM HEADS TO SALISBURY

An AIA North Carolina Urban Design Assistance Team will conduct a one-week workshop in Salisbury, beginning December 11, to make recommendations for the Innes Street Corridor.

This is the seventh team provided to a community within the state by AIA North Carolina since 1986. Previous site visit locations included Durham, Winston-Salem, Southport, Asheville, Laurinburg and Wake Forest.

The team is made up of highly-skilled professionals who volunteer their time to the community. Drawn from a variety of backgrounds, the



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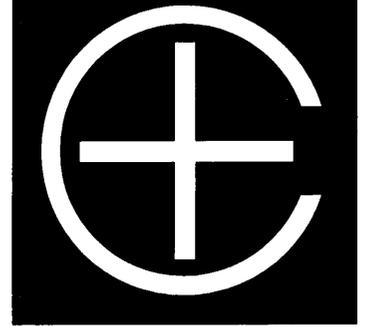
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team possesses a cumulative professional experience of more than 100 years.

Peter Batchelor, FAIA, professor of architecture at the N.C. State School Design will again direct the effort. Other AIA North Carolina members on the team include Steven E. Gaddis, AIA, of Durham, Fayma J. Nye, AIA, of Charlotte, J. Patrick Rand, AIA, of Raleigh, Roger L. Spears, AIA, of Raleigh and associate member Angela Lord of Raleigh. Also on the team are three landscape architects and an engineer, including considerable experience in city and transportation planning.

HARTSELL, RUTHERFORD SPEAK TO PUBLIC CLIENTS ABOUT JCR'S, QBS

Two AIA North Carolina members played a key role in educating public clients during a September training session at the Institute of Government at UNC-Chapel Hill.

William N. Hartsell, AIA, of Charlotte explained the importance of the Joint Committee Recommendations (JCR's) developed by the AIA North Carolina/Carolinas AGC Joint Cooperative Committee. Hartsell is co-chair of the AIA/AGC Committee.

Gordon H. Rutherford, AIA, spoke to the public clients about Qualification Based Selection. As director of facilities and planning at UNC Chapel Hill, Rutherford has been involved in QBS for nearly 30 years.

The training seminar at the Institute of Government is held annually for local and state officials concern-

ing contracting for construction and professional services.

AIA PRESENTS SINGLE-PRIME POSITION TO ADVISORY COMMITTEE

AIA North Carolina has asked the State Building Commission to adopt rules and regulations providing for flexibility in the public contracting process.

An advisory committee has been charged by the Commission to develop guidelines for when exceptions to the public contracting laws should be made. The concept of guidelines and exceptions was provided in the passage of Senate Bill 437 during the 1995 General Assembly.

Lloyd G. Walter, Jr., FAIA, of Winston-Salem, was appointed to serve as AIA North Carolina's designated representative on the advisory committee.

On Oct. 30, Walter presented AIA North Carolina's viewpoint in a letter to State Building Commission vice-chairman Charles T. Wilson, Jr., of Durham. Walter's letter said, in part:

"We live in a very complicated world, a world that changes daily and redefines traditional roles. AIA North Carolina believes flexibility should be provided to the deliberations of the State Building Commission as it considers the requests before it. To narrowly restrict the Commission by setting criteria that fail to allow the Commission to consider alternative bidding opportunities seems to negate the spirit of the General Assembly's charge to the Commission."

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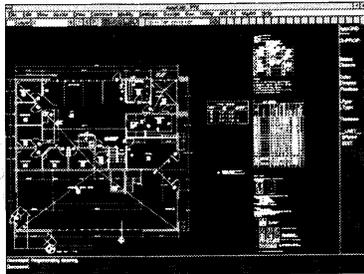
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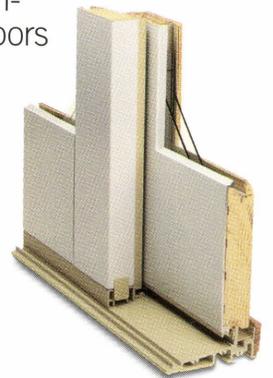


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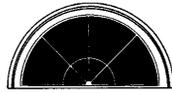
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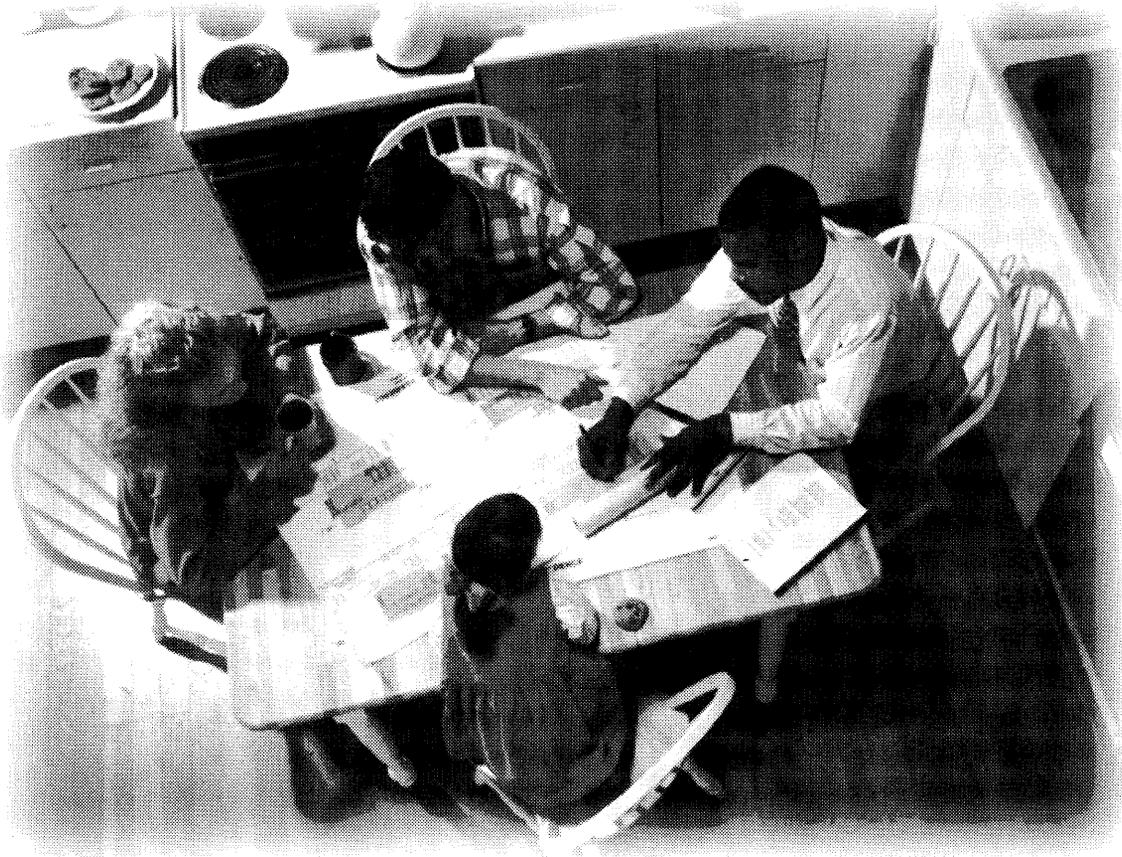
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