

APPENDIX E:

Cultural Resources Reports



This page intentionally left blank.



Envicom Corporation
County of Los Angeles
Phase I Cultural Resource Report
LA County General Hospital
Campus Master Plan

Prepared for:
Centennial GH Partners, Inc.
9950 Jefferson Boulevard, Building 2
Culver City, CA 90232

Prepared by:
Envicom Corporation
4165 E. Thousand Oaks Blvd., Ste. 290
Westlake Village, CA 91362
Attn: Mr. Wayne Bischoff and Rowan Barton, M.S.
Email: wbischoff@envicomcorporation.com
(818) 879-4700

April 2026

PHASE I CULTURAL RESOURCE ASSESSMENT

Los Angeles County General Hospital Campus Master Plan

Los Angeles County, CA

Prepared for:

CENTENNIAL GH PARTNERS
9950 Jefferson Blvd, Building 2
Culver City, CA 90232

Prepared by:

ENVICOM CORPORATION
4165 E. Thousand Oaks Boulevard, Suite 290
Westlake Village, California 91362
Authors: Wayne Bischoff, Ph.D. and Rowan Barton, M.S.

April 2026

<u>SECTION</u>	<u>PAGE</u>
MANAGEMENT SUMMARY	iii
1.0 INTRODUCTION	1
2.0 ENVIRONMENTAL AND GEOLOGICAL SETTING	5
3.0 CULTURAL SETTING	7
4.0 REGULATORY CONTEXT	16
5.0 PEDESTRIAN SURVEY METHODOLOGY	20
6.0 PHASE I SURVEY FINDINGS	21
7.0 RECOMMENDATIONS	40
8.0 CONCLUSIONS	44
9.0 REFERENCES	45

FIGURES

Figure 1	USGS Map with Project Location and 0.5-mile Study Area	2
Figure 2	Aerial Map Showing Site Conditions	3
Figure 3	1894 USGS Map	23
Figure 4	1927 Aerial Image	23
Figure 5	1928 USGS Map	24
Figure 6	1933 Aerial Image	24
Figure 7	1953 USGS Map	25
Figure 8	1966 USGS Map	25
Figure 9	1971 Aerial Image	26
Figure 10	1994 Satellite Image	26
Figure 11	2003 Satellite Image	27
Figure 12	2008 Satellite Image	27
Figure 13	2020 Satellite Image	29
Figure 14	2022 Satellite Image	29
Figure 15	Feb. 2025 Satellite Image	30
Figure 16	June 2025 Satellite Image	30
Figure 17	Project Site Overview, Facing East	31
Figure 18	Project Site Overview, Facing West	31
Figure 19	Project Site Groundcover - Structures	32
Figure 20	Project Site Groundcover - Concrete and Asphalt	32
Figure 21	Construction on Project Site - Medical Center's Northwest Corner	33
Figure 22	Construction of Project Site - Corner of N. Mission Rd. and Griffin Ave.	33
Figure 23	Open Greenspace on Project Site - Lawns	34
Figure 24	Open Greenspace on Project Site - Landscaping Features	34

Figure 25	Undeveloped Hill in the Property's Northeast Corner. Facing West	35
Figure 26	Undeveloped Hill in the Property's Northeast Corner. Facing Southwest	35
Figure 27	Visible Soil in the Undeveloped Portion of the Property	36
Figure 28	Visible Potential Bedrock in the Undeveloped Portion of the Property	36
Figure 29	Geologic Map	38

APPENDICES

Appendix A	Request letters to the NAHC and NHMLAC, and the Response Letter from the NAHC and NHMLAC
Appendix B	Resume of Dr. Wayne Bischoff (Principal)

MANAGEMENT SUMMARY

Envicom Corporation (Envicom) completed in September of 2025 a Phase I Cultural Resource Assessment of the Los Angeles (LA) County General Hospital Community Plan. The County of Los Angeles is the lead agency for the Project. The Project Site encompasses 81.9 acres at and around 1200 State Street, on 42 parcels of land owned by the County of Los Angeles within the City of Los Angeles. The Project Site includes a main campus and four areas separated from the main campus by local roadways; this is the same area evaluated in the 2014 Master Plan Environmental Impact Report (EIR). The Proposed Project includes implementation of a new Master Plan that would guide future redevelopment of the Project Site into a mixed-use community. This would include development of residential uses, including affordable housing. Commercial/retail, hospitality, community benefits, educational facilities, warehouse, general office, medical office, hospital, and industrial uses would also be developed across the Campus. The new Master Plan would serve as a regulatory document with central concepts for design and connectivity in the Campus that would serve as a guide for future redevelopment of the Project Site.

The result of the cultural resource SCCIC database record search was positive for three built environment cultural resources located within the Project Site. These historical buildings are associated with the hospital campus and have been addressed separate from this report by the Project's architectural historian. An additional nine cultural resources were located offsite within the surrounding study area (0.5 mile), five of which were adjacent to the Project Site. Most of these resources are also historical buildings or structures, but some are older historical refuse features or material concentrations. The NAHC records search was positive for a tribal cultural resource being located somewhere within the Project study area, which will be addressed through the Native American consultation process.

The historical map and aerial photograph search were positive for older historical resources being located on or near the Project Site. The pedestrian survey did not discover any surface-level prehistoric or older historical artifacts or features on the subject Project Site; however, intact bedrock and alluvial deposits were seen on site within a limited hill area on the property. Because much of the Project Site was developed prior to the 1950s, most of the area was impacted prior to the introduction of more recent archaeological protection laws, and prehistoric Native American sites could have been impacted without recordation. The NHMLAC record search was negative for fossil resources on the Project Site but indicated that vertebrate Pleistocene fossils have been recovered from two localities adjacent to the site and Miocene fossils have been found within the larger region.

Due to these findings, Envicom recommends that archaeological, Native American, and paleontological monitoring should be part of future development of the Project Site. Envicom also recommends additional contingency measures to be followed in case unexpected archaeological, Tribal, or fossil resources are encountered during Project subsurface excavation activities.

1.0 INTRODUCTION

Envicom Corporation (Envicom) has completed a Phase I Cultural Resource Assessment of the Los Angeles County General Hospital Community Plan Project Site, located at 1200 N. State Street within the City of Los Angeles (LA), Los Angeles County, California (Project) (**Figure 1**, ‘USGS Map with Project Location and 0.5-mile Study Area’ and **Figure 2**, ‘Aerial Map Showing Site Conditions’).

The Project Site encompasses 81.9 acres at and around 1200 State Street, on 42 parcels of land owned by the County of Los Angeles within the City of Los Angeles. The Project Site includes a main campus and four areas separated from the main campus by local roadways; this is the same area evaluated in the 2014 Master Plan Environmental Impact Report (EIR). The main campus is generally bounded by Zonal Avenue, North Mission Road, Marengo Street, and North Chicago Street. State Street bisects the main campus. State Street is the only street that provides vehicular traffic that crosses the main campus. It bisects the Campus between Zonal Avenue on the north and Marengo Street on the south and provides bus, shuttle, and private vehicle access to the existing plaza at General Hospital.

Directly across the street from the main campus to the northwest, at the northwestern corner of Mission Road and Griffin Avenue, a cluster of Spanish Colonial buildings house facilities for administration, counseling, social work, facilities support, and clinical support. This area includes the College of Nursing and Allied Health as well as parking lot 14. At the northeast corner of this intersection is a vacant lot that previously was developed with several medical buildings, parking lot 15, Livingstone annex, and employee childcare center (since moved to State Street in the main campus). At the southeast corner of Mission Road and Zonal Avenue at 1300 Mission Road is Building C of the Los Angeles General Medical Center (formerly known as the Rand Schrader Clinic); the Carpenter’s Mill building, known as “Big Blue;” and parking lot 6A.

The Proposed Project includes implementation of a new Master Plan that would guide future redevelopment of the Project Site into a mixed-use community. This would include development of residential uses, including affordable housing. Commercial/retail, hospitality, community benefits, educational facilities, warehouse, general office, medical office, hospital, and industrial uses would also be developed across the Campus. Implementation of the Master Plan would include the adaptive reuse of the 1.2-million-square-foot General Hospital to accommodate a range of uses as listed above. Parking, open spaces, and infrastructure improvements would be implemented across the Project Site. The new Master Plan would serve as a regulatory document with central concepts for design and connectivity in the Campus that would serve as a guide for future redevelopment of the Project Site.

The Project locational information for the site is as follows:

United States Geological Survey 7.5’ Quadrangle: Los Angeles, 2022

Township/Range: Section 00, Township 1 South, Range 13 West

Latitude/Longitude: 34°03’28” N / 118°12’32” W

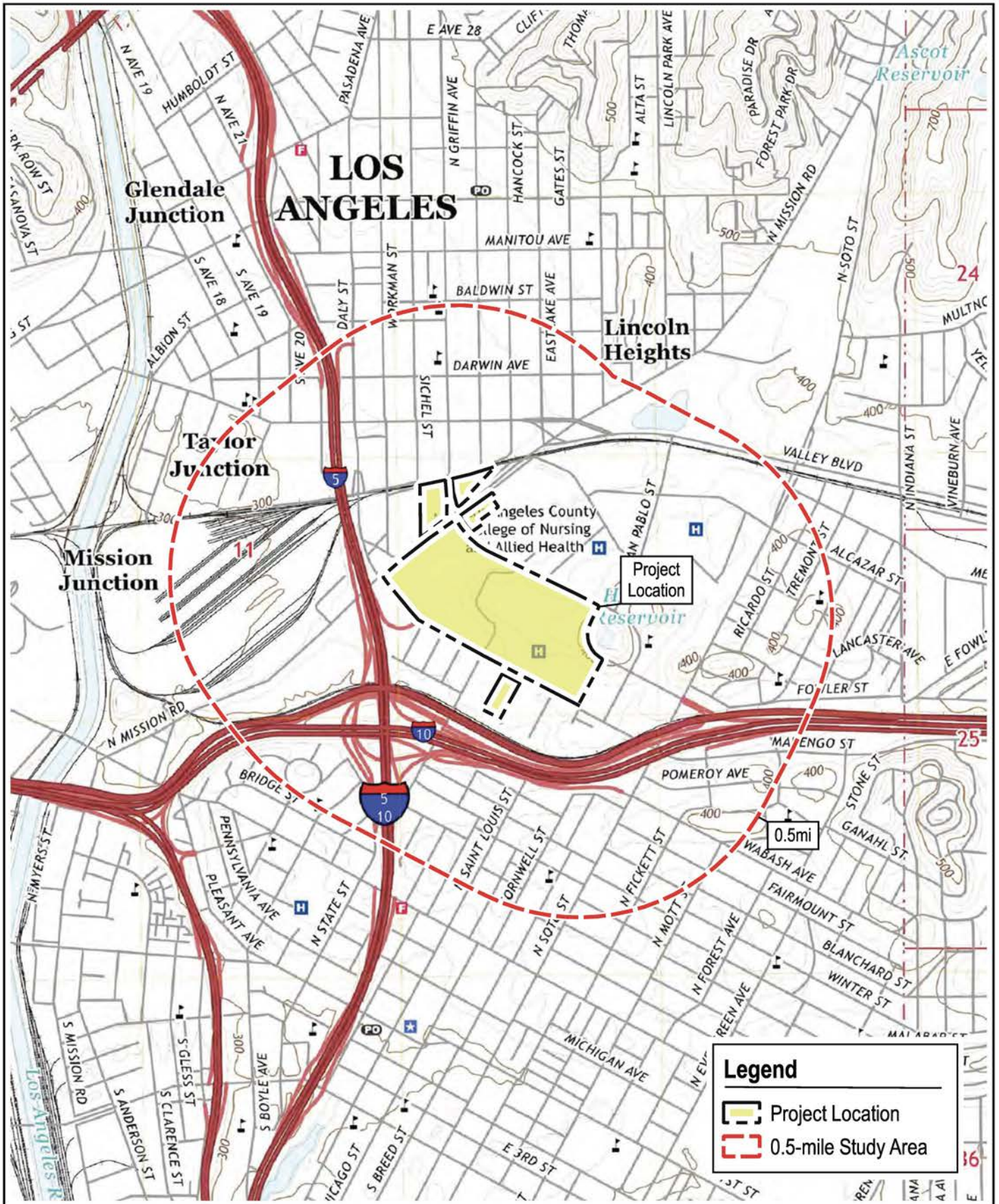


Image Source: USGS 1:24,000 Topographic Map: Los Angeles, 2022.



Image Source: Valtus Imagery Services, Hexagon Imaging Program (HxIP), 2024.

Aerial Map Showing Site Conditions



The purpose of the Phase I Cultural Resource Assessment is to inventory known or previously unknown cultural resources located on or immediately adjacent to the Project Site, as well as to determine the overall sensitivity of the site for cultural resources that may be unexpectedly discovered during Project grading and ground disturbance. The inventory of cultural resources provided in the report is assembled from known databases, including from previously recorded cultural resources stored within the California Historical Resources Information System (CHRIS), and from historical databases and historical records, as well as from a site pedestrian survey following California Office of Historic Preservation (OHP) guidelines. Such resources can include prehistoric or historical archaeological sites, historical built environment structures or features, or tribal cultural resources (TCRs).

Additionally, the record searches examine a 0.5-mile area around the Project Site (the Project “study area”) in order to provide cultural and tribal resource context for the Project and to assess the overall cultural resource sensitivity of the Project region (see Figure 1). Final recommended construction-phase cultural resource Project conditions are guided by the Project findings, including the sensitivity of the Project region for prehistoric, tribal, or older historical resources, and sometimes fossils. General contingency recommendations to address the unexpected discovery of such resources will also be provided.

Databases examined include previously recorded cultural resources housed by the CHRIS South Central Coastal Information Center (SCCIC), and the sacred lands database housed by the California Native American Heritage Commission (NAHC). Additional databases examined include historical United States Geological Survey (USGS) maps, the University of California Santa Barbara (UCSB) Library Historical Aerial Photograph Database photographs, and historical Google Earth satellite images. All of these record searches assessed the Project development site, plus the 0.5-mile study area around the Project Site for cultural resource context.

The purpose of the Phase I systematic pedestrian survey is to identify whether cultural resources are located on the surface of the Project Site that have not previously been identified or recorded in the CHRIS system. Any previously recorded cultural resources are also revisited and assessed during the pedestrian survey. The survey is conducted in accordance with OHP guidelines, based on the Secretary of the Interior’s Standards and Guidelines for Archaeological and Historic Preservation (*48 FR 44716, Sept. 29, 1983*). Envicom archaeological staff employed on this Project also all meet or exceed the educational and/or experience requirements outlined in *48 FR 44716, Sept. 29, 1983*.

Because paleontological resources were a concern, geological maps were examined to assess the Project Site’s paleontological sensitivity. Envicom also contacted the Natural History Museum of Los Angeles County (NHMLAC) and requested that they search their database for fossil resources previously identified on or near the Project Site. The findings from these studies have also been reflected in the report compliance recommendations.

Generally, a potential cultural resource is defined as any building, structure, object, or archaeological site older than 50-years in age, and can include historical or prehistoric locations of human habitation or occupation. A detailed definition and clarifications on the criteria are provided by the California Office of Historic Preservation guidelines, United States Department of the Interior guidelines, and *36 Code of Federal Regulations 60.4* of the National Register criteria. Best practices are that Native American monitors should be culturally associated with the Project region.

2.0 ENVIRONMENTAL AND GEOLOGICAL SETTING

Environmental Context

The Project is located within the city of Los Angeles, in Los Angeles County, California. Los Angeles County generally has the humid mesothermal climate of the Pacific Coastal ranges. Inland from the coast, the winters become cooler, and the summers become warmer (Schoenherr 1992:316). The county for the most part has warm, dry summers and cool, dry winters. Average yearly precipitation is 14.5 inches, mostly in the form of winter rainfall, with no snow accumulation for most years. Annual temperatures fall between 59° F to 75° F. (USDA 2024).

The dry season can sometimes be mitigated with coastal condensation from the Pacific Ocean marine layer. Historically, drought years make the summer and fall seasons especially difficult. However, heavy rainfall seasons are equally challenging due to the chance of torrential flooding, and subsequent erosion. The largest challenge to prehistoric Native Americans would have been this seasonal lack of rain and drought cycles.

The dominant water features in the Los Angeles Basin are the Los Angeles River, the Ballona Creek, and many smaller creeks that empty directly into the Pacific Ocean. Many of these water courses at one time had associated wide flood plains and numerous smaller tributaries. Today the Los Angeles Basin waterways are highly modified with concrete, rock levees, and other modern water control features, and little of the original basin drainage system still exists.

King (1994:19-53) gives an excellent overview of the plant and animal species that would have been present on the alluvial plains of the Los Angeles Basin before modern Europeans arrived in the Project area. Plants present would have included perennial grasses and shoots, yucca and other bulb plants, Mariposa lilies, cattails, chia and other seed-bearing plants, Chenopodium and amaranth, California live oak and valley oak, walnuts and, cactus plants, and juniper bushes. Animal species would have included deer, antelope, rabbit, California ground squirrel, birds and waterfowl, snakes, and other reptiles. Larger predators also would have been present, including coyote, bear, and mountain lion.

Geological Setting

The Los Angeles Basin consists of alluvial materials deposited by flood events from the surrounding California Transverse Ranges, which comprise of narrow ranges and broad fault blocks with alluvial lowlands and westward sloping granitic uplands. They include the Santa Ynez, Santa Monica, San Gabriel, San Bernardino, Eagle, and Orocochia mountains. The mountain ranges are composed of Cenozoic marine sediments, which have been shaped by tectonic uplift activity and deep erosion. Dominant Miocene bedrock units that can appear close or at surface include the Monterey Formation, the Topanga Formation, and the Modelo Formation. Pleistocene formations that can be found at or near surface include the Pico, Saugus, and Las Posas Sands Formations. Most of these formations were formed within marine or near-shore marine contexts. Later Pleistocene alluvial material that covers some of these older formations was formed during later terrestrial contexts (USDA 2024).

The alluvial material that makes up the floor of the Los Angeles Basin is a loosely sorted mix of older weathered Miocene and Pliocene marine sandstone material, weathered intrusive marine igneous material, and even later compacted alluvial material, which can contain sediments from many different ages. Loose aggregate often consists of sandstone cobbles, granite, quartzite, quartz, andesite and other volcanic cobbles, gravel, and smaller stones, but can also include larger rocks and boulders. Alluvial fans can also contain lighter sedimentary materials, such as clay, silt, and fine-to-coarse sand with cobbles. Often, the speed of the water flow determines the weight of the material transported, with ravines carrying larger rocks

and boulders, but wide flood plains transporting lighter sands, silts, and clays. Compaction over time can transform this lighter sedimentary material into harder layers that resist later alluvial erosion.

Multiple fault lines also run through the Los Angeles Basin, which contribute to earthquakes of various magnitude. Many of these faults are shallow, but some are much deeper, and are reactivated tectonic features formed originally during the Miocene Epoch. Fault activity, compaction, and uplift all act upon the older bedrock formations, and in some cases, force ground water or oil upward to the surface from deeper, mostly Miocene, layers. The oil-based material that is found on the surface is called asphaltum (naturally occurring asphalt) and can be found throughout the Project region. During the Pleistocene, such pools, including those found at the La Brea Tar Pits, trapped numerous savannah animals and birds, preserving important fossil material for modern paleontological research (Yerkes 1965). Other natural asphaltum deposits can be found nearby in the mountains between the San Fernando Valley and Santa Clarita.

3.0 CULTURAL SETTING

This cultural setting provides the historical, ethnographic, archaeological, and cultural resource context for the proposed Project. Prehistoric context comes from past archaeological and ethnographic research. Historical cultural context comes from multiple written documents, including both primary (original) documents and secondary documents (i.e. books, manuscripts, and articles). Photographs and artwork can also provide cultural setting information; both can be original images of subjects or landscapes within their original context, or representational images that have been recreated later in time, such as demonstrative reconstructions of indigenous lifestyles that were commonly produced by anthropologists and museums in the 20th Century.

Paleo-Indian Period (11,000 – 9,000 B.C.)

Paleo-Indian Period sites are the least common archaeological sites related to Native American occupation in California. Low numbers of Paleo-Indian sites come from smaller prehistoric population numbers during this period, highly mobile populations that did not produce stable settlement sites, and drastic changes in the California shoreline from a rise in ocean levels, which has resulted in most coastal paleo sites being today under water. Often, the Paleo-Indian history of a region, such as the Southern Coastal Region, is built on inferences from the few known Paleo-Indian sites in the larger Southern California region. Early coastal people probably concentrated on the exploitation of hunting both terrestrial and marine resources (Gamble 2008). They most likely followed a hunter-gatherer way of life that utilized a wide spectrum of accessible food sources. Moratto (2004) suggests that there is some incidental evidence that humans may have been in the coastal region of California much earlier than 11,000 B.C., however clear evidence for this conclusion remains elusive (Ciolek-Torrello et al. 2004).

The potentially oldest known human remains found in North America are the Arlington Springs Man, uncovered by Phil C. Orr in 1959-1960 on Santa Rosa Island. Recent Radiocarbon Dating analysis undertaken by Dr. John Johnson of the Santa Barbara Natural History Museum revealed that the remains are from roughly A.D. 11,000 years B.P. (before present). The discovery of such ancient Native American remains on Santa Rosa Island demonstrates that the earliest Paleo-Indians had watercraft capable of crossing the Santa Barbara Channel and lends credence as well to a “coastal migration/ kelp highway” theory for the peopling of the Americas, using boats to travel south from Siberia and Alaska (Erlandson 2007).

Native Americans of this time would have been highly mobile, with limited trade between groups. Small, family-centered groups may have come together as bands during certain annual meetings, linked with seasonality, however, such sedentary living was an exception in their wide-ranging yearly movement cycle. A warming trend toward the end of the Paleo-Indian period led to distinct changes in available food sources. Herds of large mammals were replaced by small to medium-sized mammals, which in turn led to changes in lifestyle for the earliest of California’s Native American groups.

Archaic Period (9,000 – 7,000 B.C.)

The Archaic Period for Southern California has been re-interpreted and refined often over the last fifty years. Some original chronology models extended this period to include almost the entire time between the migration of the Paleo-Indians and the formation of larger Native American settlements that occurred in late prehistoric times. The original Archaic Period has recently been refined and is now believed to include several distinct periods. This report uses the more recent interpretation of the *Archaic Period*, as the two thousand years after the transition away from a predominant hunting lifestyle to a less mobile hunting and gathering lifestyle by Coastal Native Americans (Glassow et al. 2007).

Changes during the Archaic Period are a response to changes in the climate and environment at the end of the Paleo-Indian period. The hunting and gathering lifestyle of Archaic Period people is characterized by a wide array of bifaces, choppers, scrapers, and other tools associated with a high-mobility strategy to exploit a wider range or regional resources. This period is poorly represented in the Project area with few sites identified within this period located in the region (Ciolek-Torrello et al. 2004). Many authors, therefore, begin the prehistoric chronology of the Southern Coastal Region at the end of this period, even though Native Americans most likely occupied the area from the earliest times.

Milling Stone Period (7,000 – 5,000 B.C.)

The prehistoric chronology after 7000 B.C. has been divided into several distinct periods, as outlined by Glassow et al. (2007), and based on archaeological sites with known Carbon-14 dates. Earlier authors used different period indicators or have different starting or ending dates than those presented below; however, for the purpose of this study, Glassow et al. represents the most recent, widely referenced chronology.

The *Milling Stone Period* is characterized by small, mobile Native American groups with a general shift in diet to the primary collecting of plant materials, accompanied by a dependence on groundstone implements associated with the grinding of seeds (Glassow et al. 2007). Later periods saw a decrease in mobility and an increase in core group size, as dependence on seed-bearing plant materials intensified. These groups appear to have relied on a seasonal shifting of settlement, which included travels to and between inland and coastal residential bases.

Archaeological sites of this time are characterized by abundant groundstone tools, especially manos (hand stones, mullers) and metates (milling stones, slabs) (Glassow et al. 2007:192-203). Cultural sites often have thick midden deposits (soil build up over time from the activities of a habitation), cooking features, and long-term habitation of re-used locations within the yearly settlement cycle. Flaked tools are made of cherts, quartzite, basalt, and other lithic materials. Most archaeological sites from this period have been identified on the coast, but near-coastal inland sites have also been recorded. Residue and wear on groundstone tools indicate the milling of plant seeds and possibly hard nuts. Middens (refuse dumps) contain shellfish, some fish bones, and fragmented larger mammal bones, such as deer. *Olivella* shell beads appear at this time, indicating the beginnings of regional trade.

Middle Period (5,000 – 2,000 B.C.)

Cultural sites identified as being within the *Middle Period* are characterized by changes in the size and shape of metates and manos, and the introduction of mortars and pestles. Mortars and pestles are primarily used to reduce harder or larger seed materials, such as acorns, into a processed food source. These changes signify a greater reliance on large seed food sources in the diet. The use of the acorns as a diet staple provided a high-calorie and storable food source, which in turn is believed to have allowed for greater population sedentism, and higher levels of social organization. Protein quantity in the diet did not change, however, the number and types of Projectile points increased during this time. Projectile points included large side-notched, stemmed, and leaf-shaped forms; used for spears and atlatl darts.

Specialized sites during the Middle Period included temporary camps, single primary-focus activity areas, such as quarries, and long-term settlement locations. Regional trade, primarily between the mainland and the Channel Islands, took place with large numbers of diverse ornaments and shell beads found in mortuary settings dating to the period. Characteristic burial practices include fully flexed burials placed face-down or face-up and oriented toward the north or west (Warren 1968:2–3). Red ochre (a red-colored pigment) was commonly used, and internments sometimes were placed beneath cairns or broken artifacts. These later changes are thought to indicate an increase in social status differential and access to trade goods.

Transition Period (2,000 B.C. – A.D. 1)

The *Transition Period* indicated an intensification of prehistoric fishing and sea mammal hunting, with a reduction in shellfish utilization and an increase in regional trade networks (Glassow et al. 2007:200-203). Several new artifacts appear in cultural sites of this period, including net weights, circular fishhooks, asphaltum-use, and the shift from the use of atlatl darts to arrow points. Subsistence is characterized by an increased emphasis on acorns, as well as local intensification of plant and small mammal food sources.

At this time, sedentism and long-term occupation of sites increased, accompanied by more elaborate social practices and formal cemeteries. Ritual burial objects become common and mortuary practices suggest an increase in social wealth and status.

Late Period (A.D. 1 – A.D. 1,000)

Coastal sites appear to have had relatively dense populations by the end of the Middle Period, as well as an exchange relationship between the occupied coastal islands, the mainland coast, and interior regions that expanded during the *Late Period* (Glassow et al. 2007:203-205). Glassow et al. (*Ibid.*:203-205) note that certain trends continued during the Late Period, including substantial midden deposits, defined cemetery use, and the first evidence of true bow and arrow use. Overall, the variety and complexity of material culture increased during this period, demonstrated by a more diverse classes of artifacts. Glassow et al. (2007:204) summarize this period as:

“The period between cal A.D. 1 to 1000 was one of significant changes in technology, society, and economy. It is a period in which regional populations apparently grew to much higher levels and several important steps were taken along the road to increasing social and economic complexity.”

Small, finely knapped Projectile points, usually stemless with convex or concave bases, point to an increased utilization of the bow and arrow rather than the atlatl and dart for hunting. Mortuary practices, including cremation and interment, were more elaborate than in preceding periods, and some burials contain abundant grave goods. Seagoing vessels were introduced and plank canoes allowed Native Americans the ability to hunt deep-sea fish, such as tuna and swordfish (Chartkoff and Chartkoff 1984:169-203). As Glassow et al. (2007:211) state “...by the time of European contact, the Chumash and their coastal Gabrielino/Tongva neighbors had hereditary political offices and a social elite, different sorts of regional organizations, and a well-developed shell bead currency that facilitated inter-village and cross-channel commerce.”

The prehistoric Late Period also saw the production of many beautiful and complex objects of utility, art, and decoration. These artifacts include steatite cooking vessels and containers, steatite arrow shaft straighteners, perforated stones, a variety of bone tools, and personal ornaments made from bone, stone, and shell, including drilled whole *Chione* (Venus clam) and drilled abalone. During this period an increase in population size was accompanied by the establishment of larger, more permanent villages with greater numbers of inhabitants (Wallace 1955:223). King (2000:75) identifies the presence of permanent inland villages at this time, noting evidence from the archaeological site of *Talepop* (*Ta'lopop*) site near Calabasas, which is also near the Project Site.

Most of the evidence to this point in the regional chronology has come from archaeological sites. Though such sites provide a wealth of information, they have challenges when forming prehistoric chronological interpretation. Urbanization has destroyed many prehistoric sites in Southern California and impacted many others. Early archaeologists were mostly interested in museum artifacts and often negatively impacted intact sites in a search for complete or “museum worthy” artifacts, most of which came from prehistoric grave

contexts. Finally, it is extremely difficult to determine higher-order social and cultural traits from the remnant material culture. Archaeological site literature often has concentrated on quantifiable information, such as the number of Projectile points at a site, or changes in bone awl form over time, at the expense of cultural, religious, or social information. This bias comes from the ease of interpretation that concentrating on functional artifacts provides, but also because non-functional information is difficult to obtain from most archaeological sites.

The Ethnographic Period (A.D. 1,000 – A.D. 1,542)

The period after A.D. 1000 until first contact with Europeans marks the *Ethnographic Period* of Native American history in Southern California, when the material culture and social organizations later observed and recorded by the Spanish explorers and other Western observers were fully developed, but not yet completely influenced by European contact. Information on the earliest part of this time period relies on archaeological research of Southern California prehistoric sites. Later interpretations have available actual historical accounts of observed indigenous peoples from Spanish and other European observers.

Archaeological researchers suggest that the ethnographic period was a time of cultural change for Southern California Native Americans due to notable changes in water temperature, climate change, and drought cycles as prominent factors influencing social and material cultural changes from the Late Prehistoric Period to the Ethnographic Period. However, whether these changes were gradual or punctuated is still debated (Glassow et al. 2007:205). Archaeologists do note that craft specialization expanded during this period, with specialized regional workshops, specialized tools, shell money introduction, and an expanded trade network. Craft specialization centered on the production of shell beads, both for adornment and for currency, lithic micro blades, deer bone tools, basket production and basket asphaltting. The role of climate and weather is not fully understood in this variability (Glassow et al. 2007:206-208).

Holliman (2004:53) further notes that evidence suggests that religious shamans transitioned at this time from part-time, non-hereditary ritual specialists to highly formal, institutionalized, and exclusive religious-political leaders. Though Coupland (2004:176) and Holliman (2004:53-55) point out that the increase in complexity between technology (boat building, shell bead manufacture) and social organization complexity (religious ceremonies, religious and trade societies, and the power of chiefs) did not take place exactly at the same time, they appear to have influenced each other into enhancing overall complexity.

By the time of first contact with Europeans in the 1500s, the northern Los Angeles region was occupied by a number of different tribal groups, each with different material cultures as described by archaeologists and the ethnographic record. The northern Los Angeles Basin area, including the Project Site, was mostly controlled by the Gabrielino/Tongva people. To the west, were the Chumash with a major Chumash village located at Malibu. The San Fernando Valley was mostly controlled by the Gabrielino/Tongva tribal group, who centered on the Los Angeles Basin area to the south. The Gabrielino/Tongva people shared a rough border with the Chumash tribal group to the west around the Topanga Canyon area, and with the Tataviam tribal group to the north along the northern edge of the San Fernando Valley. Among all these groups, organization was further divided by band, region, and even by extended family lineages, with differences in culture and technology being identified by archaeologists, ethnographers, and historians.

Borders between major tribal groups during the ethnographic period were much more porous and diffuse than is seen in Western countries, with a great deal of intermarriage, economic interactions, and movement between different groups, especially in border areas. It is also quite possible that indigenous people cohabitated between villages for political, economic, familial, or social reasons. Strong regional ties, even across tribal group “boundaries,” would have been a hedge against local droughts or other natural disasters, and would have reduced tensions, expanded economic trade networks, and strengthened exchanges between

all of the people in the Southern California region. Again, the above information relies mostly on archaeological data, which is limited on describing non-material cultural, social, and religious practices.

Notably, a Gabrielino/Tongva village, called *Yaanga*, was located near the project site. An excerpt from the 2014 Environmental Impact Report describing *Yaanga*'s location and significance is provided below:

“One major ethnographic Gabrielino village close to the project site was the village of *Yaanga*, one of the largest Gabrielino villages in the region. The precise location of *Yaanga* is uncertain because the original community was abandoned sometime prior to 1836 (Robinson 1952:16). *Yaanga* was most likely located slightly south of the old Spanish plaza of El Pueblo de Los Angeles, near where the former Bella Union Hotel was later built (Dillon 1994:30) on Main Street above Commercial Street (Newmark 1916:25–26). The reference to this well-known 19th-century Los Angeles hotel places this village location about two city blocks northwest of the project site. The village of *Yaanga* was later instrumental in the founding of El Pueblo de Los Angeles because the Spanish colonial governor wanted a Native American village population to support the new civil community with labor and materials.”

Though the project site is located near the modern Los Angeles River, the original embanked river pathway would have been larger than the current cemented flow route. Within these wide embankments, the original Los Angeles River followed a braided pathway, with highly variable side channels, sand and gravel bars, and new main river sections forming randomly each year. It was also common for the immediate floodplains surrounding the original river embankments to flood periodically, creating a large, wide lake where the turbulent river once flowed.

Within this unpredictable river context, the Los Angeles River and its embankment areas were rarely used by the indigenous people of Southern California for permanent habitation locations. Historically, they favored smaller, more predictable water sources, especially from springs or better watered smaller streams that would not be a danger during flash flood events. For example, the ethnographic Gabrielino settlement *Yaanga* (a TCR) was located on higher grounds away from the Los Angeles River, but close enough to the river to exploit its wetland resources when water flowed through the river channel (McCawley 1996, Gumprecht, 2001, and Morris *et al.* 2016). The distance from the river provided safety from possible flooding events that were a common risk during California's rainy season.

Similarly, any ephemeral seasonal water paths that were once located on the project site were most likely not the location of permanent indigenous habitation. Since such dry streams were most likely seasonal, they held water only briefly during wet years and did not create a predictable source of water or resources. The indigenous people of California before first contact with Europeans, understood the highly variable environment that they lived within, and often placed their settlements where they could maximize protection from flood events, but also near to the few stable water sources found on the local landscape. Envicom took such considerations into account when building the sensitivity analysis for the subject project.

First Contact Through the End of the Spanish Mission Period (A.D. 1542 – A.D. 1822)

The earliest Spanish explorers of the California coast included Juan Rodriguez Cabrillo in 1542, Pedro de Unamuno in 1587, Sebastian Rodriguez Cermeño in 1595, Sebastián Vizcaíno in 1602, and Gaspar de Portolá in 1769 (Chartkoff and Chartkoff 1984: 251-258). These early expeditions were transient in nature, and rarely impacted the areas traveled through except as a novelty. However, a more profound effect of these early voyages may have taken place. Several archaeologists have attempted to track the abandonment of long-established villages during the ethnographic period to such events, possibly due to introduced diseases, but no clear link has been made to date. There is some evidence that Native American population

numbers reduced after initial contact, followed by a gradual repopulation to the numbers encountered by the Spanish in the 1760s, however this association is currently poorly understood.

However, by the 1770s, enough Spanish settlers were entering into the Southern California region that a late Ethnographic Period account of indigenous people and lifestyles could be formed. In using these historical accounts, it is also true that the European observations from that time wrote with extensive biases in their writing. Almost all of the early Spanish and European visitors to Southern California believed in the inferiority of other cultures and people. All ethnographic evidence from European sources must, therefore, be examined with awareness of these cultural biases.

When the Spanish finally decided to systematically settle their claimed lands in California in the 1770s, the tribal, cultural, and village system created by the indigenous people of the region was first challenged, then broken. Several major Spanish expeditions were completed during the 1770s in support of the founding of missions (major churches and associated buildings), *asistencias* (lesser churches), and *presidios* (fortified settlements), with several being planned for the Southern California area. These state and church settlements were meant to support the settlement of individual ranchos and pueblos by Spanish citizens migrating into California. Other state-sponsored services included the expansion of local infrastructure, including the construction of wharfs, bridges, roads, and water channels, with the construction labor to be mostly drawn from the local native American population by force.

Gaspar de Portolá visited the Los Angeles Basin and San Fernando Valley in 1769 on his way to the Santa Clara Valley in Northern California. De Portolá's northern trip followed a well-known route along the Los Angeles River through Castaic, then down the Santa Paula River Valley to the Ventura area, before turning northward again. On his way back to Mexico, local Native American's showed him the Conejo Grade trail through the Conejo Valley, which cut significant time off the trip between the San Gabriel Mission settlement and the Carpinteria coastal settlements.

The purpose of de Portolá and his expedition was to support expansion of the Spanish settlement of California. At that time of his travels, the Spanish mission system was just beginning to be constructed, and Spanish settlements were beginning to expand along the coast. The San Gabriel mission was still under construction, being founded a year later in 1771. The Buenaventura Mission had not yet been established, though it had been planned since 1770. It would take until 1782 for the Buenaventura Mission to be officially founded by a priest. The Santa Barbara Mission would take even longer, being founded in 1786, and the San Fernando Mission was not founded until 1897. De Portolá's mission, then, was intended to support the larger planned permanent Spanish settlement of California by assessing the areas to be settled that it passed through. Juan Bautista de Anza next led an expedition in 1774 following Portolá's route through the region with many of the same purposes. These early expeditions involved the escorting of settlers to specific locations along the coast, as well as in assessing the California landscape, settlement progress, and future development needs. In the process, they also assessed and wrote about the indigenous people of the areas they passed through.

One of the main goals of these early expeditions was to reinforce the Spanish California development efforts, both with settlers, but also with livestock and materials. The missions were established to act as outposts on the California frontier, with a goal of educating and converting Native Americans to Christianity and Western culture, but also to serve as Spanish government centers for the local regions, acting as the political representatives of the Spanish colonization program. Missions also periodically housed Spanish soldiers, especially when no presidio was nearby. Under the leadership of the Franciscan Father Junipero Serra, a total of 21 coastal missions were built, between 1769 and 1823 (Chartkoff and Chartkoff 1984:251-270).

Many of the Native Americans then living in Southern California were later “Missionized,” i.e. forcibly settled to local mission lands to serve as support labor. In the Los Angeles Basin area, indigenous people were moved to the San Gabriel Mission. In the San Fernando and Conejo Valleys, Chumash indigenous people were forced to move to either the San Buenaventura Mission or to the San Fernando Mission (McCall and Perry 1990:13-17). The Gabrielino/Tongva and Tataviam people located within the Valley were moved to the San Fernando Mission. Often, villages located equidistant between missions would have individuals resettle at different missions, suggesting resettlement may have had a lineage or family basis. After missionization, indigenous people were referred to not by their original tribal name, but by the mission that they were forcibly moved to.

Missionization also destroyed the traditional social subsistence system, disrupted regional trade networks, and transformed the Native American material culture into a mixture of surviving ethnographic artifacts and European goods. Disease, the loss of a lifestyle that had been adapted to the California environment for generations, and the predation of the Spanish all led to a rapid decline in Native American population numbers (Chartkoff and Chartkoff 1984:258-270, and Erlandson et. al. 2008:25).

“(Father) Serra was single-minded in his goal. His attitude was that he was there to save souls for God, and it didn’t matter what type of life [the Indians] had in the missions. If they died soon, then that’s more souls to heaven. That’s what was in his mind. To keep the Indians free from sin” (Castillo 2017).

The result was local genocide of Native American groups around the Spanish missions.

“Missionization all but extinguished the traditional cultures of the coastal Indians in the 600 miles (965 km) between Tomales Bay and San Diego... In the area of the missions, Indian populations... were reduced by 90 percent or more, or even completely wiped out, and mission populations were maintained only by drawing from the surviving surrounding populations” (Chartkoff and Chartkoff 1984:269).

Missionization became, unfortunately, only the first of the European genocides to be suffered by the California Native Americans, with later Mexican and United States governments being no less cruel or exploitative to the original inhabitants of California. In order to survive, the indigenous people of California often disguised themselves as minorities that had higher social ranking. This practice was especially true during the later United States occupation of California, when many indigenous people referred to themselves as “Mexican” rather than being identified as tribal members. This practice also had a practical effect since many indigenous children were forcibly removed and placed in “Indian Schools” for many years away from their parents and communities. Not only did identifying with a different regional minority provide indigenous people with slightly higher status and legal protections, but it also helped to protect their children from forced removal (Castillo 2017; Madley 2016).

The Mexican Statehood Period Through the U.S. Period (A.D. 1822 – Present)

When Mexico won independence from Spain in 1822 the political system in California changed dramatically. Mexican land grants were awarded to soldiers, friends, and relatives of Spanish governors who ruled California between 1823 and 1846. During that time, the land holdings and influence of the religious missions were greatly diminished.

The Mexican Revolution and the later dismantling of the mission system led to great disruptions in the lives of the remaining Native Americans, as mission lands were incorporated into the rancho system. Tensions between Native Americans and Mexican settlers and soldiers led to the Chumash Revolt of 1824, when the

Chumash successfully occupied Mission La Purisma, Mission Santa Ines, and Mission Santa Barbara. The occupation was short-lived, but guerrilla warfare and raiding would continue throughout the Mexican period, and into the later United States territorial period (Chartkoff and Chartkoff 1984:270-278).

The missions and the mission lands were secularized in 1834, with the lands dispersed to individuals loyal to the new Mexican government. These land grants, both the original Spanish crown grants and the Mexican national grants, were primarily used as cattle and sheep ranches, which dominated most of Southern California (including the Project area) up through the early 1900s (McCall and Perry 1990, Maulhardt 2010, Chartkoff and Chartkoff 1984:270-278, and Erlandson 2008:105).

During the Mexican-American War, the territory known in Mexico as Alta California officially became a United States territory with the signing the Treaty of Guadalupe Hidalgo between Mexico and the United States in 1848. American ownership of California did not reduce the decline in Native American population numbers. From 1848 to 1900, California Native Americans were reduced in number from 150,000 to 20,000; most of this decline came from the continued marginalization of Native Americans into the worst land and lowest economic positions in the new state. Other factors were the abuse of the European settlers, disease, and the impacts of government laws and policies that did not favor native populations (Chartkoff and Chartkoff 1984:296-297).

The American exploitation of California Native Americans culminated in the 1850 state legislation that essentially legalized the slavery of many native people:

“This law declared that any Indian, on the word of a White man, could be declared a vagrant, thrown in jail, and have his labor sold at auction for up to four months with no pay. This indenture law further said any Indian adult or child with the consent of his parents could be legally bound over to a White citizen for a period of years, laboring for subsistence only. These laws marked the transition of the Indian from peonage to virtual slavery; they gave free vent to an exploitative ethos of Americans who soon took advantage of the situation” (Castillo 1978:108).

At the same time, the United States government began a decades-long process of determining the fate of the original Mexican land grants in California, several of which were located within in the Project area. This process left the ownership of many parcels and ranches in question for long periods of time. Many of the land grants changed hands several times, especially after Mexican independence, until land ownership legal issues were finally settled in the 1860s and 1870s. After this time, the original Spanish-heritage families began selling off smaller parcels to American investors, which expanded the ranching of cattle and sheep in the area (Maulhardt 2010:7-8).

The History of the Los Angeles County General Medical Center (1858 – Present)

The origins of the Los Angeles County Hospital date back to 1858, when the hospital was first established in an adobe home:

“Los Angeles County Hospital was established in an adobe home in 1858 by the Sisters of Charity. In 1878, the Los Angeles County Board of Supervisors purchased 37.72 acres of land on Mission Road in Boyle Heights. The land was acquired for construction of a County hospital and poor farm, and the first hospital building was constructed within a few months of wooden materials and with almost no planning. Expansion of the hospital campus has since progressed successfully eastward with the acquisition of additional land and vacation of neighboring streets” (Mellon & Associates 1999).

Throughout the late 19th century and early 20th century, the County Hospital expanded into a cluster of multiple buildings along Mission Road between Zonal Ave. (then South Griffin Ave.) and Marengo Rd. The Administration Building, which is the oldest hospital building still standing, was constructed in 1909. The Mission Road gatehouse, which first appears on a 1915 map, is the second oldest structure still on the property. The Service Building, constructed in 1918, is the third oldest structure still on the property. During this period, the hospital property also contained a library building, a building for psychiatric patients, a power plant, and recreational areas, in addition to medical wards and residential buildings; none of these buildings or features are extant today (ICF International 2014).

The hospital expanded rapidly between 1920 and 1930 due to a boom in the County's population. This expansion included the Communicable Diseases Building, the Tuberculosis Ward, the Laundry Building, support buildings, and additional employee housing (ICF International 2014). All of these structures have since been demolished.

The current General Hospital building, previously called the Acute Unit, first opened its doors in 1933. The 1.2 million square-foot, 19-story Art Deco building was designed by the Allied Architects Associated, and was constructed between 1927 and 1933, during the Great Depression (Los Angeles Conservatory, n.d.; Smith and Campa 2022). As a part of this construction, North State Street was reconfigured, and the landscape was extensively terraced (ICF International 2014).

In the following years, as the city's population grew and the local community's medical needs changed, the LA County Hospital expanded into a medical complex, annexing property south and east of the general hospital building, and was renamed the Los Angeles County University of Southern California Medical Center. As a part of this expansion, several of the older hospital buildings (discussed above) were demolished to make room for new buildings. By the 1960s, the complex included the General Hospital, the Pediatric Pavilion, the Psychiatric Hospital, and the Women's and Children's Hospital (Cousineau and Tranquada 2007). Later, with the expansion of private insurance and the development of other regional hospitals, the LA County Hospital's primary role became serving low-income communities.

Throughout its nearly 100-year history, the medical center has been a backdrop for local history and cultural events. In the 1970s, the grounds were the location of a Chicano movement protest, where the local community protested eugenic laws that were used to justify the sterilization of low-income and non-white women. In 1989, protesters occupied the hospital grounds to demand a dedicated AIDS unit (Smith and Campa 2022).

The General Hospital facility continued to serve as the County Hospital into the 21st century, despite aging facilities and equipment. Moreover, after the 1994 Northridge earthquake, the structure no longer met state seismic standards. In 2008, the new County-USC medical center was completed, just southeast of the old facility, and the old General Hospital was closed (Smith and Campa 2022).

4.0 REGULATORY CONTEXT

This section includes the relevant cultural resources regulations and policies for the Project.

California Environmental Quality Act [Public Resources Code (PRC) Sections 21000 – 21189] and Guidelines [California Code of Regulations (CCR) Title 14, Division 6, Chapter 3, Sections 15000 – 15387]

Cultural resources are recognized as part of the environment under CEQA. The California Register of Historical Resources (CRHR) is an inventory of the State’s historical resources. Criteria have been developed for determining whether a property is significant enough to be placed on the CRHR, and therefore, evaluating whether a cultural resource is or can be considered significant for the purposes of CEQA (PRC Sections 21083.2 and 21084.1).

The CEQA Guidelines, Section 15064.5(a)(3), require that all private and public activities not specifically exempted be evaluated against the potential for environmental damage, including effects to historical resources. It defines historical resources as “any object, building, structure, site, area, place, record, or manuscript which a lead agency determines to be historically significant or significant in the architectural, engineering, scientific, economic, agricultural, educational, social, political, military, or cultural annals of California.”

The California Register includes resources listed in or formally determined eligible for listing in the National Register of Historic Places (NRHP), as well as some California State Landmarks and Points of Historical Interest that are not Federally recognized. Properties of local significance that have been designated under a local preservation ordinance (local landmarks or landmark districts), or that have been identified in a local historical resources inventory may also be eligible for listing in the CRHR, and are presumed to be significant resources for purposes of CEQA unless a preponderance of evidence indicates otherwise (PRC Section 21084.1).

Lead agencies have a responsibility to evaluate historical resources against the CRHR criteria prior to making a finding as to a proposed Project’s impacts to historical resources. CEQA rules of determining significance closely follow the criteria outlined by the NRHP, but which have been modified for State use in order to include a range of historical resources which better reflect the history of California (CCR Section 4852). The similarity between the two criteria allows for a known cultural resource to easily be evaluated for both registers at the same time. Often, therefore, a cultural resource narrative provides enough information to justify a suggested evaluation for the resource under both laws and a recommendation of significance under both criteria.

Pursuant to the CEQA Guidelines, Section 15064.5(a)(3), a cultural resource must meet one of the four following criteria to be included or eligible for the California Register of Historical Resources (CRHR):

- (1) is associated with events that have made a significant contribution to the broad patterns of California’s history and cultural heritage;
- (2) is associated with the lives of persons important in our past;
- (3) embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of an important creative individual, or possesses high artistic values;
or
- (4) has yielded, or may be likely to yield, information important in prehistory or history.

The criteria for inclusion on the CRHR closely follow the Federal criteria for inclusion on the NRHP, as outlined under the National Historic Preservation Act. Projects with a joint National Environmental Policy Act (NEPA)/CEQA component often evaluate a cultural resource for both listings simultaneously. It is important to note that a cultural resource is significant under CEQA if it is determined to be *eligible* for listing on the CRHR, not that it *has to be* listed on the CRHR. The formal listing process is a potentially time-consuming and lengthy procedure that often is not completed once a cultural resource has been determined eligible; however, the determination of *eligibility* for the CRHR itself provides a cultural resource equal status and protection under CEQA to that of formally listed cultural resources.

It should also be noted that, even though cultural resource consultants often are the first professionals to evaluate newly discovered or re-examined cultural resources for significance and eligibility for listing on the CRHR (or the NRHP), the lead agency makes the final determination of eligibility of a cultural resource within the context of the Project that is triggering the evaluation process. The lead agency can either concur with the recommendation of a cultural resource consultant, object to the recommendation, or determine that more work must be done by the Project proponent.

California Penal Code (Section 622.5)

California Penal Code, Section 622.5, provides misdemeanor penalties for injuring or destroying objects of historical or archaeological interest located on public or private lands, but specifically excludes the landowner.

California Health and Safety Code (Section 7050.5)

This section of the Health and Safety Code requires that further excavation or disturbance of land, upon discovery of human remains outside of a dedicated cemetery, cease until a county coroner makes a report. It requires a county coroner to contact the NAHC within 48 hours if the coroner determines that the remains are not subject to his or her authority and if the coroner recognizes the remains to be those of a Native American.

California Health and Safety Code (Section 7052)

Section 7052 of the Health and Safety Code establishes a felony penalty for mutilating, disinterring, or otherwise disturbing human remains, except by relatives.

California Public Resources Code (Section 5097.98)

If a county coroner notifies the NAHC that human remains are Native American and outside the coroner's jurisdiction per Health and Safety Code Section 7050.5, the NAHC must determine and notify a Most Likely Descendent (MLD). The MLD shall complete the inspection of the site within 24 hours of notification and may recommend scientific removal and nondestructive analysis of human remains and items associated with Native American burials.

California Health and Safety Code (Sections 88010 – 88011), The California Native American Graves Protection and Repatriation Act

The California Native American Graves Protection and Repatriation Act establishes a State repatriation policy intent that is consistent with and facilitates implementation of the Federal Native American Graves Protection and Repatriation Act. The law ensures that all California Indian human remains and cultural items are treated with dignity and respect, encourages voluntary disclosure and return of remains and cultural items by publicly funded agencies and museums in California, and states an intent for the State to

provide mechanisms for aiding California Indian tribes, including non-Federally recognized tribes, in filing repatriation claims and getting responses to those claims.

California Senate Bill 18 (SB 18)

SB 18 is a State-mandated program intended to establish between local city and county governments and Native American Tribal Groups, meaningful and ongoing government-to-government consultation as part of the planning process. The purpose of SB 18 is to protect and preserve the cultural places of California Native Americans, both on private and on public lands. Local city and county governments are required to consult with California Tribal Groups about proposed local land use planning decisions, and on the adoption or substantial amendment of general plans, specific plans, or the dedication of open spaces with the purpose of protecting cultural places. Negotiation can result in the development or modification of treatment and management plans for cultural resources. For the purposes of California Government Code Sections 65351, 64352.3, and 65562.5, “consultation” is the meaningful and timely process of seeking, discussing, and considering carefully the views of others, in a manner that is cognizant of all parties’ cultural values and, where feasible, seeking agreement.

California Assembly Bill 52 (AB 52)

AB 52 merges many elements of SB 18 with the standard CEQA process, and it also provides an opportunity for consultation with non-Federally-recognized tribal groups in the State, which SB 18 excluded.

AB 52 specifies that a Project which may cause a substantial adverse change in the significance of a tribal cultural resource (TCR), as defined, is a Project that may have a significant effect on the environment under CEQA. AB 52 outlines lead agency consultation with all California Native American tribes traditionally and culturally affiliated with the geographic area of a proposed Project, defines what constitutes a TCR, provides examples of mitigation measures if the TCR will be impacted by the Project, and explains how AB 52 consultation fits into the larger CEQA process.

AB 52 designates significant Native American cultural resources as TCRs. The criteria of TCRs was clarified in June 2017, by the publication of a new AB 52 technical advisory, which links the definition of a TCR to the updated Public Resource Code, Section 21074 (2017:4-5). A resource is a TCR if it is either a site, feature, place, cultural landscape, sacred place, or object with cultural value to a tribe that is listed, or determined to be eligible for listing, in the National or State Register of Historical Resources, or listed in a local register of historic resources; or it a resource that the lead agency determines, in its discretion, is a tribal cultural resource.

At the time that this report was prepared, the Lead Agency has initiated Tribal Consultation with the Gabrieleno Band of Mission Indians – Kizh Nation. Consultation with this tribe is underway but has not concluded. The results of the Tribal Consultation will be provided in the Draft Subsequent EIR for the LA County General Hospital Campus Community Plan.

State Guidelines for Cultural Resource Inventory, Evaluation, and Data Recovery

Guidelines from the State of California State Historic Preservation Office (SHPO) on cultural resources are clear as to the roles and responsibilities of landowners versus the lead agency toward cultural resource identification, evaluation, and treatment. Individual landowners, as per *California Office of Historic Preservation Technical Assistance Series #1 California Environmental Quality Act (CEQA) and Historical Resources*, are responsible for the identification (inventory) of cultural resources and their evaluation for proposed development Projects. The lead agency is responsible for determining whether the inventory and evaluation process was correctly followed, and determines the correct and appropriate level of investigation

for data recovery situations, which normally is a negotiated process that involves the landowner, the lead agency, and possibly interested third parties, such as Native American tribal groups.

The State of California also provides lead agencies and consultants with a number of “best practice” professional guidelines for conducting inventory, evaluation, and data recovery Projects, as well as how to support recommendations of cultural resource significance and how to write treatment and data recovery plans. Often, lead agencies appraise cultural resource technical documents and resource recommendations based on whether the consultant followed the professional methodology as outlined in the SHPO guidelines.

County of Los Angeles General Plan

The County of Los Angeles General Plan, updated in 2025, has a Conservation and Natural Resource Element that includes archaeological, tribal, cultural, historical built environment, and paleontological resources. The plan outlines goals and policies for these resources under C/NR 14: Protected historic, cultural, and paleontological resources, with different plan sub-sections dealing with different cultural, tribal, and paleontological resource areas.

5.0 PEDESTRIAN SURVEY METHODOLOGY

Envicom completed a systematic pedestrian survey of the Project Site. The purpose of a cultural resource pedestrian survey is to identify any cultural resources located on the surface of the Project Site that have not previously been identified or recorded. During the pedestrian survey, any previously recorded cultural resources are also revisited and assessed, with new site maps being updated as needed. Any newly identified cultural resources or cultural resources that require updating will then be mapped using a GPS unit with sub-meter accuracy or using georeferenced field maps and recorded on State of California Department of Parks and Recreation (DPR) forms.

The pedestrian survey is conducted in accordance with Secretary of the Interior's Standards and Guidelines for Archaeological and Historic Preservation (48 FR 44716, Sept. 29, 1983). The systematic survey follows five-meter transects where possible but can transition into opportunistic examination of the landscape where site features do not allow for systematic walking. Opportunistic examination also takes place in more open areas, or locations where rodent disturbance or erosion can provide an understanding of the site subsurface conditions.

During the site survey, notation of the site conditions, disturbances, or modern features are made. Site soils, vegetation, and natural impacts are also recorded. Visibility of the ground surface is noted, as are any other conditions that influenced the accuracy of the site survey, such as time of year, weather conditions, or homeless encampments. If the systematic pedestrian survey is determined to be adequate to assess the site surface for evidence of cultural resources, then the findings are summarized in the Phase I report (this document).

Any artifacts or features encountered are photographed, mapped, measured, or otherwise recorded in such a way that a general temporal range of occupation can be made for any observed cultural resources. Normally, no artifacts are removed from the site. However, if additional site visits are planned, artifacts may be removed for cleaning to better record individual items for later interpretation of the site(s). Cleaned artifacts will then be returned to the site to the general location of original discovery. In the case that a site assessment will progress to a Phase II evaluation, artifacts may be curated to add to later study collections.

6.0 PHASE I SURVEY FINDINGS

This section outlines the findings of the SCCIC record search, the NAHC record search, and the pedestrian survey of the Project development footprint, including an examination of historical USGS and local maps, and historical aerial and satellite imagery. It also discusses Project regional sensitivity for prehistoric and older historical cultural resources, and whether the landscape has natural formations that should be further considered for paleontological resource potential. Sensitivity findings relied mostly on database information obtained within the Project 0.5-mile surrounding study area as well as any findings associated directly with the Project Site. However, larger contexts, when available, were also examined to confirm study area sensitivity interpretations, such as is found on older USGS quadrangle maps or geological maps.

SCCIC and NAHC Record Searches

Envicom conducted an on-site visit at the SCCIC to conduct a record search of the CHRIS database for Los Angeles County. Envicom completed the SCCIC record search on July 23, 2025, and obtained the records for all cultural resource sites and reports previously completed for the Project Site and for the surrounding 0.5-mile Project study area (see Figure 1). A request was made to the NAHC on July 15, 2025, to search their Sacred Lands Files for Tribal Cultural Resources (TCRs) that are located on or within the Project Site or the surrounding 0.5-mile Project study area.

SCCIC cultural resources were divided into those resources and reports that directly involved the Project Site and those resources and reports that only involved the surrounding 0.5-mile study area. The findings from the SCCIC record search indicated that three (3) previously recorded cultural resources were located on the Project Site: P-19-156354, P-19-167090, and P-19-175482.

All three of the cultural resources located within the Project Site are historic buildings associated with the Los Angeles County General Medical Center. Resource P-19-156354 is the General Hospital Acute Unit, resource P-19-167090 is the historic Administration Building, and resource P-19-175482 is the Livingston Research Building. The General Hospital Acute Unit and Administration Building are part of the main medical center campus. The Livingston Research Building is located just northwest of the main campus, at 1321 Mission Rd.

Additionally, the SCCIC identified nine (9) cultural resources that were recorded within the surrounding 0.5-mile study area: P-19-003473, P-19-003659, P-19-003686, P-19-175288, P-19-187085, P-19-187954, P-19-188044, P-19-190291, and P-19-190980. Resources P-19-003659, P-19-175288, P-19-187954, P-19-190291, and P-19-190980 were determined to be adjacent to the Project Site. Resource P-19-003659 is a historic-era artifact scatter that dates to between 1900 and 1920; the other four adjacent resources are historical buildings. None of these older historical resources are within the Project Site. The remaining cultural resources located within the Project 0.5-mile study area included an older historical refuse pit dating to roughly 1900, a mixed deposit of older historical material and construction material dating to between the 1920s and 1950s, a historical plaque, and a negative findings report (probably miss numbered as a resource instead of as a report).

The SCCIC database indicated that five (5) previous cultural resource reports have involved the Project Site: LA-5432, LA-7549, LA-9371, LA-11310, and LA-12697. LA-5432 is a 2000 cultural resources assessment for the Pacific Bell Wireless Facility, which is adjacent to the Project Site. LA-7549 is a 1999 report that assesses the eligibility of buildings within the Los Angeles County General Medical Center for the National Register of Historic Places. LA-9371 is a 2008 Initial Study/Mitigated Negative Declaration report for a Project that took place around the Coroner Crypt Building and Medical Examiner Building in the southwest corner of the Project Site. LA-11310 is a 2010 'Reuse and Protective Storage Plan' for the

Los Angeles County General Medical Center. Finally, LA-12697 is a cultural resources assessment for the USC HMR Building, which is adjacent to the Project Site. None of these reports identified prehistoric or historical resources that were not previously identified by the CHRIS database.

An additional twenty-one (21) previously completed cultural resource reports involved part of the Project 0.5-mile study area but did not assess the Project Site. Examination of these reports did not identify any additional cultural resource concerns for the Project. The SCCIC record search, therefore, was positive for older historical archaeological and built environment cultural resources being located on or adjacent to the Project Site. Further, the record search identified that the Project is located within a region that is sensitive for older historic cultural resources.

The results from the NAHC record search were received on July 25, 2025, with positive findings. The County is required to perform tribal consultation pursuant to Assembly Bill (AB)-52, and the NAHC letter will be a part of the Native American consultation record. Copies of the request letter to the NAHC and response letter from the NAHC are included in **Appendix A** of this report. All information on cultural resource physical location supplied by the SCCIC, except for historical public-knowledge built environment resources, is considered confidential by state law and are, therefore, not included in this report.

Historical Map Database Search

Envicom examined the USGS historical map database for the Project region. The database contained fifty-nine (59) historical maps that include the Project Site. These maps dates to between 1894 and 2022. The oldest USGS map is the 1894 Los Angeles map, which shows local road development, and a few structures on and around the Project Site; the structures on the western edge of the project property, along Mission Road, may be some of the earliest hospital structures (**Figure 3**, '1894 USGS Map'). Note that this map also shows a seasonal creek on the property that was later buried. Construction of the Acute Unit, later called the General Hospital building, began in 1927; this construction is captured in a 1927 aerial image (**Figure 4**, '1927 Aerial Image'). Moreover, the 1928 Los Angeles USGS map shows the expansion of the County Hospital, particularly along Mission Road, in the early 20th century (**Figure 5**, '1928 USGS Map'). Both the 1927 aerial image and 1928 USGS map show that this construction changed the landscape significantly through the addition and removal of roads, and the removal of the stream that was visible in the 1894 USGS map. An aerial image from 1933, which includes the completed Acute Unit, also shows the extent of the Hospital campus in the early 1930s (**Figure 6**, '1933 Aerial Image').

Los Angeles USGS maps from 1953 and 1966 show the post-war expansion of the County Hospital campus into a much larger complex of buildings (**Figure 7**, '1953 USGS Map' and **Figure 8**, '1966 USGS Map'). This complex, which includes hospital buildings, roads, parking area, and open spaces, is clearly shown in a 1971 aerial image (**Figure 9**, '1971 Aerial Image'). Satellite imagery from 1994 shows that the property did not change significantly between 1971 and 1994 except for a road that bisected the northmost Project parcel being removed (**Figure 10**, '1994 Aerial Image').

The next major change to the property occurred around 2003, when construction of the new County Hospital building began. All of the structures that had been in the southeastern portion of the property were demolished, in addition to a block of residences to the east. This entire area was then graded (**Figure 11**, '2003 Satellite Image'). The building in the southernmost Project parcel is also first visible in 2003 satellite imagery. The completed new County Hospital is visible in the property in 2008 satellite imagery (**Figure 12**, '2008 Satellite Image'). There is no record of prehistoric or older historical materials being discovered during this large grading and excavating Project.



Figure 3: 1894 USGS Map. The project location is approximated by the red boxes. Oriented north. (Image Source: USGS 1:62,500 Topographic Map: Los Angeles, 1894)



Figure 4: 1927 Aerial Image. Note the construction of the county hospital in the center of the image, marked by the yellow box. Oriented north. (Image Source: UCSB Aerial Photography Database)

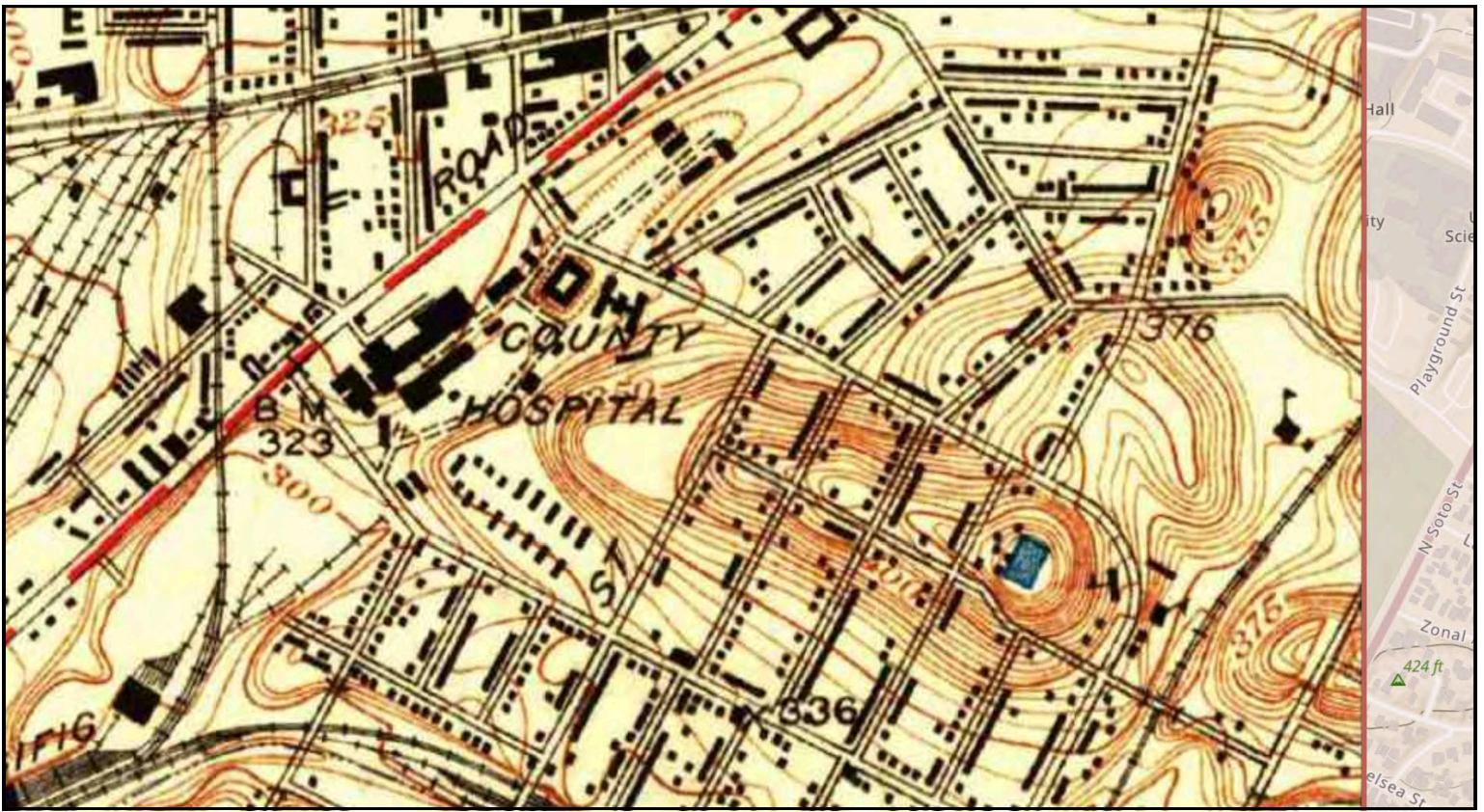


Figure 5: 1928 USGS Map. Oriented north. (Image Source: USGS 1:24,000 Topographic Map: Los Angeles, 1928)



Figure 6: 1933 Aerial Image. Note the completed County Hospital, marked by the yellow box. Oriented north. (Image Source: UCSB Aerial Photography Database)

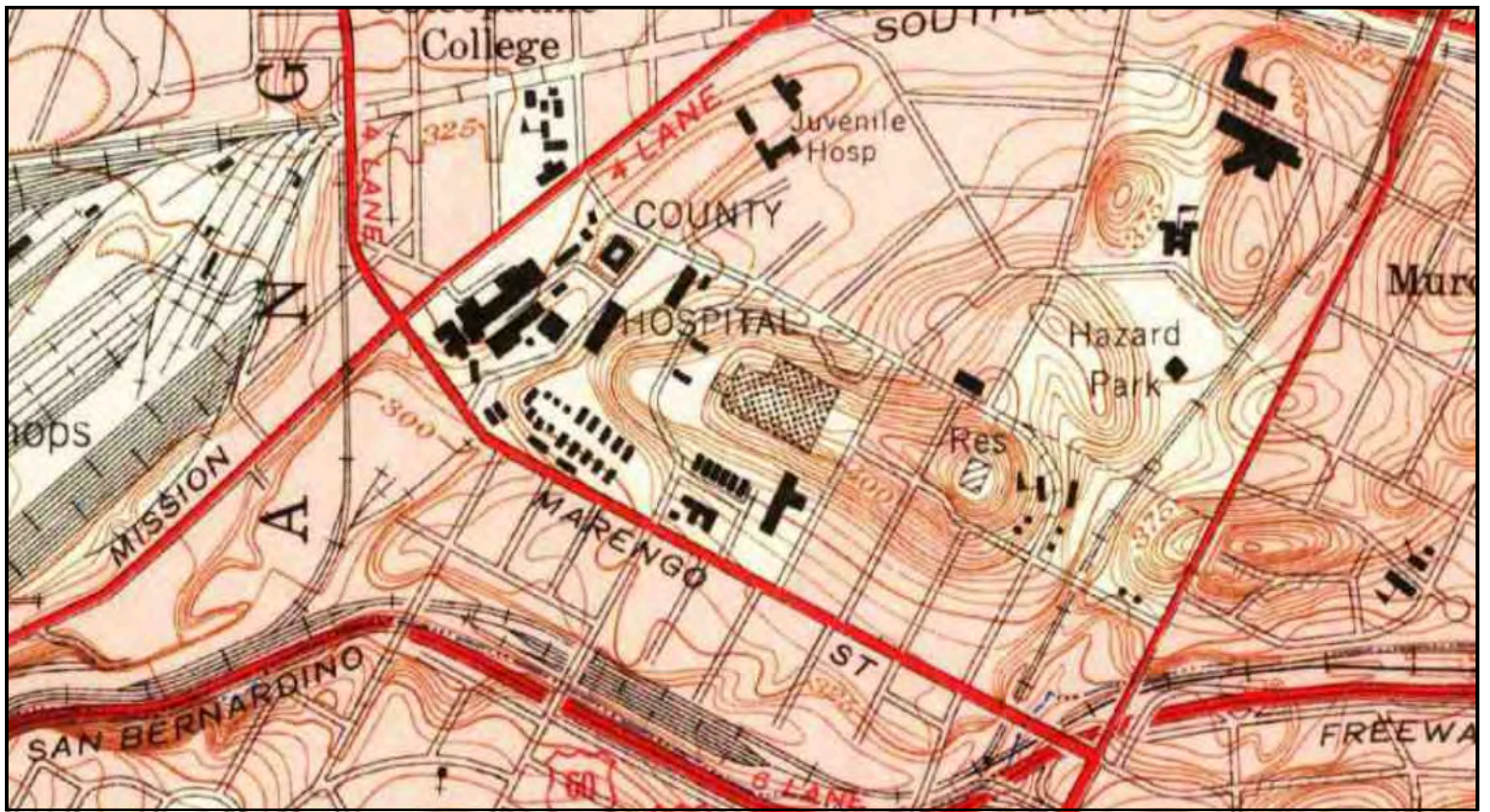


Figure 7: 1953 USGS Map. Oriented north. (Image Source: USGS 1:24,000 Topographic Map: Los Angeles, 1953, 1956 ed.)

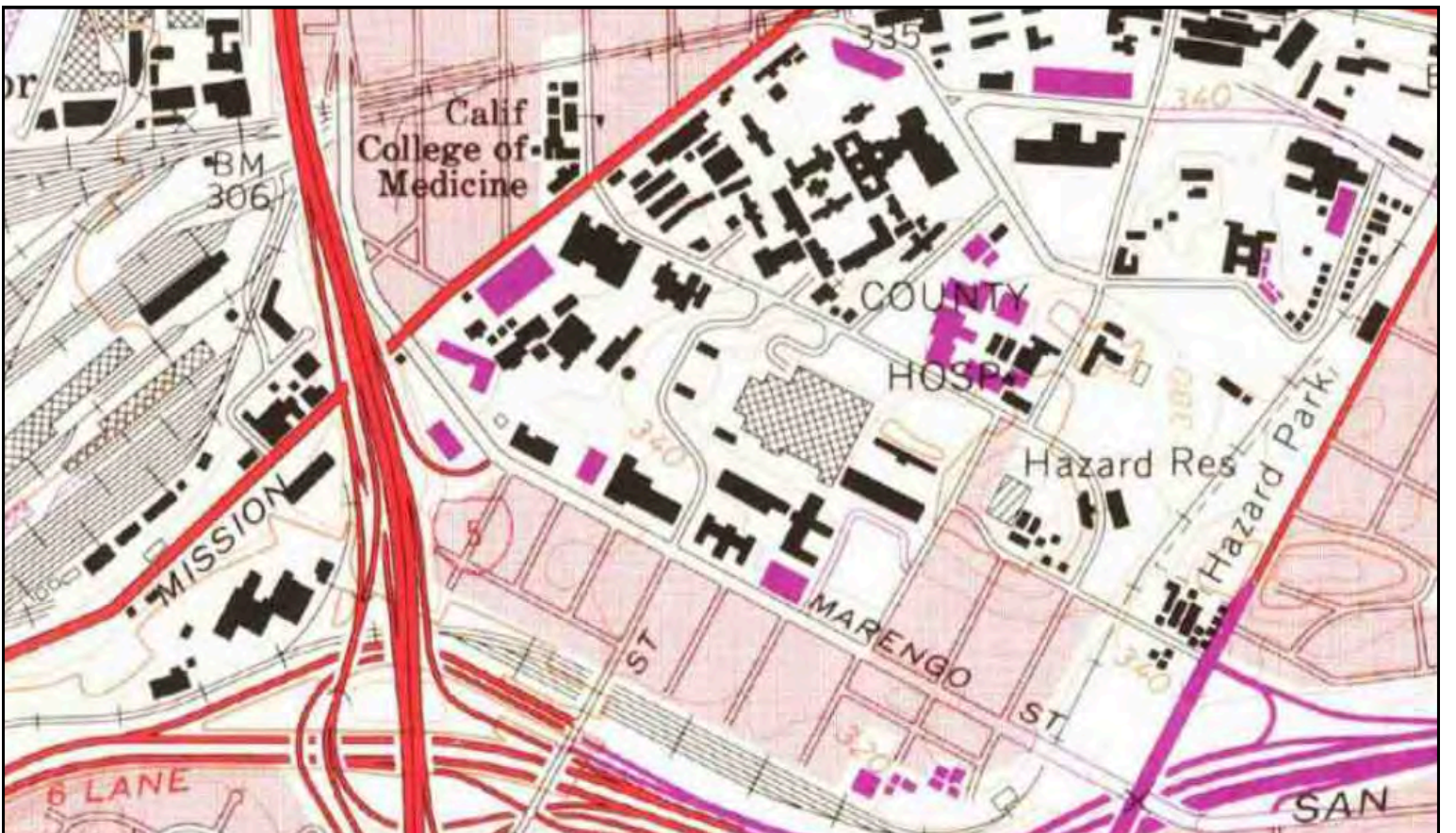


Figure 8: 1966 USGS Map. Oriented north. (Image Source: USGS 1:24,000 Topographic Map: Los Angeles, 1966, 1975 ed.)



Figure 9: 1971 Aerial Image. Oriented north. (Image Source: UCSB Aerial Photography Database)

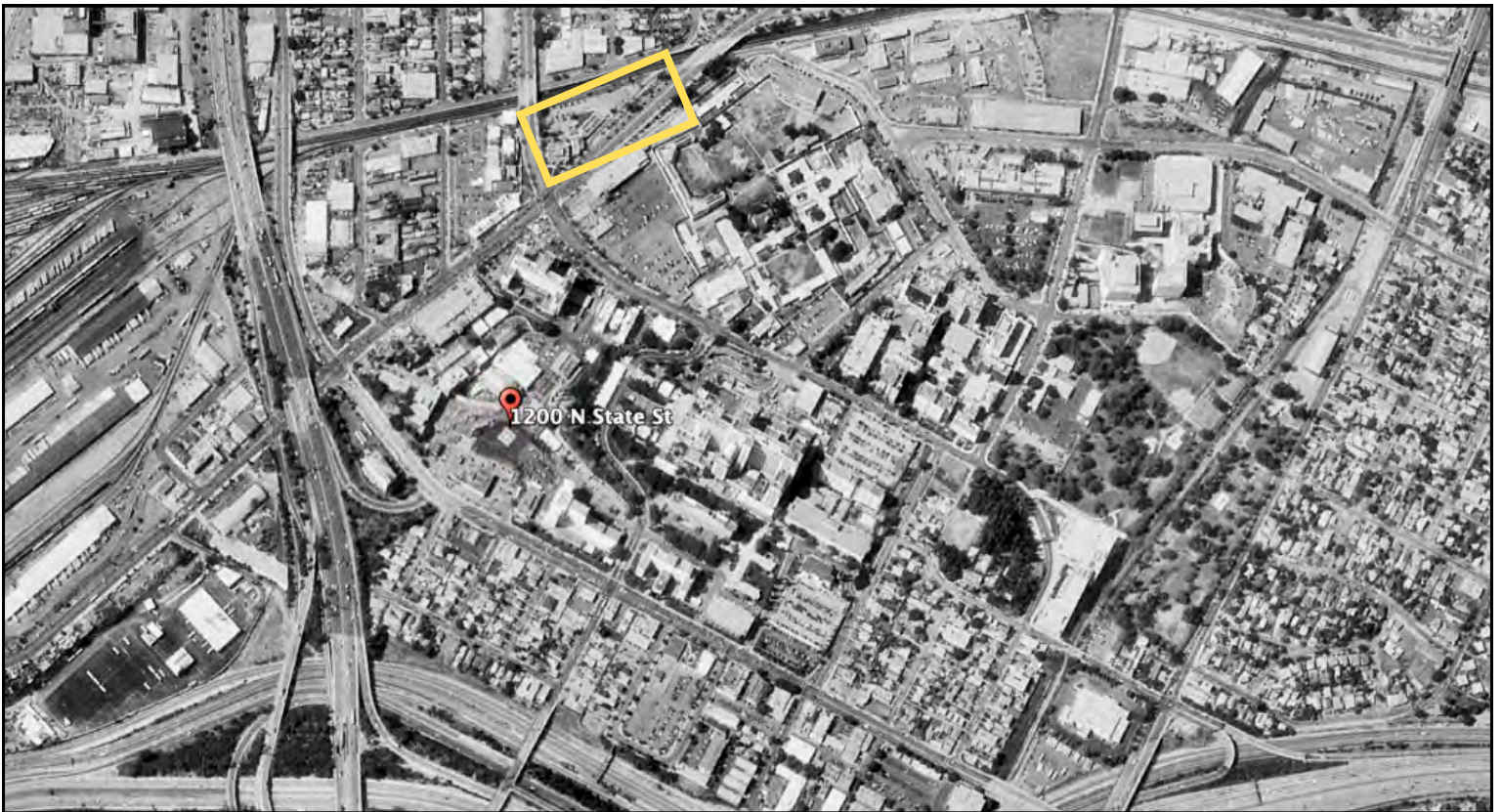


Figure 10: 1994 Satellite Image. A road has been removed from the northernmost project area parcel (Yellow box). Oriented north. (Image Source: Google Earth Pro)



Figure 11: 2003 Satellite Image. The southeastern portion of the property has been cleared for the construction of the new County Hospital (Yellow box). Building in southern project parcel is visible (red box). Oriented north. (Image Source: Google Earth Pro)

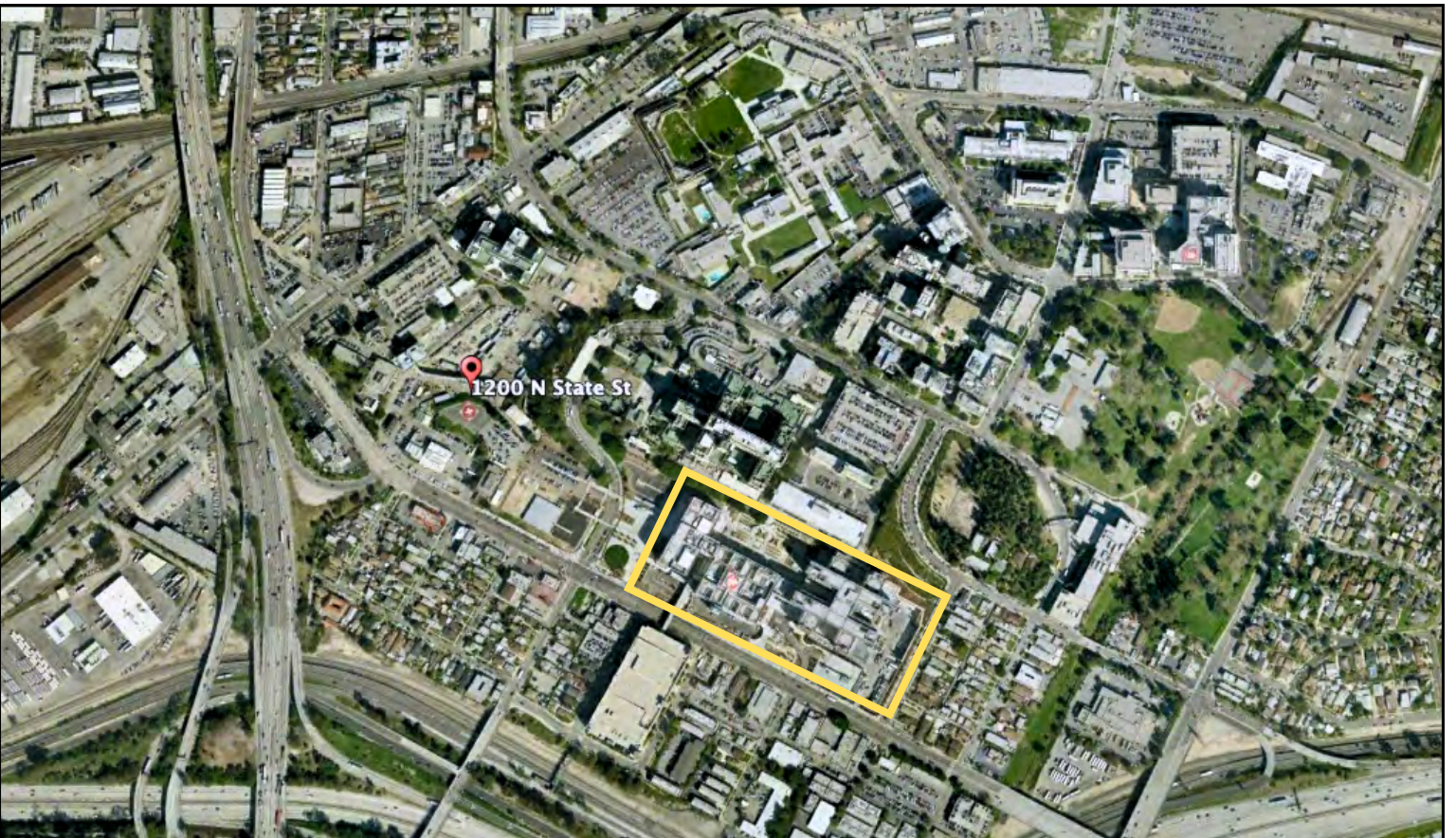


Figure 12: 2008 Satellite Image. The new County Hospital is constructed (Yellow box). Oriented north. (Image Source: Google Earth Pro)

The property did not undergo significant change again until 2020, when new construction commenced in the property's northwestern corner (**Figure 13**, '2020 Satellite Image'). Demolition and construction also began in the northernmost Project parcel around 2022 (**Figure 14**, '2022 Satellite Image'). This construction was still visible in 2025 satellite images (**Figure 15**, 'Feb. 2025 Satellite Image' and **Figure 16**, 'June 2025 Satellite Image'). Again, there is no record of prehistoric or older historical materials being discovered during these additional construction Projects.

Finally, because much of the Project Site was developed prior to the 1950s, most of the area was impacted prior to the introduction of more recent archaeological protection laws, and prehistoric Native American sites could have been impacted without recordation. Envicom, therefore, recommends that a Native American monitor affiliated with a tribal group historically connected to the Project area be present during any future site development involving grading or trenching within native soils.

Field Survey Results

Envicom archaeologists Rowan Barton (M.S.) and Lauren Castaneda (M.A.) visited the Project Site on July 18, 2025, and again on August 8, 2025, and completed a pedestrian survey of the Project development footprint (**Figure 17**, 'Project Site Overview, Facing East' and **Figure 18**, 'Project Site Overview, Facing West'). The Project Site is heavily developed, with most of the ground being covered by buildings, additional structures, concrete, and asphalt (**Figure 19**, 'Project Site Groundcover - Structures' and **Figure 20**, 'Project Site Groundcover - Concrete and Asphalt'). Construction is ongoing within the Project Site, both in the northwest corner of the main medical campus, and in the parcel directly north of the main campus on the corner of N. Mission Rd. and Griffin Ave (**Figure 21**, 'Construction on Project Site - Medical Center's northwest corner' and **Figure 22**, 'Construction of Project Site - Corner of N. Mission Rd. and Griffin Ave.').

Occasional open greenspaces are found on the Project Site, but these are predominantly landscaping features and maintained lawns, with no evidence of cultural resources being present (**Figure 23**, 'Open greenspace on Project Site - Lawns' and **Figure 24**, 'Open greenspace on Project Site - Landscaping Features'). The only open space that is not currently developed is a hill located on the property's northeast corner, east of N. Cummings Street. This hill area was dominated by a steep slope that descends from east to west. The hill is unevenly covered with dense shrubs, bushes, and weeds (**Figure 25**, 'Undeveloped hill in the property's northeast corner' and **Figure 26** 'Undeveloped hill in the property's northeast corner'). Due to the presence of homeless encampments, Envicom staff could not access the hill area systematically, however, during opportunistic survey of the area, no cultural resources were observed on the surface.

Soil visible on the hill was compact and contained subrounded to subangular cobbles (**Figure 27**, 'Visible soil in the undeveloped portion of the property'), which is probably Holocene or Pleistocene alluvial material. Potential bedrock was visible in a small road cut in the same area, which consisted of loosely consolidated, weakly bedded laminar rock fragments (**Figure 28**, 'Visible potential bedrock in the undeveloped portion of the property'). The bedrock appears to be older sandstone formation elements and not alluvial deposits, suggesting that a Miocene or Pliocene rock unit may be present.

Paleontological Record Search Results

Envicom requested on July 15, 2025, that the NHMLAC examine their fossil records database for any fossil localities previously recorded on the Project Site or within the surrounding Project study area. The NHMLAC record search findings were received on July 20, 2025, with negative results for the Project Site. The NHMLAC also provided information on seven (7) paleontological resource localities that are located within the Project study area.

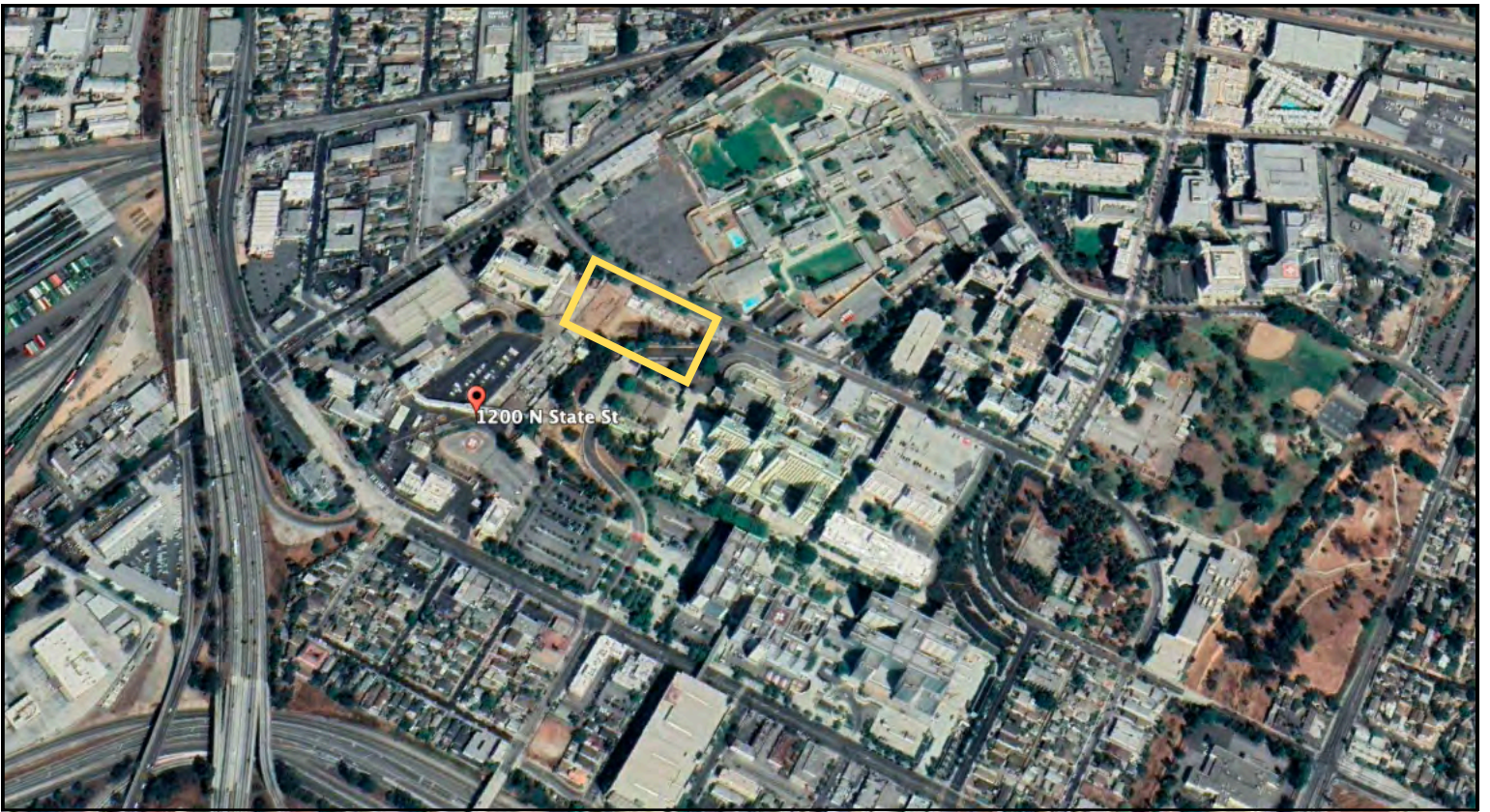


Figure 13: 2020 Satellite Image. Note the new construction along the property's northern edge (Yellow box). Oriented north. (Image Source: Google Earth Pro)



Figure 14: 2022 Satellite Image. Note the continuing construction in the property's northwest corner (Yellow boxes). Oriented north. (Image Source: Google Earth Pro)

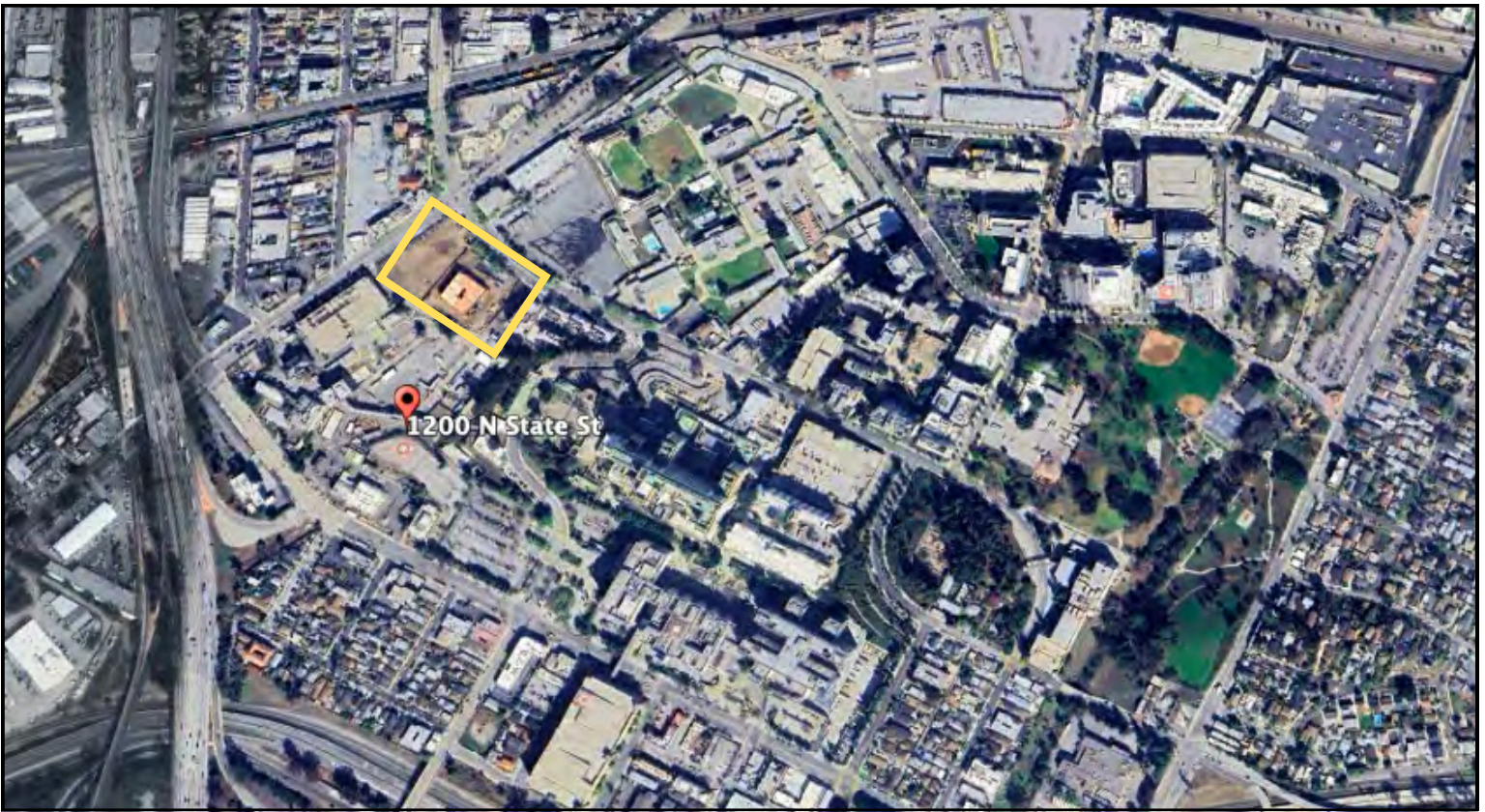


Figure 15: Feb. 2025 Satellite Image. Note the continuing construction in the property's northwest corner (Yellow box). Oriented north. (Image Source: Google Earth Pro)

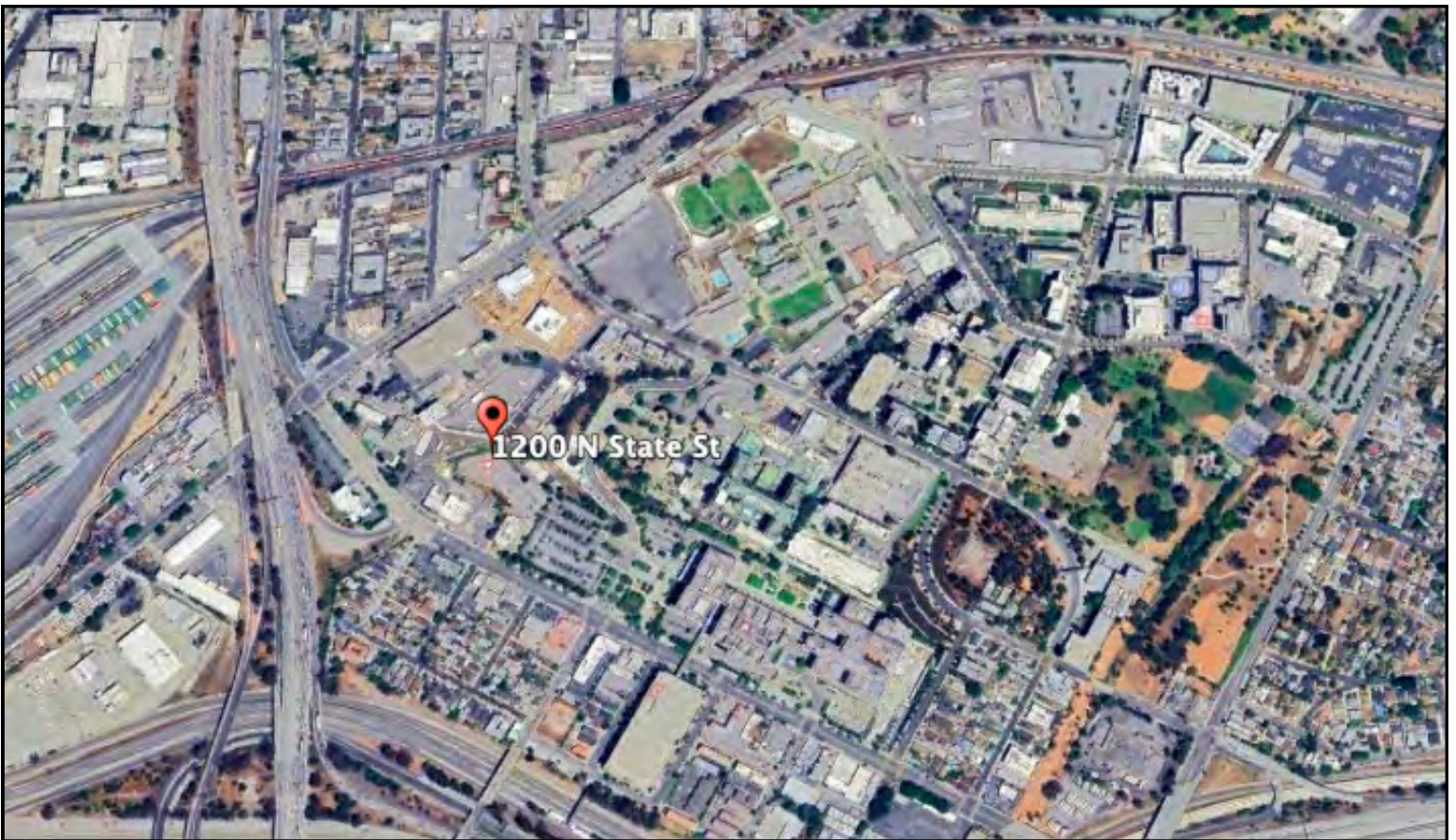


Figure 16: June 2025 Satellite Image. Most recent site conditions. Oriented north. (Image Source: Google Earth Pro)



Figure 17: Project Site Overview, Facing east.



Figure 18: Project Site Overview, Facing West.



Figure 19: Project Site Groundcover - Structures



Figure 20: Project Site Groundcover - Concrete and Asphalt



Figure 21: Construction on Project Site - Medical Center's northwest corner



Figure 22: Construction of Project Site - Corner of N. Mission Rd. and Griffin Ave.



Figure 23: Open greenspace on Project Site - Lawns



Figure 24: Open greenspace on Project Site - Landscaping Features



Figure 25: Undeveloped hill in the property's northeast corner.



Figure 26: Undeveloped hill in the property's northeast corner.



Figure 27: Visible soil in the undeveloped portion of the property.



Figure 28: Visible potential bedrock in the undeveloped portion of the property.

The first locality – The Los Angeles Brickyard on Mission Road and Daly Street – was a suspected Pleistocene formation with mastodon (*Mammut*) fossils. The second locality was located at the corner of Workman and Alhambra Streets, and consisted of Pleistocene fossils including of Saber-toothed cat (*Smilodon*), extinct horse (*Equus*), deer (*Odoncoileus*), and Turkey (*Meleagris*). The third locality was on a steep hill near 527 Lincoln Park Avenue and consisted of baleen whale (*Mixocetus elysius* holotype) found within the Modelo Formation. The fourth locality was found at 3320 Seymour Street west of Mount Washington and consisted of surface fish bones (*Osteichthyes*), again associated with the Modelo Formation.

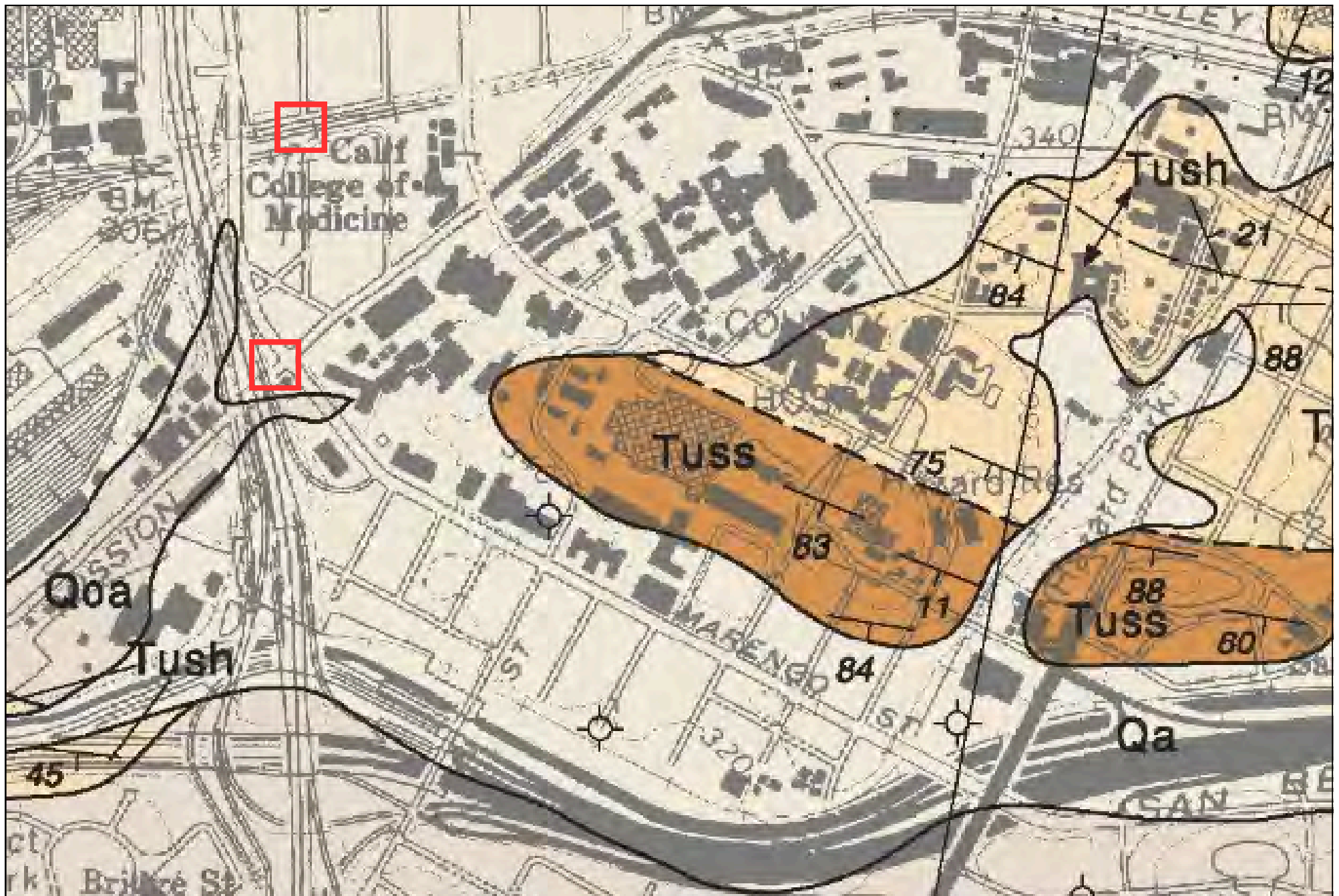
The fifth locality was located on at Valley Boulevard at Highbury Street and consisted of herring (*Xyne*) bones associated with the Modelo Formation. The sixth locality was located west of Monterey Pass Road in Coyote Pass/Monterey Park and consisted of extinct horse (*Equus*) fossils from the Pleistocene. The seventh fossil locality was located at the Hall of Justice building in downtown Los Angeles, and consisted of a large number of fish bones found at an unknown depth and associated with the Puente Formation: Yorba Member. Species identified included Teleostei (viperfish [*Chauliodus*], cod [*Gadiformes*], herring/shad/sardines [*Clupeidae*], mackerel/tuna/bonito [*Scombridae*], slickheads [*Alepocephalidae*], smelts [*Bathylagidae*], herring smelt [*Argentinidae*], scaly dragonfish [*Stomiatidae*], bristlemouths [*Gonostomidae*])

The first two of these localities are both within the 0.5-mile study area and adjacent to the Project Site. The other localities are outside of the 0.5-mile study area. All correspondence with the NHMLAC is located in **Appendix A** of this report. The NHMLAC also recommended a full paleontological assessment be conducted, which is their standard response for all record search findings reports. However, given that the Project Site is mostly covered with buildings and pavement with minimally exposed bedrock or native soils, Envicom does not believe that a separate paleontological study would add any additional information to this subject that cannot be addressed with the NHMLAC record search results and available geological documentation.

Envicom examined the T.W. Dibblee and H.E. Ehrenspeck Geologic Map of the Los Angeles Quadrangle, Los Angeles County, California (**Figure 29**, ‘Geologic Map’). This map shows that four different geologies underly the Project Site: ‘Qa,’ ‘Qoa,’ ‘Tush,’ and ‘Tuss.’ ‘Qa,’ which spans most of the Project area, is floodplain sediment that dates to the Holocene (modern) era; this geological rock unit is not usually paleontologically sensitive. However, modern alluvial soil depth often is highly variable, and since this material normally covers older, more sensitive deposits, any future Project that has substantial depth may impact these older rock units, even if located with the alluvial (Qa) property areas.

‘Tuss,’ the second most common geological rock unit located on the Project Site, is an unknown shale formation that dates to the Miocene. It is characterized by “light gray to tan semi-friable sandstone, with thin interbeds of silty shale.” This geological rock unit occurs in the center and northeast portion of the Project area, and may be paleontologically sensitive. ‘Tush’ geology is a similar Miocene shale formation that runs along the northern edge of the Project area. It also has the potential to be paleontologically sensitive due to its age.

The final geology type, ‘Qoa,’ represents older alluvial sediments that date to the Pleistocene, which is sensitive for terrestrial fossil material. According to the geologic map, ‘Qoa’ only occurs in the far southwest corner of the site, however, this older material most likely is also located below the modern alluvial (Qa) soils in parts of the Project Site. Additionally, because the nearby fossil resources listed by the NHMLAC (see Figure 29) were Pleistocene in origin, encountering Pleistocene fossils on the Project



Geologic Map. The project site is primarily on 'Tuss' and 'Qa' geology with pockets of 'Qoa' and 'Tush' geology. Red boxes represent previously recorded fossil localities. (Image Source: T.W. Dibblee and H.E.Ehrenspeck. 1989. Geological Map of the Los Angeles Quadrangle, Los Angeles, CA)

Site is quite possible. In summary, the entire Project Site should be considered as being sensitive for paleontological material. Envicom, therefore, recommends site monitoring for paleontological resources as well as contingency recommendations for the unexpected discovery of fossil material.

7.0 RECOMMENDATIONS

Potential for impacts to Archaeological Resources

The result of the SCCIC database record search was positive for three built environment cultural resources within the Project Site. These historical buildings are associated with the hospital campus and are addressed separately by the Project's architectural historian. An additional nine cultural resources were located within the surrounding study area, five of which were adjacent to the Project Site. Most of these resources are also historical buildings or structures, but some are older historical refuse features or material concentrations. The historical map and aerial photograph search were positive for older historical resources being located on or near the Project Site. Though the record search also showed a history of intensive modern development within the Project Site that included demolition and grading that may reduce the chance for intact native soils or older historical artifacts or features being present. Because much of the Project Site was developed and disturbed prior to the 1950s, most of the area was impacted prior to the introduction of more recent archaeological protection laws. The pedestrian survey did not discover any surface-level prehistoric or older historical artifacts or features on the subject Project Site. Therefore, there is a low likelihood of encountering archaeological resources. Regardless, there is still a possibility that ground disturbing demolition and/or grading activities could result in disturbance or destruction of archaeological resources.

Potential for Impacts to Native American Resources

The NAHC records search was positive for a tribal cultural resources being located within the Project study area, which is being addressed through the Native American consultation process. The results of the native American consultation process will be addressed in detail within the EIR and will take precedence over the conclusions related to Native American resources within this report. In the absence of the results of the Native American consultation process, the following conclusions are provided based upon the information available at this time. During the pedestrian survey, no Native American resources were detected. Historic development of the site has probably disturbed or destroyed Native American resources that were present on the site. Nonetheless, based on the NAHC records search results and the known history or Native American occupation in the area, the potential for Native American resources to occur cannot be ruled out.

Potential for Impacts to Paleontological Resources

The NHMLAC record search was negative for fossil resources on the Project Site, but indicated that vertebrate Pleistocene fossils have been recovered from two localities adjacent to the site and Miocene fossils have been found within the larger region. During the pedestrian survey intact bedrock and alluvial deposits were seen on site within the limited remnant hill area. It is possible that during ground disturbing construction activities, paleontological resources could be encountered on the project site.

Due to the potential for impacts to Archaeological, Native American, and Paleontological Resources, Envicom recommends incorporating the Cultural Resource mitigation measures from the 2014 Master Plan EIR with some modifications to address the need for Native American monitoring, and when monitoring is required during construction. The following provides our recommendations:

Recommendation 1: Archaeological Monitoring

Prior to any demolition, grading, or excavation related to the construction of facilities or improvements under the Proposed Project, a qualified archaeologist shall be retained by the Project Applicant to determine which areas shall require cultural resources monitoring during initial ground disturbance. The location of

construction activities that are likely to encounter subsurface sediments with archaeological sensitivity shall be determined by the qualified archaeologist upon review of project excavation and grading plans.

If determined necessary, monitoring by a qualified archaeologist shall be conducted during all initial ground disturbing activities (e.g. grading, removal of foundations, utility trenching, installation of shoring/piles, etc.) within the Project Site, from ground surface level to bedrock.

If, during cultural resources monitoring, the archaeologist determines that the sediments being excavated have been previously disturbed and are unlikely to contain significant cultural materials, the archaeologist shall request that monitoring be reduced or eliminated. Spot-check monitoring shall occur during all construction, on a schedule determined by the project archaeologist.

If buried cultural resources such as trash deposits, building foundations, privy pits, flaked or ground stone, or human remains are inadvertently discovered during ground-disturbing activities, work shall stop in that area and within 100 feet of the find and the area shall be secured to prevent disturbance. A qualified archaeologist meeting the Secretary of the Interior's Professional Qualifications Standards shall be retained to evaluate the significance of the find and recommend appropriate treatment measures. If the discovered materials are determined to be significant cultural resources, the archaeologist shall develop and implement an appropriate treatment plan, which may include avoidance, preservation in place, capping with fill material, or data recovery through excavation and documentation. Work in the vicinity of the discovery shall not resume until the archaeologist has determined that appropriate measures have been implemented. Treatment measures for items that are not associated with human remains typically include development of avoidance strategies, capping with fill material, or mitigation of impacts through data recovery programs such as excavation or detailed documentation.

If human remains are encountered, work shall halt in accordance with California Health and Safety Code Section 7050.5 and the County of Los Angeles Medical Examiner (Medical Examiner) shall be notified immediately. If the Medical Examiner determines that the remains are Native American, the Medical Examiner shall notify the Native American Heritage Commission (NAHC) within 24 hours, and the NAHC shall designate a Most Likely Descendant (MLD). The MLD shall be provided the opportunity to make recommendations regarding the treatment and disposition of the remains in accordance with Public Resources Code Section 5097.98.

Recommendation 2: Native American Monitoring

The Project Applicant shall invite a Native American Monitor from the Gabrieleño Band of Mission Indians – Kizh Nation (Tribe) prior to commencement of any ground disturbing activities.

“Ground-disturbing activities” shall include, but are not limited to, grading, demolition, pavement removal, potholing, auguring, grubbing, tree removal, boring, excavation, drilling, and trenching for each implementing phase of the Proposed Project at all Project locations (i.e. both on-site and any off-site locations that are included in the Project description definition and or required in connection with the Project, such as public improvement work).

The Project Applicant shall make reasonable efforts to execute a Tribal Monitoring Agreement with the Native American Monitor prior to the commencement of any ground-disturbing activity, or the issuance of any permit necessary to commence any ground-disturbing activity.

The Native American Monitor shall work with the Project Applicant's qualified archaeologist during qualifying ground-disturbing activities to identify potential Native American Tribal Cultural Resources (TCRs) and communicate concerns regarding TCRs to the Project Applicant. The Native American Monitor will complete daily monitoring logs that will provide: description(s) and location(s) of the relevant ground-disturbing activity(ies), the type(s) of construction activity(ies), information and/or materials related to TCRs; and any other facts, conditions, materials, or discoveries of significance to the Tribe. Daily monitoring logs will identify and describe any discovered TCRs. Copies of daily monitoring logs will be provided to the Project Applicant at the end of all Project-related ground-disturbing activities. Daily monitoring logs will be kept confidential with the Project records.

On-site tribal monitoring shall conclude upon either of the following, whichever occurs first: (1) written notification to the Tribe from a designated point of contact for the Project Applicant that all ground-disturbing activities and phases of Project implementation that may involve ground-disturbing activities are complete; or (2) written notification to the Project Applicant from by the Tribe that no future planned construction activity and/or development/construction phase of the Project has the potential to impact TCRs.

Recommendation 3: Paleontological Monitoring

Prior to any excavation related to the construction of facilities or improvements proposed under the master plan, a qualified vertebrate paleontologist with a graduate degree in paleontology, geology, or a closely related earth science discipline, and more than 10 years of experience shall be retained by the Project Applicant or construction contractor. Final excavation depths, locations, and construction methods shall be determined during subsequent project-level design. Accordingly, the qualified paleontologist shall review project specific excavation and grading plans prior to construction and identify areas where monitoring is required based on the depth and extent of excavation into paleontologically sensitive geologic units (e.g., older alluvium or Puente Formation). Monitoring shall be implemented during ground disturbance in those identified areas.

Very shallow surficial excavations (i.e., less than 5 feet in depth) within areas of previous disturbance or areas of Quaternary younger alluvial deposits shall be monitored on a part-time basis to ensure that underlying sensitive units (i.e., Quaternary older alluvium) are not adversely affected. Areas consisting of artificial fill materials shall not require monitoring.

If future excavations take place in Quaternary older alluvial deposits or within Fernando or Puente Formation bedrock, such excavations shall be monitored on a full-time basis by a qualified paleontological monitor and under the supervision of the qualified paleontologist. The paleontological resource monitoring shall include inspection of exposed rock units during active excavations within the geologically sensitive sediments. Monitoring may be reduced if some of the potentially fossiliferous units described herein are, upon exposure and examination by qualified paleontological personnel, determined to have a low potential for containing fossil resources.

The paleontological monitors shall be equipped to salvage fossils as they are unearthed to avoid construction delays and remove samples of sediments that are likely to contain the remains of small fossil invertebrates and vertebrates. The monitor shall have authority to temporarily divert ground disturbing activities away from exposed fossils to recover the fossil specimens professionally and efficiently and collect associated data. All efforts to avoid delays in project schedules shall be made. To prevent construction delays, paleontological monitors shall be equipped with the necessary tools for the rapid removal of fossils and retrieval of associated data. This equipment shall include handheld global positioning

system receivers, digital cameras, and cell phones as well as a tool kit with specimen containers, matrix sampling bags, field labels, field tools (e.g., awls, hammers, chisels, shovels, etc.), and plaster kits.

At each fossil locality, field data forms shall be used to record pertinent geologic data, stratigraphic sections shall be measured, and appropriate sediment samples shall be collected and submitted for analysis. Fossils collected, if any, shall be transported to a paleontological laboratory for processing where they shall be prepared to the point of curation, identified by qualified experts, listed in a database to facilitate analysis, and deposited in a designated paleontological curation facility that meets federal and State curation standards and is approved by the County of Los Angeles.

Following analysis, a Report of Findings with an appended itemized inventory of specimens shall be prepared within a reasonable timeframe from the completion of recovery. The report and inventory, when submitted to the appropriate lead agency along with confirmation of the curation of recovered specimens into an established, accredited museum repository, shall signify completion of the program to mitigate impacts on paleontological resources.

Recommendation 4: Unanticipated Discovery of Tribal Cultural Resource (Non-Funerary)

In accordance with section 21074, subdivisions (a)(1)(A)-(B) of the Public Resources Code (PRC), a TCR is a site, feature, place, cultural landscape, sacred place or object, which is of cultural value to the Tribe and either: (1) on or eligible for the California Historic Register or other local historic register or (2) the County of Los Angeles, as the lead agency for the Project, at its discretion, chooses to treat the resource as a TCR.

Upon discovery of any TCR or potential TCR, all construction activities within a radius deemed appropriate by the qualified archaeologist shall cease and shall not resume until the discovered TCR has been fully assessed by the Native American Monitor and/or qualified archaeologist. If the assessment finds the resource to be a TCR, treatment measures and final disposition will be determined in consultation with the Tribe.

Recommendation 5: Unanticipated Discovery of Native American Human Remains and/or Associated Grave Goods

Native American human remains are defined in section 5097.98, subdivision (d)(1) of the Public Resources Code (PRC) as an inhumation or cremation in any state of decomposition or skeletal completeness. Funerary objects, also called associated grave goods in section 5097.98 of the PRC, shall be treated alike per section 5097.98, subdivisions (d)(1) and (2) of the PRC.

Native American human remains and/or grave goods are discovered or recognized on the project site, then Public Resource Code 5097.9 as well as Health and Safety Code Section 7050.5 shall be followed.

Any discovery of Native American human remains and/or funerary objects shall be kept confidential to prevent further disturbance.

8.0 CONCLUSIONS

Envicom completed in September of 2025 a Phase I Cultural Resource Assessment/Survey of the Los Angeles (LA) County General Hospital Community Plan Project, located within the City of Los Angeles, California, however, the County of Los Angeles is the lead agency for the Project. The Project Site encompasses 81.9 acres that make up the Los Angeles General Medical Center at and around 1200 State Street, on 42 parcels of land owned by the County of Los Angeles within the City of Los Angeles. The Project Site includes a main campus and four areas separated from the main campus by local roadways; this is the same area evaluated in the 2014 Master Plan EIR. The Proposed Project includes implementation of a new Master Plan that would guide future redevelopment of the Project Site into a mixed-use community. This would include development of residential uses, including affordable housing. Commercial/retail, hospitality, community benefits, educational facilities, warehouse, general office, medical office, hospital, and industrial uses would also be developed across the Campus. The new Master Plan would serve as a regulatory document with central concepts for design and connectivity in the Campus that would serve as a guide for future redevelopment of the Project Site.

The result of the cultural resource SCCIC database record search was positive for three built environment cultural resources located within the Project development site. These historical buildings are associated with the hospital campus and would be addressed by an architectural historian if impacted or modified in the future. An additional nine cultural resources were located within the surrounding study area, five of which were adjacent to the Project Site. Most of these resources are also historical buildings or structures, but some are older historical refuse features or material concentrations. The NAHC records search was positive for a tribal cultural resource being located somewhere within the Project study area, which will be addressed through the Native American consultation process.

The historical map and aerial photograph search were positive for older historical resources being located on or near the Project Site. The pedestrian survey did not discover any surface-level prehistoric or older historical artifacts or features on the subject Project Site; however, intact bedrock and alluvial deposits were seen on site within a limited hill area. Because much of the Project Site was developed prior to the 1950s, most of the area was impacted prior to the introduction of more recent archaeological protection laws, and prehistoric Native American sites could have been impacted without recordation. The NHMLAC record search was negative for fossil resources on the Project Site but indicated that vertebrate Pleistocene fossils have been recovered from two localities adjacent to the site and Miocene fossils have been found within the larger region.

Due to these findings, Envicom recommends that archaeological, Native American, and paleontological monitoring should be part of future development of the Project Site.

9.0 REFERENCES

Referenced Cited in Report

Castillo, Elias

2017 *A Cross of Thorns: The Enslavement of California's Indians by the Spanish Missions*. Craven Street Books, Fresno, California.

Chartkoff, Joseph L. and Kerry Kona Chartkoff

1984 *The Archaeology of California*. Stanford University Press, Stanford, California.

Ciolek-Torrello, Richard, Donn R. Renda, Angela Keller, and Anne Q. Stoll (editors)

2004 *A Passage in Time: The Archaeology and History of the Santa Susana State Historic Park, California*. Statistical Research Inc., Tucson, Arizona.

Coupland, Gary

2004 Complex Hunter-Gatherers of the Southern California Coast. From *Foundations of Chumash Complexity: Perspectives in California Archaeology*, Volume 10:173-180 (Jeanne E. Arnold, editor), Cotsen Institute of Archaeology, University of California, Los Angeles.

Cousineau M.R. and R.E. Tranquada

2007 Crisis & Commitment: 150 Years of Service by Los Angeles County Public Hospitals. *American Journal of Public Health* 97(4): 606-15.

Dillon, B.D.

1994 Alameda District Plan, Los Angeles, California: Prehistoric and Early Historic Archaeological Research. Ms. on file, South Central Coastal Archaeological Information Center, Institute of Archaeology, University of California, Los Angeles.

ICF International

2014 Final Environmental Impact Report LAC+USC Medical Center Campus Master Plan. Prepared for the County of Los Angeles.

Erlandson, Jon M. et al.

2007 The Kelp Highway Hypothesis: Marine Ecology, the Coastal Migration Theory, and the Peopling of the Americas, *Journal of Island & Coastal Archaeology* 2(2):161-174.

Erlandson, Jon M., Torben C. Rick, and Rene L. Vellanoweth.

2008 *A Canyon through Time: Archaeology, History, and Ecology of the Tecolote Canyon Area, Santa Barbara County, California*. The University of Utah Press, Salt Lake City, Utah.

Gamble, Lynn

2008 *Chumash World at European Contact: Power, Trade and Feasting Among Complex Hunter-Gatherers*. University of California Press.

-
- Glassow, M., L. Gamble, J. Perry, and G. Russell
2007 Prehistory of the Northern California Bight and the Adjacent Transverse Ranges. In *California Prehistory: Colonization, Culture, and Complexity*, T. Jones and K. Klar (editors), pp. 191-213. Altamira Press, Lanham, Maryland.
- Hollimon, Sandra E.
2004 The Role of Ritual Specialization in the evolution of Prehistoric Chumash Complexity. From *Foundations of Chumash Complexity: Perspectives in California Archaeology*, Volume 4:53-64 (Jeanne E. Arnold, editor), Cotsen Institute of Archaeology, University of California, Los Angeles.
- King, Chester
2000 *Native American Indian Cultural Sites in the Santa Monica Mountains*. Report prepared for the Santa Monica Mountains and Seashore Foundation, in possession of Topanga Anthropological Consultants, Topanga, California.
1994 *Prehistoric Native American Cultural Sites in the Santa Monica Mountains*. Topanga Anthropological Consultants, Topanga, California. pp. 54-60.
- Los Angeles Conservancy
n.d. Los Angeles General Medical Center. <https://www.laconservancy.org/learn/historic-places/los-angeles-countyusc-medical-center/>
- Madley, Benjamin
2016 *An American Genocide*. Yale University Press, New Haven and London.
- Maulhardt, Jeffrey Wayne
2010 *Conejo Valley: Images of America* (series). Arcadia Publishing, Charleston, South Carolina.
- McCall, Lynne and Rosalind Perry (Project Coordinators)
1990 *California's Chumash Indians*. Santa Barbara Museum of Natural History Education Center Publication, Santa Barbara, California. (revised, 2002).
- Mellon & Associates
1999 National Register Eligibility and Findings of Effects Report, Los Angeles County + University of Southern California Medical Center Replacement Hospital.
- Moratto, M.J.
2004 *California Archaeology*, Coyote Press, Salinas, California.
- Newmark
1916 *Sixty Years in Southern California*. The Knickerbocker Press, New York.
- Robinson, W.W.
1952 *The Indians of Los Angeles: Story of the Liquidation People*. Dawson's Books, Los Angeles, CA.
- Schoenherr, Allan, A.
1992 *A Natural History of California*. California Natural History Guides: 56. University of California Press, Berkeley, California.
-

- Smith, D. and A.J. Campa
 2022 A New General Hospital: Turning an Iconic L.A. Landmark into Homeless Housing. *Los Angeles Times*, Nov. 27. <https://www.latimes.com/california/story/2022-11-27/planning-the-rebirth-of-a-mothballed-l-a-landmark>, accessed August 25, 2025.
- United States Department of Agriculture (USDA), Natural Resources Conservation Service (previously Soil Conservation Corps (SCC)).
 2024 Web Soil Survey (Interactive soil map).
<https://websoilsurvey.nrcs.usda.gov/app/WebSoilSurvey.aspx>, accessed May 28, 2025.
- Wallace, William J.
 1955 A Suggested Chronology for Southern California Coastal Archaeology. *Southwestern Journal of Anthropology* 11(3):214–230.
- Warren, Claude N.
 1968 Cultural Tradition and Ecological Adaptation on the Southern California Coast. *Archaic Prehistory in the Western United States: Symposium of the Society for American Archaeology, Santa Fe, 1968*. Eastern New Mexico University Contributions in Anthropology 1(3):1–14.
- Yerkes, R.F., T.H. McCulloh, J.E. Schoellhamer, and J.G. Vedder
 1965 *Geology of the Los Angeles Basin, California - An introduction*. U.S. Geological Survey.
- General Background References for the Report**
- Bean, Lowell John and Charles R. Smith
 1978 *Gabrieleño*. In *Handbook of North American Indians*, vol. 9, pp. 538–562. Robert F. Heizer, editor. Smithsonian Institution, Washington, D.C
- Beck, W.A., and Y.D. Haase
 1974 *Historical Atlas of California*. University of Oklahoma Press, Norman Publishing, Division of the University.
- Beebe, Rose Marie and Robert M Senkewicz
 2015 *Junípero Serra: California, Indians, and the Transformation of a Missionary*. From the *Before Gold: California under Spain and Mexico* series. University of Oklahoma Press, Norman.
- Blackburn, Thomas
 1974 Ceremonial Integration and Social Interaction in Aboriginal California. In *Anap: California Indian Political and Economic Organization*, L. J. Bean and T.F. King, eds, pp. 93-110. Ballena Press, Ramona, California.
- Brown, Alan K. (translator and editor)
 2011 *Early California Commentaries: Volume 1: With Anza to California, 1775-1776, The Journal of Pedro Font, O.F.M.* Arthur H. Clark Company, Norman, Oklahoma.
- Campbell, Paul Douglas
 1999 *Survival Skills of Native Americans*. Gibbs Smith, Layton, Utah.

-
- Castillo, E. D.
1978 The Impact of Euro-American Exploration and Settlement. In *Handbook of North American Indians*, edited by R. F. Heizer, pp. 99. Vol. 8. Smithsonian Institution, Washington D.C.
- Costo, R. and J. H. Costo
1987 *The Missions of California: A Legacy of Genocide*. Indian Historian Press, San Francisco, California.
- De Anza, Juan Bautista
1774 *Diario del Primer Viaje a la California, 1774*. Translated by Julio César Montané Martí into modern Spanish, 1989. The Bancroft Library, Los Angeles. *Select sections translated by Mr. Joseph Manuel Ruelas from Spanish to English for this Project, 2020*.
- Frazier, Sara
2000 Protohistoric Burial Practices of the Gabrielino as Evidenced by the Comparison of Funerary Objects from Three Southern California Sites. *Proceedings of the Society for California Archaeology, Volume 13*, edited by Judyth Reed, Greg Greenway, and Kevin McCormick, pp. 169-176. Society for California Archaeology, Fresno, California.
- Gamble, Lynn H., and Glenn S. Russell
2002 A View from the Mainland: Late Holocene Cultural Developments Among the Ventureño Chumash and the Gabrielino/Tongva. In *Catalysts to Complexity: Late Holocene Societies of the California Coast*, edited by Jon M. Erlandson and Terry L. Jones, pp. 101-126. University of California Los Angeles, Institute of Archaeology, Perspectives in California Archaeology, Vol. 6. Los Angeles.
- Haury, Emil
1986 *Prehistory of the American Southwest* (J. Jefferson Reid and David E. Doyel, editors). University of Arizona Press.
- Heizer, R. F. and Elasser, A. B.
1980 *The Natural World of the California Indians*. U.C. Press, Berkeley, California.
- Hoots, W. H.
1930 Geology of the Eastern Part of the Santa Monica Mountains, Los Angeles County, California. *Shorter Contributions to General Geology*, Professional Paper 165:83-150, W.C. Mendenhall, ed., Department of the Interior publication.
- Jameson Jr., E.W and H.J. Peeters
1988 *California Mammals*. University of California Press, Berkeley, California.
- Johnson, John R.
2015 Arlington Man, *Channel Islands*. National Park Service.
- King, Chester
2011 *Overview of the History of Indians in the Santa Monica Mountains*. Topanga Anthropological Consultants, Topanga, California.
-

-
- Kroeber, Alfred L.
 1925 *Handbook of the Indians of California. Bulletin 78 of the Bureau of American Ethnology.* Smithsonian Institution: Washington, D.C. (Reprinted 1978 by Dover Publication, Inc., New York).
- Lightfoot, Kent G.
 1995 Culture Contact Studies: Redefining the Relationship between Prehistoric and Historical Archaeology. *American Antiquity* 60(2): 199-217.
- Lightfoot, Kent G. and Otis Parrish
 2009 *California Indians and Their Environment: An Introduction.* University of California Press, Berkeley, California.
- Miller, Bruce
 1991 *The Gabrielino.* Sand River Press, Los Osos, California.
- National Park Service
 2015 *Secretary of the Interior's Guidelines for Archaeological Documentation.* Washington, DC: US Department of the Interior. Internet publication.
- State of California
 2017 *Technical Advisory: AB 52 and Tribal Cultural Resources in CEQA: June 2017.* State of California Publication, Sacramento, California.
- 2005 *California State Law and Historic Preservation: Statutes, Regulations and Administrative Policies Regarding the Preservation and Protection of Cultural and Historical Resources.* State of California Publication, Sacramento, California.
- 2001 *California Office of Historic Preservation Technical Assistance Series #1 California Environmental Quality Act (CEQA) and Historical Resources.* State of California Publication, Sacramento, California.
- 1995 *Instructions for Recording Historical Resources.* State of California Publication, Sacramento, California.
- 1993 *Guidelines for the Curation of Archaeological Collections.* State of California Publication, Sacramento, California.
- 1991 *Guidelines for Archaeological Research Designs.* State of California Publication, Sacramento, California.
- 1990 *Archaeological Resource Management Reports (ARMR): Recommended Contents and Format.* State of California Publication, Sacramento, California.
- Van Horn, D. M., and J. R. Murray
 1985 The Loyola Marymount Archaeological Project: Salvage Excavations at LAN-61A-C. Environmental Impact Report, 30 July 1985.
-

Walker, E. F.

1951 *Five Prehistoric Archaeological Sites in Los Angeles County, California*. Los Angeles: Publications of the F. W. Hodge Anniversary Publication Fund 6.

Wallace, William J.

1978 Post-Pleistocene Archaeology, 9000 to 2000 B.C. In *California*, edited by Robert F. Heizer, pp. 25–36. Handbook of North American Indians, Vol. 8, William G. Sturtevant, general editor. Smithsonian Institution, Washington, D.C.

Welch, Rosanne

2006 *A Brief History of the Gabrielino/Tongva Tribe: The Native Inhabitants of the Lands of the Puente Hills Preserve*. Claremont University, California.

Wilmarth, M. Grace

1931 *Names and Definitions of the Geologic Units of California*. United States Department of the Interior, Bulletin 826.

APPENDIX A

**Request Letters to the NAHC and NHMLAC
and the Response Letter from the NAHC and NHMLAC**

July 15, 2025

Native American Heritage Commission
1550 Harbor Boulevard, Room 100
West Sacramento, CA 95691

Subj: Project to Provide a Cultural Resource Phase I for the Los Angeles County General Hospital Project in Los Angeles, Los Angeles County, California
(Envicom Project #2025-058-01)

To Whom It May Concern,

Envicom Corporation (Envicom) is requesting a record review of the Native American Heritage Commission (NAHC) records of cultural resources for the Project site, plus a **0.5-mile study area**. We also request a list of Tribal Group representatives for the area in the event we need to contact their offices. The Project site is located at:

Address: 1200 N. State St.
United States Geological Survey 7.5' Quadrangle: Los Angeles, 2022
County: Los Angeles, CA

Envicom appreciates the NAHC's help with this request. For correspondence or questions regarding this Project, please contact Dr. Wayne Bischoff at 818-879-4700 ext. 229 (wbischoff@envicomcorporation.com).

Sincerely,

Rowan Barton
Staff Archaeologist

A handwritten signature in black ink that reads "Rowan Barton". The signature is written in a cursive, flowing style.

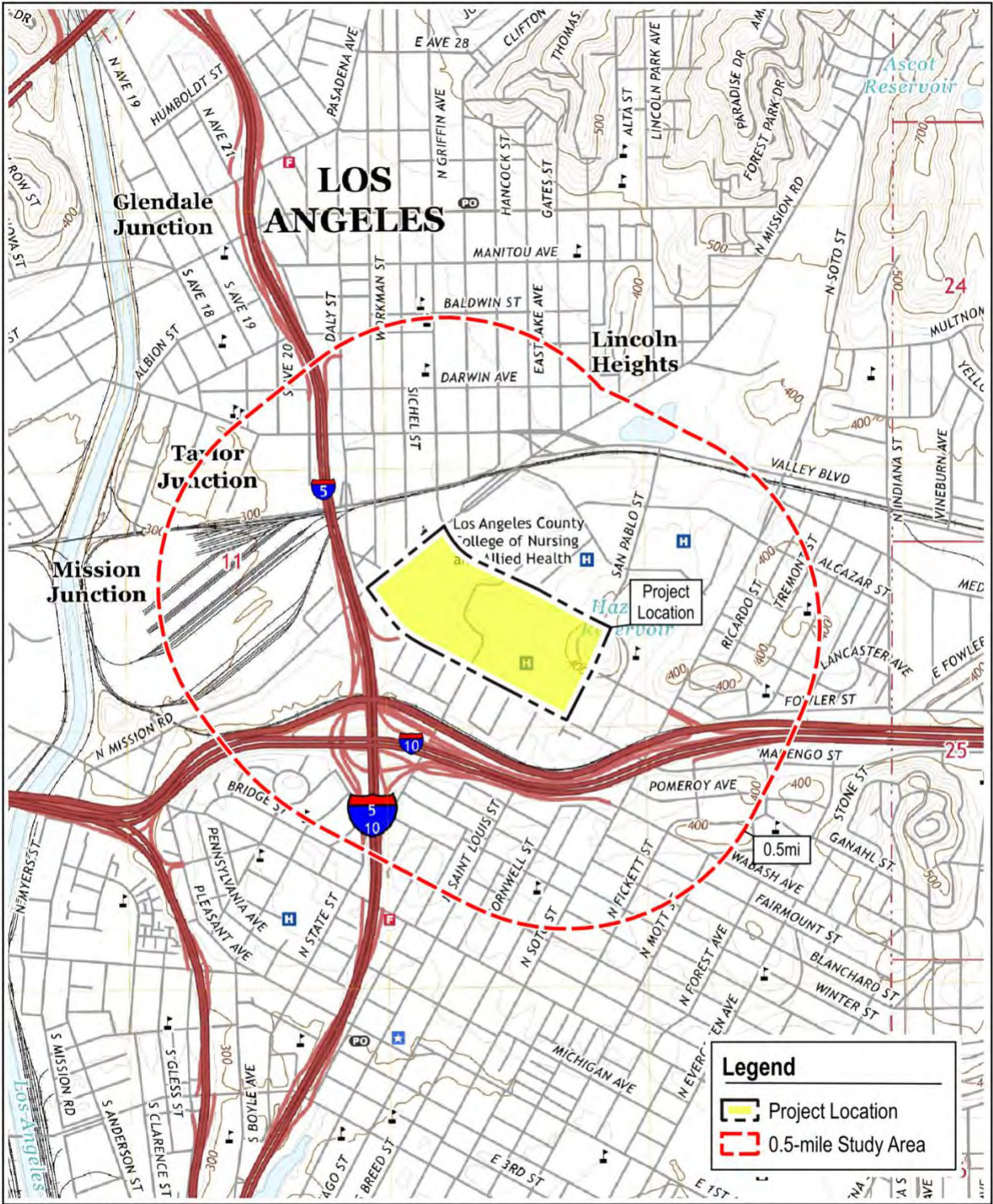
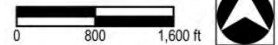


Image Source: USGS 1:24,000 Topographic Map: Los Angeles, 2022.

LOS ANGELES COUNTY GENERAL HOSPITAL CULTURAL PHASE I



USGS Map with Project Location and 0.5-mile Study Area



Sacred Lands File & Native American Contacts List Request

Native American Heritage Commission

1550 Harbor Blvd, Suite 100

West Sacramento, CA 95691

916-373-3710

916-373-5471 – Fax

nahc@nahc.ca.gov

Information Below is Required for a Sacred Lands File Search

Project: Los Angeles County General Hospital Project in Los Angeles, Los Angeles County, California (Envicom Project #2025-058-01)

County: Los Angeles

USGS Quadrangle Name: Los Angeles, 2022

Township: 1S **Range:** 13W **Section(s):** 00

Company/Firm/Agency: Envicom Corporation

Street Address: 4165 E Thousand Oaks Blvd #290, Thousand Oaks, CA

City: Thousand Oaks, CA **Zip:** 91362

Phone: (818) 879-4700

Fax: _____

Email: wbischoff@envicomcorporation.com

Project Description:

Project to Provide a Cultural Resource Phase I for the Los Angeles County General Hospital Project, Los Angeles County, California (Envicom Project #2025-058-01).

July 15, 2025

Natural History Museum of Los Angeles
900 Exposition Blvd.
Los Angeles, CA 90007

**Subj: Project to Provide a Cultural Resource Phase I for the Los Angeles County General
Hospital Project in Los Angeles, Los Angeles County, California
(Envicom Project #2025-058-01)**

To Whom It May Concern,

Envicom Corporation (Envicom) is requesting a record search of the Natural History Museum of Los Angeles County (NHMLAC) database for paleontological resources/sensitivity for the Project site and surrounding area (within 0.5-mile of the Project site), as well as a map/listing of all paleontological resources previously identified within the attached Project site, plus the **0.5-mile study area**. The Project site is located at:

**Address: 1200 N. State St.
United States Geological Survey 7.5' Quadrangle: Los Angeles, 2022
County: Los Angeles, CA**

Envicom appreciates the NHMLAC's help with this request. For correspondence or questions regarding this Project, please contact Dr. Wayne Bischoff at 818-879-4700 ext. 229 (wbischoff@envicomcorporation.com).

Sincerely,

Rowan Barton
Staff Archaeologist

A handwritten signature in black ink, appearing to read "Rowan Barton". The signature is written in a cursive, flowing style.

Attachment:

Project vicinity map on 1:24,000 topographic map

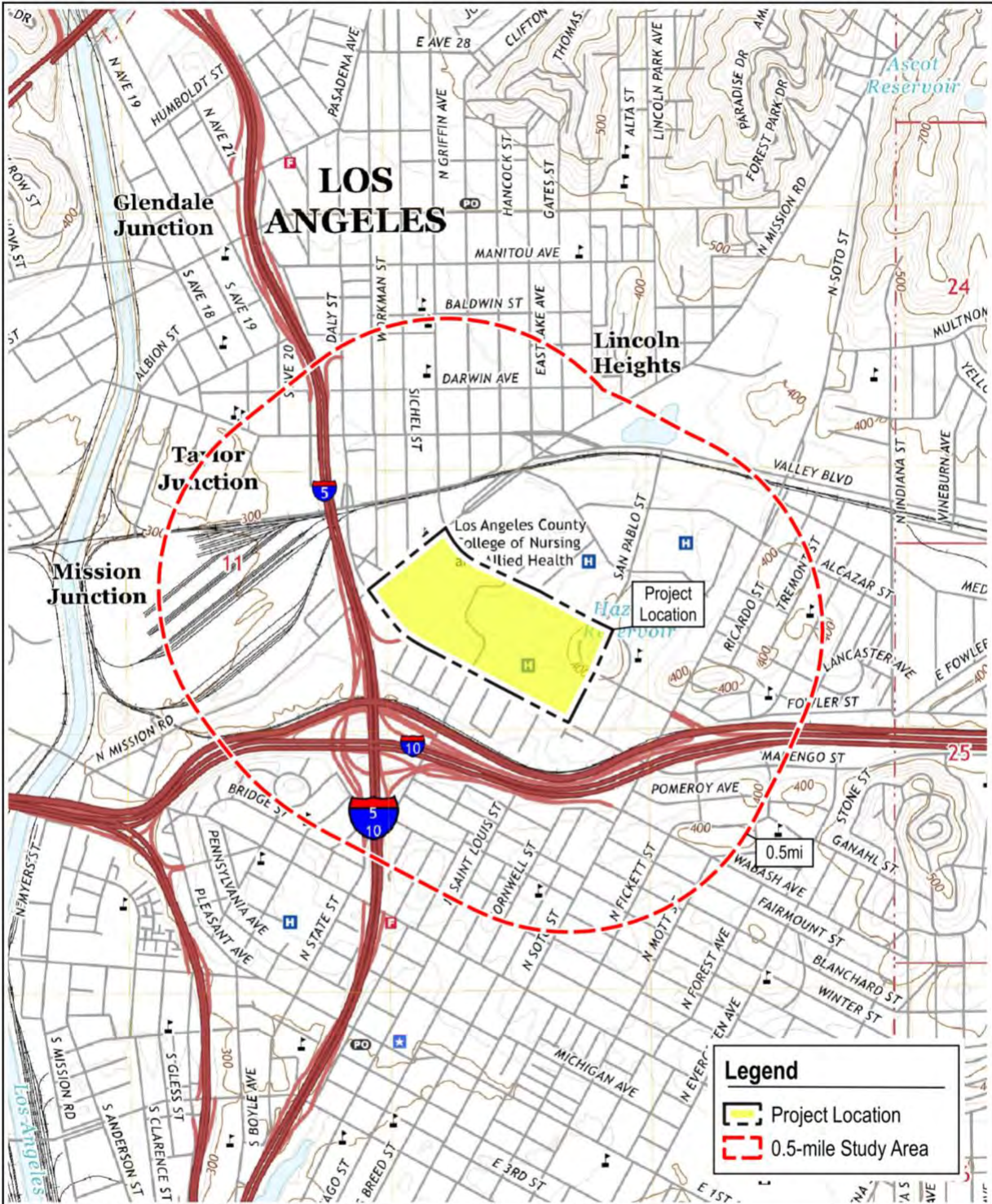


Image Source: USGS 1:24,000 Topographic Map: Los Angeles, 2022.

LOS ANGELES COUNTY GENERAL HOSPITAL CULTURAL PHASE I



USGS Map with Project Location and 0.5-mile Study Area



NATIVE AMERICAN HERITAGE COMMISSION

July 25, 2025

Dr. Wayne Bischoff
Envicom Corporation

Via Email to: wbischoff@envicomcorporation.com

Re: Los Angeles County General Hospital Project, Los Angeles County

To Whom It May Concern:

As requested, a search of the Native American Heritage Commission (NAHC) Sacred Lands File (SLF) was completed based on information submitted for the above referenced project. The results were positive. Please contact the Gabrieleno Band of Mission Indians – Kizh Nation on the attached list for more information. Be aware that tribes do not always record their sacred sites in the SLF, nor are they required to do so. As such, an SLF search is not a substitute for consultation with all tribes that are traditionally and culturally affiliated with a project's geographic area.

Attached is a list of Native American tribes that are traditionally and culturally affiliated with the project's geographic area. Please contact all of the listed tribes as they may have information about sacred sites within the project area that is not listed with the NAHC.

If within two weeks of notification, a response has not been received, the Commission requests that you follow up with a telephone call or email to ensure that the project information was received.

If you receive notification of a change of address or phone number from a tribe, please inform the NAHC so that we can assure that our lists contain current information.

In addition to engaging in tribal consultation, you should consult the appropriate regional California Historical Research Information System (CHRIS) information center to determine whether it has information regarding the presence of recorded archaeological sites within the project area.

If you have any questions or need additional information, please contact me at Andrew.Green@nahc.ca.gov.

Sincerely,



Andrew Green
Cultural Resources Analyst

Attachment



CHAIRPERSON
Reginald Pagaling
Chumash

VICE-CHAIRPERSON
Buffy McQuillen
Yokayo Pomo, Yuki,
Nomlaki

SECRETARY
Sara Dutschke
Miwok

PARLIAMENTARIAN
Wayne Nelson
Luiseño

COMMISSIONER
Isaac Bojorquez
Ohlone-Costanoan

COMMISSIONER
Stanley Rodriguez
Kumeyaay

COMMISSIONER
Reid Milanovich
Cahuilla

COMMISSIONER
Bennae Calac
Pauma-Yuima Band of
Luiseño Indians

COMMISSIONER
Vacant

ACTING EXECUTIVE
SECRETARY
Michelle Carr

NAHC HEADQUARTERS
1550 Harbor Boulevard
Suite 100
West Sacramento,
California 95691
(916) 373-3710
nahc@nahc.ca.gov

**Native American Heritage Commission
Native American Contact List
Los Angeles County
7/25/2025**

Tribe Name	Fed (F) Non-Fed (N)	Contact Person	Contact Address	Phone #	Fax #	Email Address	Cultural Affiliation	Counties	Last Updated
Cahuilla Band of Indians	F	Erica Schenk, Chairperson	52701 CA Highway 371 Anza, CA, 92539	(951) 590-0942	(951) 763-2808	chair@cahuilla-nsn.gov	Cahuilla	Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego	2/1/2024
Cahuilla Band of Indians	F	Anthony Madrigal, Tribal Historic Preservation	52701 CA Highway 371 Anza, CA, 92539	(951) 763-5549		anthonymad2002@gmail.com	Cahuilla	Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego	6/28/2023
Cahuilla Band of Indians	F	BobbyRay Esparza, Cultural Director	52701 CA Highway 371 Anza, CA, 92539	(951) 763-5549		besparza@cahuilla-nsn.gov	Cahuilla	Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego	6/28/2023
Fernandeno Tataviam Band of Mission Indians	N	Sarah Brunzell, CRM Manager	1019 Second Street San Fernando, CA, 91340	(818) 837-0794		CRM@tataviam-nsn.us	Tataviam	Kern, Los Angeles, Ventura	5/25/2023
Gabrieleno Band of Mission Indians - Kizh Nation	N	Christina Swindall Martinez, Secretary	P.O. Box 393 Covina, CA, 91723	(844) 390-0787		admin@gabrielenoindians.org	Gabrieleno	Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, Ventura	8/18/2023
Gabrieleno Band of Mission Indians - Kizh Nation	N	Andrew Salas, Chairperson	P.O. Box 393 Covina, CA, 91723	(844) 390-0787		admin@gabrielenoindians.org	Gabrieleno	Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, Ventura	8/18/2023
Gabrieleno/Tongva San Gabriel Band of Mission Indians	N	Anthony Morales, Chairperson	P.O. Box 693 San Gabriel, CA, 91778	(626) 483-3564	(626) 286-1262	GTTribalCouncil@aol.com	Gabrieleno	Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, Ventura	12/4/2023
Gabrielino Tongva Indians of California Tribal Council	N	Christina Conley, Cultural Resource Administrator	P.O. Box 941078 Simi Valley, CA, 93094	(626) 407-8761		christina.marsden@alumni.us c.edu	Gabrielino	Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, Ventura	3/16/2023
Gabrielino Tongva Indians of California Tribal Council	N	Robert Dorame, Chairperson	P.O. Box 490 Bellflower, CA, 90707	(562) 761-6417	(562) 761-6417	gtongva@gmail.com	Gabrielino	Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, Ventura	3/16/2023
Gabrielino/Tongva Nation	N	Sandonne Goad, Chairperson	106 1/2 Judge John Aiso St., #231 Los Angeles, CA, 90012	(951) 807-0479		sgoad@gabrielino-tongva.com	Gabrielino	Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, Ventura	3/28/2023
Gabrielino-Tongva Tribe	N	Sam Dunlap, Cultural Resource Director	P.O. Box 3919 Seal Beach, CA, 90740	(909) 262-9351		tongvatrc@gmail.com	Gabrielino	Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, Ventura	5/30/2023
Gabrielino-Tongva Tribe	N	Charles Alvarez, Chairperson	23454 Vanowen Street West Hills, CA, 91307	(310) 403-6048		Chavez1956metro@gmail.com	Gabrielino	Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, Ventura	5/30/2023
Santa Rosa Band of Cahuilla Indians	F	Vanessa Minott, Tribal Administrator	P.O. Box 391820 Anza, CA, 92539	(951) 659-2700	(951) 659-2228	vminott@santarosa-nsn.gov	Cahuilla	Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego	4/8/2024
Santa Rosa Band of Cahuilla Indians	F	Mercedes Estrada, Cultural Director	P.O. Box 391820 Anza, CA, 92539	(951) 659-2700	(951) 659-2228	mestrada@santarosa-nsn.gov	Cahuilla	Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego	5/21/2025
Santa Rosa Band of Cahuilla Indians	F	Steven Estrada, Tribal Chairman	P.O. Box 391820 Anza, CA, 92539	(951) 659-2700	(951) 659-2228	sestrada@santarosa-nsn.gov	Cahuilla	Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego	4/8/2024
Soboba Band of Luiseno Indians	F	Joseph Ontiveros, Tribal Historic Preservation Officer	P.O. Box 487 San Jacinto, CA, 92581	(951) 663-5279	(951) 654-4198	jontiveros@soboba-nsn.gov	Cahuilla Luiseno	Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego	7/14/2023
Soboba Band of Luiseno Indians	F	Jessica Valdez, Cultural Resource Specialist	P.O. Box 487 San Jacinto, CA, 92581	(951) 663-6261	(951) 654-4198	jvaldez@soboba-nsn.gov	Cahuilla Luiseno	Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego	7/14/2023

This list is current only as of the date of this document. Distribution of this list does not relieve any person of statutory responsibility as defined in Section 7050.5 of the Health and Safety Code, Section 5097.94 of the Public Resources Code and Section 5097.98 of the Public Resources Code.
This list is only applicable for contacting local Native Americans with regard to cultural resources assessment for the proposed Los Angeles County General Hospital Project, Los Angeles County.

Record: PROJ-2025-004079
Report Type: List of Tribes
Counties: Los Angeles
NAHC Group: All

Natural History Museum
of Los Angeles County
900 Exposition Boulevard
Los Angeles, CA 90007

tel 213.763.DINO
www.nhm.org

Research & Collections

e-mail: paleorecords@nhm.org

July 20, 2025

Envicom Corporation
Attn: Rowan Barton

re: Paleontological resources records search for the Los Angeles County General Hospital Project
(Envicom Project #2025-058-01)

Dear Rowan:

I have conducted a search of our paleontology collection records for the proposed development at the Los Angeles County General Hospital project area as outlined on the portion of the Los Angeles USGS topographic quadrangle map that you sent to me via e-mail on July 15, 2025. We do not have fossil localities that have been recorded or georeferenced directly within the proposed project area, but we do have fossil localities nearby from similar sedimentary deposits that may occur in the proposed project area, either at the surface or at depth.

The following table shows the closest known localities in the collection of the Natural History Museum of Los Angeles County (NHMLA).

Locality Number	Location	Formation	Taxa	Depth
LACM VP 2032	Los Angeles Brickyard Mission Rd. & Daly St.	Unknown formation (Pleistocene, silt & clay)	Mastodon (<i>Mammut</i>)	20-35 feet bgs
LACM VP 1023	Workman & Alhambra Sts	Unknown formation (Pleistocene)	Sabertooth cat (<i>Smilodon</i>), horse (<i>Equus</i>), deer (<i>Odocoileus</i>), Turkey (<i>Meleagris</i>)	Unknown (excavations for storm drains)
LACM VP 3882	Steep hill near 527 Lincoln Park Avenue	Modelo Formation	Baleen whale (<i>Mixocetus elysius</i> holotype)*	Unknown
LACM VP 1880	3320 Seymour St., W of Mt. Washington	Modelo Formation (orange shale)	Fish (Osteichthyes)	surface
LACM VP 1027	Valley Blvd. at Highbury St.; Los Angeles	Modelo Formation (diatomite)	Herring (<i>Xyne</i>)	Unknown
LACM VP 3363	W of Monterey Pass Road in Coyote Pass; Monterey Park	Unknown formation (Pleistocene; sand and silt)	Horse (<i>Equus</i>)	Unknown

Locality Number	Location	Formation	Taxa	Depth
LACM VP 7990	Hall of Justice building, downtown Los Angeles	Puente Formation, Yorba Member (claystone; siltstone & sandstone layers)	Teleostei (viperfish [<i>Chauliodus</i>], cod [Gadiformes], herring/shad/sardines [Clupeidae], mackerel/tuna/bonito [Scombridae], slickheads [Alepocephalidae], smelts [Bathylagidae], herring smelt [Argentinidae], scaly dragonfish [Stomiidae], bristlemouths [Gonostomidae])	Unknown depth (fossil layers at 257-321 feet above mean sea level)

VP, Vertebrate Paleontology; IP, Invertebrate Paleontology; bgs, below ground surface

** See Kellogg 1934, Carnegie Inst. Washington Publ. 447(3):86 and Bussino & Barnes 1984, Terra 22(4)17*

This records search is limited to the records of the NHMLA. It is not intended as a paleontological assessment of the project for the purposes of California Environmental Quality Act (CEQA) or National Environmental Policy Act (NEPA). Potentially fossil-bearing units are present in the project area, either at the surface or in the subsurface. As such, NHMLA recommends that a paleontological assessment be conducted by a paleontologist meeting Federal (43 Code of Federal Regulations Part 49.110) or Society of Vertebrate Paleontology standards for compliance with applicable regulations, such as CEQA or NEPA.

Sincerely,



Alyssa Bell, Ph.D.
Natural History Museum of Los Angeles County

APPENDIX B
Resume of Dr. Wayne Bischoff (Principal)



DR. WAYNE BISCHOFF
Director of Cultural Resources

Years of Experience
Over 30 years

Education
Ph.D. Anthropology,
Michigan State University

B.A. Anthropology, Purdue
University

Certifications
Registry of Professional
Archaeologists (RPA
#32450562)

Hazwoper 24-hour

Professional Affiliations
Society for California
Archaeology

Southern California
Paleontological Society

Society of Vertebrate
Paleontology

Ventura County
Archaeological Society

Specialized Training
Built Environment
Assessments

Paleontological
Assessments

Ethnographic Reports

AB-52/Tribal Consultation

Dr. Bischoff has over 30 years of experience in managing cultural resource projects and ensuring compliance with the California Environmental Quality Act (CEQA), Section 106 of the National Historic Preservation Act (NHPA), the National Environmental Protection Act (NEPA), and state, county, city, and local government cultural laws, guidelines, and procedures. He is experienced with the City of Los Angeles, having completed dozens of cultural resource projects within the City and surrounding municipalities. He has also completed numerous cultural, paleontological, and built environment projects throughout Los Angeles County. Dr. Bischoff has worked with all Tribal Groups of the Greater Los Angeles area and has provided expert consultation, including Assembly Bill (AB) 52 consultation, writing support, and coordination. He has also written, planned, and enforced cultural resource components of many forms of CEQA and NEPA documents and been a part of Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), and Programmatic Agreement (PA) development teams.

Dr. Bischoff’s experience includes residential and commercial development, public works, storm and sewer projects, environmental restoration, water resources, energy and transmission line, highway and bridge, telecommunication, educational facility, and park and trail project. Dr. Bischoff has been the principal or project manager for hundreds of cultural projects in California, including Phase I literature searches and surveys, Phase I(b) subsurface surveys, Phase II evaluations, and Phase III data recoveries.

Dr. Bischoff also has extensive experience consulting with state and federal agencies, including the State Historic Preservation Office (SHPO), California Department of Transportation (Caltrans), the Department of Defense, the General Services Agency (GSA), California Department of Parks and Recreation, the U.S. Department of Agriculture (USDA), many U.S. Army Corps of Engineers (ACOE) districts, Fish and Wildlife, the California Public Utilities Commission (CPUC), and the National Park Service, among others.



REPRESENTATIVE PROJECT EXPERIENCE

Phase I Survey of 28730 Agoura Road, City of Agoura Hills, Los Angeles

Principal and Project Manager for this commercial project, which included SCCIC, NAHC, and NHM record searches and a site survey. A large prehistoric site was discovered and mapped as part of this project. The prehistoric site was evaluated as part of the study, creating a combined Phase I/Phase II report for the City (January 2024 – Current).

Phase I Survey of the Westwood Lane Residential Housing Project, City of Grand Terrace, County of San Bernardino County

Principal and Project Manager for this 60+ acre project, which included SCCIC, NAHC, and NHM record searches and a site survey. (January 2024 – Current).

Cultural Resource Monitoring for the Sanborn II Solar Farm project, County of Kern

Native American, archaeological, and paleontological monitoring principal for this large Terra Gen project. Project includes updating numerous cultural resources and the recordation of new isolates (January 2024 – Current).

Completion of a Positive Findings Combined Phase I Survey and Phase II Evaluation Report for 3555 Chaney Avenue, City of Altadena, County of Los Angeles

Principal and Project Manager for the Phase I/Phase II report, which included SCCIC, NHM, and NAHC record searches. The project also involved the mapping and completion of a DPR for a large Late-19th Century brickmaking industrial site, which was later evaluated and recommended to be eligible to the CRHR (September 2023 – Current).

Orange County Health Care Center Arch/Paleo Monitoring, City of Irvine, County of Orange

Principal and Project Manager for this archaeological and paleontological monitoring project, which included a WEAP, and other post-construction tasks (July 2023 – Current).

Archaeological Monitoring for the Rancho Sierra Affordable Housing Project, City of Los Angeles, City of Camarillo, County of Ventura

Principal and Project Manager for this archaeological monitoring project (May 2023 – Current).

Paleontological Monitoring of 4827 Sepulveda, City of Los Angeles, Area of Sherman Oaks, County of Los Angeles

Principal and Project Manager for this large paleontological monitoring project. (July 2022 – Current).

Archaeological Monitoring for the 623 South La Brea Affordable Housing Project, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this archaeological monitoring project, which included a detailed project Monitoring Plan, WEAP, and other pre-construction tasks (January 2022 – Current).

Los Angeles Unified Schools Department (LAUSD) Environmental On-Call (including cultural resources), City of Los Angeles, County of Los Angeles

Principal, Project Manager, and cultural resource consultant as needed. Envicom was one of 15 companies to be awarded this large on-call contract. (February 2017 – Current).

Paleontological Monitoring of the Citrus Commons Project, City of Los Angeles, Area of Sherman Oaks, County of Los Angeles

Principal and Project Manager for this paleontological monitoring project. This project led to a large salvage project where over 4000 Late Pleistocene animal bones and bone fragments were collected, cleaned, and stabilized. Over a dozen animal species were represented, with 30% of an extinct bison being plaster jacketed for later processing. The La Brea Tarpits staff completed a partial species identification report for the faunal collection. The Natural History Museum of Los Angeles County identified the collection as the largest ever discovered in the San Fernando Valley. The collection will be curated at CSUCI for future research projects. (October 2021 – March 2024).

Completion of a Historical Built Environment Impact Report for 4403 Thatcher Road, City of Ojai, County of Ventura

Principal and author for this built environment impacts assessment and partial evaluation project for the Twin Peaks Ranch historical site, which included an indirect impacts and viewshed impacts assessment (February 2024 – March 2024).

Phase I Survey of Additional Segments of the Agoura Hills Recreational Center Trail Project, City of Agoura Hills, County of Los Angeles

Principal and Field Director for this public trail survey, which surveyed additional loop segments for the Agoura Hills Recreational Center Trail. (February 2024 – March 2024).

Phase I Survey of the Calabasas Kia Dealership 2nd Parcel, Calabasas, County of Los Angeles

Principal and project manager for this Phase I survey, which included SCCIC and NAHC record searches and a site visit (March 2024).

Phase I Survey of the Sagebrush III Battery Storage Project, Terra Gen Windfarms, County of Kern

Principal and Project Manager for this 300+ acre project, which included a record search and a site survey. (January 2024 – March 2024).

Peer Review of the Cultural Phase I Report for 4875 Spring Housing Project, City of Moorpark, County of Ventura

Peer review was conducted on behalf of the County of Ventura for this project (December 2023 – February 2024).

Phase I Survey of 1118 North Signal Street, City of Ojai, County of Ventura

Principal and Project Manager for this residential project, which included a report of findings, but with the City allowing monitoring instead of the standard record searches. (February 2024).

Native American consultation for the City of Thousand Oaks on the 1651 Lynn Road Project, City of Thousand Oaks, County of Ventura

Native American consultant for this 17-lot residential subdivision project (February 2024).

North Canyon Ranch 170-acre Residential Subdivision, City of Simi Valley, County of Ventura

Cultural resource consultant for entitlement process. (November 2023 – February 2024).

Phase I Survey of 23755 Newhall Avenue, City of Santa Clarita, County of Los Angeles(revised)

Updating the original 2021 report of findings for this commercial project, including with geotechnical information (January 2024 – February 2024).

Phase I Survey of 1449 North Montgomery Street, City of Ojai, County of Ventura

Principal and Project Manager for this residential project, which included a report of findings, but with the City allowing monitoring instead of the standard record searches. (January 2024).

Phase I Survey of 727 Grand Avenue, City of Los Angeles, County of Los Angeles

Principal and Field Director for this survey project, which includes SCCIC, NHM, and NAHC record searches and a site visit. Addressing a 1963 utilitarian parking structure was also an issue for the project. Envicom also produced a Native American Ethnographic Report for the project following the latest City guidelines (November 2021 – January 2024).

Completion of Primary and Building DPR Forms for 4884 North Ventura Avenue, City of Ventura, County of Ventura

Principal for this built environment survey and DPR completion project (January 2024).

Phase I Survey of 4181 Ruffin Road, City of San Diego, County of San Diego

Principal and Project Manager for this commercial development project, which included SCIC, NAHC, and SDNHM record searches. This project involved positive findings from the NAHC. (November 2023 – January 2024).

Native American Consultation for the 9143 DeSoto Project, 4181 Ruffin Road, City of Los Angeles, County of Los Angeles

Envicom conducted a NAHC record search and provided Native American consultation for the project team. (December 2023 – January 2024).

Peer Review of the Cultural Phase I Report for the Xia TTM 68203 Project, City of Palmdale, County of Los Angeles

Peer review was conducted on behalf of the City for this project (December 2023).

Archaeological and Paleontological Monitoring for the Wisteria at Warner Center Project, City of Los Angeles, Area of Woodland Hills, County of Los Angeles

Principal and Project Manager for this archaeological monitoring project, which included a detailed project Monitoring Plan, WEAP, and other pre-construction tasks, including bio sweeps (November 2022 – November 2023).

Newport Crossings, City of Newport Beach, County of Orange

Principal and Project Manager for this archaeological and paleontological monitoring project, which included a WEAP, and other pre-construction tasks (March 2023 – October 2023).

Phase I Survey of the LAUSD Canoga Park High School, City of Los Angeles, Area of Canoga Park, County of Los Angeles

Principal and Project Manager for this survey project, which included SCCIC, NHM, and NAHC record searches. (July 2023 – September 2023).

Phase I Survey of 5825 Philip Avenue, City Malibu, County of Los Angeles

Principal and Project Manager for this residential development project, which included SCCIC and NAHC record searches (July 2023 – September 2023).

Phase I Survey of the Western Segment of the Agoura Hills Recreational Center Trail Project, and the Phase II Evaluation of Three Prehistoric Archaeological Sites, City of Agoura Hills, County of Los Angeles

Principal and Field Director for this public trail survey and evaluation project, which surveyed an additional segment of the Agoura Hills Recreational Center Trail. The discovery of three (3) prehistoric sites led to separate evaluation work, which recommended that one of the sites was eligible to the CRHR due to the presence of complex prehistoric features, task areas, and extensive lithic artifacts (April 2023 – September 2023).

Phase I Survey of 210 East Matilija, City of Ojai, County of Ventura

Principal and Project Manager for this residential development project, which included SCCIC and NAHC record searches (July 2023 – August 2023).

Phase I Survey of the Studio City Mixed-Use Project, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this mixed-use development project, which included SCCIC, NAHC, and NHM record searches (May 2023 – August 2023).

Phase I Survey of the Calabasas Kia Dealership, City of Calabasas, County of Los Angeles

Principal and project manager for this small Phase I survey, which included SCCIC and NAHC record searches and a site visit (December 2022 – August 2023).

Response to Peer Review of the Saugus Gas Station CATEX project, City of Santa Clarita, County of Los Angeles

Peer review was conducted on behalf of the City for this project, with Envicom providing comments and edits to the original cultural report to reflect current conditions (June 2023 – July 2023).

Phase I Survey of the Rancho Potrero Equestrian Center Lighting Project, City of Thousand Oaks, Ventura

Principal and Project Manager for this project, which included SCCIC/NAHC/NHM record searches and a site visit. (April 2023 – July 2023).

Cultural Monitoring of the Riverpark Landing Commercial Development Project, City of Oxnard, County of Ventura

Principal and Project Manager for the archaeological monitoring of this small commercial development project (October 2022 – July 2023).

Phase I Survey for the Soledad Mixed Use Project, City of Santa Clarita, County of Los Angeles

Principal and Project Manager for this project, which included updating a previous report, addressing third-party review questions, and updating project paleontological studies. (March 2023 – June 2023).

Phase I Survey of the Pearblossom Gas Station Project, Unincorporated Area of the County of Los Angeles

Principal and Field Director for this commercial development project, which included SCCIC, NAHC, and NHM record searches. During survey work, an older historical cultural resource was discovered.

Additional tasks involved determining that the identified site was not part of a nearby State of California Landmark; the Llano del Rio socialist commune (1914 to 1918). Shovel tests were placed within the existing older historical cultural resource and an updated DPR for the site were also completed (May 2022 – April 2023).

Phase I Survey of 514 Vista Hermosa, City of Ojai, County of Ventura

Principal and Project Manager for this project, which included an SCCIC/NAHC record search and a site visit. (April 2023 – April 2023).

Phase I Survey of the Princeton Road Mixed-Use Project, City of Moorpark, County of Ventura

Principal and Project Manager for this large 21-acre commercial project, which included SCCIC, NHM, and NAHC record searches and a site survey. This project involved assessing a large destroyed prehistoric site that once was located on the property. (April 2022 – March 2023).

Phase III Data Recovery and Monitoring of CA-VEN-271, City of Thousand Oaks, County of Ventura

Principal and Project Manager for this data recovery project to take place before monitoring of construction of The Oaks multi-family residential project (October 2022 – March 2023).

Consultant for the 40th Street and Avenue L Project, City of Lancaster, County of Los Angeles

Dr. Bischoff addressed Tataviam comments on the Phase I report and drafted a response memo for use by the Client during the entitlement and AB-52 consultation process as needed (March 2023 – March 2023).

1413 Michigan Avenue Archaeological and Native American Monitoring and SHPO Reporting Coordination for a HUD housing project, City of Santa Monica, County of Los Angeles

Envicom completed archaeological and Native American monitoring tasks for this HUD housing project. During monitoring, an older historical cultural resource with a prehistoric element was discovered. Additional tasks related to the discovery included the completion of a DPR and the cleaning, processing, and tabulation of a large number of historical and prehistoric artifacts. The project also involved periodic reporting to SHPO and the creation of a final monitoring report (June 2022 – February 2023).

Archaeological and Paleontological Monitoring for the San Pedro High School Upgrade Project for LAUSD, City of Long Beach, County of Los Angeles (Phase I) (with Samantha Renta and PaleoWest subconsultants).

Principal and Project Manager for this large archaeological and paleontological monitoring project. PaleoWest was involved with monitoring Miocene bedrock formations, which recovered a dolphin rib and many fish bones and scales. Envicom was involved with the salvage and data recovery of a large amount of Pleistocene (100,000 bp) shells and invertebrates in a layer linked to the second Palos Verdes terrace. Dr. Austin Hendy of the Natural History Museum of Los Angeles County was involved in this data recovery as methodology consultant and speciation expert. The Pleistocene collection will be housed at the NHM when cleaning and tabulation are completed. (June 2021 – February 2023).

Phase I Survey of 32420 Pacific Coast Highway, City of Malibu, County of Los Angeles

Principal and project manager for this small Phase I survey, which included SCCIC and NAHC record searches and a site visit (December 2022 – January 2023).



28116 Pacific Coast Highway Archaeological Monitoring, City of Malibu, County of Los Angeles

Principal and Project Manager for this small archaeological monitoring project. A final monitoring memo was produced for the project. (May 2022 – January 2023).

Phase I Survey of 31335 Lobo Canyon Road, City of Agoura Hills, County of Los Angeles

Principal and project manager for a project SCCIC record search and consultation tasks (December 2022 – January 2023).

Phase I Survey of 21415 Plummer Street Industrial Project, City of Los Angeles, Area of Chatsworth, County of Los Angeles

Principal and project manager for this small Phase I survey, which included SCCIC and NAHC record searches and a site visit. Project later completed as a CATEX (December 2022 – January 2023).

Phase I Survey of 21605 Plummer Street Industrial Project, City of Los Angeles, Area of Chatsworth, County of Los Angeles

Principal and project manager for this small Phase I survey, which included SCCIC and NAHC record searches and a site visit. Project later completed as a CATEX (December 2022 – January 2023).

1100 Rancho Conejo Cultural Resource Monitoring: Demolition Phase, City of Thousand Oaks, County of Ventura

Principal and Project Manager for this large demolition-phase archaeological and paleontological monitoring project. A final monitoring report will be produced for the project. (July 2022 – January 2023).

Phase I Survey of 1046 Cuyama, City of Ojai, County of Ventura

Principal and project manager for this small Phase I survey, which included SCCIC and NAHC record searches and a site visit (November 2022 – January 2023).

Phase I Survey of 1090 Cuyama, City of Ojai, County of Ventura County

Principal and project manager for this small Phase I survey, which included SCCIC and NAHC record searches and a site visit (November 2022 – January 2023).

Development of a Data Recovery Plan for 31800 Broad Beach Road, City of Malibu, County of Los Angeles

Principal and project manager for the authoring of a project data recovery plan for this Malibu Beach project (December 2022 – January 2023).

Phase I Survey of the Canwood Mixed-Use Development Project and the Phase II Evaluation of the Canwood 1 Historical Cultural Resource, City of Agoura Hills, County of Los Angeles

Principal and Project Manager for this large mixed-use project, which included SCCIC and NAHC record searches and a site survey as well as the evaluation and recordation of an early 20th Century historical site. (January 2022 – January 2023).

Phase I Survey of 3555 Chaney Avenue, City of Altadena, County of Los Angeles

Principal and Project Manager for this survey of 40-acres of mostly undeveloped land, which included SCCIC, NHM, and NAHC record searches. The survey work led to the discovery of a large Late-19th Century brickmaking industrial site, which was mapped in full (July 2022 – December 2022).

Phase I Survey of 210 Del Norte, City of Ojai, County of Ventura

Principal and project manager for this small Phase I survey, which included SCCIC and NAHC record searches (October 2022 – November 2022).

Phase I Survey of 3802 Avenida Simi, City of Simi Valley, County of Ventura

Principal and Field Director for this survey project for Habitat for Humanity, which included SCCIC and NAHC record searches (July 2022 – November 2022).

2150 Hillcrest Phase I Survey, City of Thousand Oaks, County of Ventura

Principal and Project Manager for this commercial project that involved SCCIC and NAHC record searches (August 2022 – November 2022).

Phase I Survey of 21555 Roscoe, City of Canoga Park, County of Los Angeles

Principal and Project Manager for this survey project, which included SCCIC and NAHC record searches. Addressing several older built environment structures of various integrities was an issue for the project (July 2022 – November 2022).

Pepperdine University: Native American Consultation, City of Malibu, County of Los Angeles

I have provided Pepperdine University professional advice and consultation on a variety of Native American subjects and consultation issues for their current and upcoming development projects (January 2020 – November 2022).

Paleontological consultant for the Riverwalk I Project, City of Santa Clarita, County of Los Angeles

Principal paleontological consultant for this commercial and residential project, which included the drafting of a memo for the City regarding planned site conditions not triggering paleo monitoring of the project. (October 2022 – October 2022).

Archaeological Monitoring at the Sakioka Business Park, City of Oxnard, County of Ventura

Project Manager for this large archaeological monitoring project, which included the recordation of a significant early historic cultural resource (1860s through 1920s) and the processing of hundreds of older historic artifacts. (October 2020 – October 2022).

Phase I Survey of 1651 Lynn Road, City of Thousand Oaks, County of Ventura

Principal and Field Director for this 17-lot residential subdivision project, which included SCCIC and NAHC record searches (June 2022 – September 2022).

Phase I Survey of the Calle Tecate Commercial Project, City of Camarillo, County of Ventura

Principal and Project Manager for this survey project, which included SCCIC and NAHC record searches (August 2022 – September 2022).

Peer Review of the Cultural Phase I Report for the Santa Clarita TTM 68203 Project, City of Santa Clarita, County of Los Angeles

Peer review was conducted on behalf of the City for this project (August 2022 – September 2022).

Phase I Survey of the Oxnard Landing Commercial Development Project, City of Oxnard, County of Ventura

Principal and Project Manager for this small commercial development project, which included a site survey and archaeological monitoring of all site subsurface activities. (March 2022 – August 2022).

Phase I Survey of the Agoura Recreational Center Trail Project, and the Phase II Evaluation of Five Prehistoric Archaeological Sites, City of Agoura Hills, County of Los Angeles

Principal and Field Director for this public trail survey and evaluation project, which included SCCIC, and NAHC record searches, as well as a survey of multiple proposed trail alignments. The discovery of five (5) prehistoric sites led to separate evaluation work, which recommended that three sites were eligible to the CRHR due to the presence of complex prehistoric features, task areas, and extensive lithic artifacts (April 2022 – August 2022).

Phase I Survey of 1502 San Rafael Street, City of Ojai, County of Ventura

Principal and Project Manager for this small survey project, which included SCCIC and NAHC record searches. Due to SCCIC delays involving staffing problems, the City of Ojai granted Envicom a variance to produce the cultural report without state information center data (June 2022 – August 2022).

Agoura Gateway Project, City of Agoura Hills, County of Los Angeles

Consultant for Native American consultation and project scoping. (July 2022 – August 2022).

5506 Pacific Avenue, City of Los Angeles, Area of Venice, County of Los Angeles County

Consultant for the applicant in addressing California Coastal Commission monitoring directives on a site constructed entirely of artificial fill. (July 2022).

Phase I Survey of the Paramount Senior Assisted Living Center, City of Los Angeles, Area of Paramount, County of Los Angeles

Principal and Field Director for this survey project, which includes SCCIC, NHM, and NAHC record searches. This project also required the DPR recordation of a 1950s church, which will be demolished as part of the project. An additional 1920s built environment resource was also assessed as not being eligible for evaluation due to evaluation during a previous project (November 2021 – June 2022).

CA-LAN-320 Phased Evaluation Project, City of Agoura Hills, County of Los Angeles

Principal and Project Manager for the phased evaluation (Phase II) of CA-LAN-320 in response to potential impacts from the construction of the Conrad N. Hilton Foundation Phase 2 Campus Building. The site is a prehistoric Chumash residential and ceremonial center of over 80-acres in size and that was used by prehistoric Native Americans from 300 B.C. to the late 1700s. Dozens of test units, hundreds of shovel test pits, surface collection, and surface feature mapping have been completed to date planned. (August 2015 – June 2022).

Phase I Survey of the Rancho Santa Susana Park Phase 4 Development, City of Simi Valley, County of Ventura

Principal and Project Manager for this 4-acre commercial project for the Rancho Simi Parks Department, which included SCCIC and NAHC record searches and a site survey. (March 2022 – May 2022).

Phase I Survey of 6500 Sunset Boulevard, City of Los Angeles, County of Los Angeles

Principal and Field Director for this survey project, which includes SCCIC, NHM, and NAHC record searches. Project was put on hold at the draft report stage (October 2021 – April 2022).

Phase I(b) Survey of APN 673-0-460-190, City of Newbury Park, County of Ventura

Principal and Project Manager for this residential development project, which included subsurface shovel test pits as part of the surface survey as well as construction phase monitoring (April 2022 – April 2022).

Peer Review of the Cultural Phase I Report for the Eternal Valley Cemetery Expansion, City of Santa Clarita, County of Los Angeles

Peer review was conducted on behalf of the City for this project (February 2022 – April 2022).

Phase I Survey of the Rolling Oaks Proposed Open Space, City of Thousand Oaks, County of Ventura

Principal and Project Manager for this proposed park property for the Conejo Recreation and Parks District, which included SCCIC and NAHC record searches. (December 2021 – April 2022).

Phase I Survey of 4303 Ocean View Drive, City of Malibu, County of Los Angeles

Principal and Project Manager for this residential development project, which included SCCIC and NAHC record searches (December 2021 – April 2022).

Phase I Survey of 3948 Las Flores Canyon Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this residential development project, which included SCCIC and NAHC record searches (December 2021 – April 2022).

Phase I Survey of 3942 Las Flores Canyon Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this residential development project, which included SCCIC and NAHC record searches (December 2021 – April 2022).

Phase I Survey of 21373 Rambla Vista Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this residential development project, which included SCCIC and NAHC record searches (December 2021 – April 2022).

Phase I Survey of 21425 Rambla Vista Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this residential development project, which included SCCIC and NAHC record searches (December 2021 – April 2022).

Phase II Evaluation of the “Lancaster 3” site, Lancaster Tract 72534, City of Lancaster, County of Los Angeles

Principal and Project manager for this evaluation report, which evaluated an older historical archaeological site as per CRHR Criteria 1, 2, and 4. Two temporal elements were identified; one from the early 20th Century, and another from the 1950s/1960s. Neither was recommended as eligible (December 2021 – April 2022).

1413 Michigan Avenue NEPA Environmental Assessment (EA) for a HUD housing project, City of Santa Monica, County of Los Angeles

Cultural Resource consultant for the project, which involved potential impacts to a City historic landmark – the Nikkei Hall – and authoring a “No Impact” letter to SHPO for the Client. Tasks also included consultation with SHPO and Tribal Groups, and support of an architectural evaluation of the structure as per the NRHP and CRHR. A final DPR for the local landmark was also produced by the project team (October 2021 – April 2022).

Phase I Survey of the Palmdale 70 Affordable Housing Project, City of Palmdale, County of Los Angeles

Principal and Project Manager for this affordable housing residential development project, which included SCCIC, NHM, and NAHC record searches (January 2022 – March 2022).

Phase I Survey of 400 Gorham Road, City of Ojai, County of Ventura

This was a NEPA/Section 106 project. Principal and Project Manager for this affordable housing project, which included an SCCIC and NAHC record searches. (January 2022 – March 2022).

Archaeological and Paleontological Monitoring of the Twin Lakes Water Tank Construction for the Las Virgenes Water District, City of Los Angeles, Area of Porter Ranch, County of Los Angeles

Principal and Project Manager for this archaeological and paleontological monitoring project. (November 2021 – March 2022).

Oakmont Senior Living Historic and Archaeological Display Production, Agoura Hills, Los Angeles County, CA.

Project Manager for this historical interpretation display project (October 2020 – March 2022).

Phase I Survey of 5809 Trancas Canyon Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this residential development project, which included SCCIC and NAHC record searches (December 2021 – February 2022).

Phase I Survey of a Parcel at 30th Street and Avenue I, City of Lancaster, County of Los Angeles

Principal and Project Manager for this residential development project, which included an SCCIC, NAHC, and NHM record searches and a site visit. Additional tasks included a paleontological survey of the property and the recordation of a large 1930s/1940s residential archaeological site (September 2021 – February 2022).

Phase I Survey of 325 and 391 Hampshire, City of Thousand Oaks, County of Ventura

Principal and Project Manager for this mixed-use development project, which included an SCCIC, NAHC, and NHM record searches and a site visit. This project also included an architectural assessment and evaluation of the utilitarian commercial building (August 2021 – February 2022).

Phase I Survey of 2301 Santiago Court, City of Oxnard, County of Ventura

Principal and Project Manager for this 4-acre commercial project, which included a record search and a site survey. (October 2021 – January 2022).

Phase I Survey of 5868 Deerhead Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this residential development project, which included a SCCIC and NAHC record search and a site visit (October 2021 – January 2022).

Oakmont Senior Housing Archaeological, Paleontological, and Native American Monitoring Project, City of Agoura Hills, County of Los Angeles

Principal and Project Manager for this archaeological, paleontological, and Native American monitoring project. (January 2020 – January 2022).

Phase I Survey of a Parcel at 40th Street and Avenue L, City of Lancaster, County of Los Angeles

Principal and Project Manager for this residential development project, which included an SCCIC, NAHC, and NHM record searches and a site visit. Additional tasks included a paleontological survey of the property (September 2021 – December 2021).

Phase I Survey of the Sagebrush II Battery Storage Project, Terra Gen Windfarms, County of Kern

Principal and Project Manager for this project, which included a record search and a site survey. (October 2021 – December 2021).

Phase I Survey of the Rob's Acre Battery Storage Project, Terra Gen Windfarms, County of Kern

Principal and Project Manager for this project, which included a record search and a site survey. (October 2021 – December 2021).

Phase I Survey of the Sagebrush I (extended) Battery Storage Project, Terra Gen Windfarms, County of Kern

Principal and Project Manager for this project, which included a Bakersfield record search and a site survey. (October 2021 – December 2021).

Phase I Survey of the Barrera Hacienda Heights Residential Project, Unincorporated Area, County of Los Angeles

Principal and Project Manager for this 12-acre residential development project, which included an SCCIC, NAHC, and NHM record searches and a site visit. (August 2021 – December 2021).

Phase I Survey of 11480 Sulphur Mountain Road, Unincorporated Area, County of Ventura

Principal and Project Manager for this commercial development project, which included a SCCIC and NAHC record search and a site visit (September 2021 – November 2021).

Phase I Survey of 710 West Harvard, City of Santa Paula, County of Ventura

This is a NEPA/Section 106 project. Principal and Project Manager for this mixed-use development project, which included an SCCIC and NAHC record searches and a site visit. This project also included later consultation with the Client and City on the discovery of a previously unknown historic well (August 2021 – November 2021).

Phase I Survey of the Bixby Villas Development Project, City of Long Beach, County of Los Angeles

Principal and Project Manager for this residential development project, which included an SCCIC and NAHC record searches and a site visit. (July 2021 – November 2021).

Phase I Survey of the Dorothy Drive Residential Development Project, City of Agoura Hills, County of Los Angeles County, CA.

Principal and Project Manager for this 9-acre residential development project, which included an SCCIC, NHM, and NAHC record searches and a site visit. (August 2021 – September 2021).

Archaeological, Paleontological, and Native American Monitoring for the JPA/Las Virgenes Water District Solar Farm Expansion, City of Calabasas, County of Los Angeles

Principal and Project Manager for this monitoring project. This project encountered a prehistoric lithic scatter at depth, which included lithic material, a point fragment, and groundstone artifacts. An older historic hearth was also discovered. The project concluded with a prehistoric site form and a small display at the Las Virgenes Water District headquarters (April 2020 – September 2021).

Phase I Survey of the Agoura Yard Development Project, City of Agoura Hills, County of Los Angeles

Principal and Project Manager for this mixed-use development project, which included an SCCIC and NAHC record searches and a site visit. (July 2021 – September 2021).

Cultural Resource Monitoring for the Oasis Windmill Farm Phase II, County of Kern

Project manager for the monitoring of impacts to cultural resources as part of the Oasis Windmill Farm Phase II upgrade. Project including updating numerous cultural resources and the recordation of one new prehistoric site with bedrock milling and other surface features (March 2021 – August 2021).

Phase I Survey of the Sagebrush Battery Storage Project, Terra Gen Windfarms, County of Kern

Principal and Project Manager for this project, which included a Bakersfield record search and a site survey. (July 2021 – August 2021).

Ferro Ditch Biological and Archaeological Monitoring, County of Ventura Public Works Osteology, Area of Somis, County of Ventura

Principal Archaeologist and Project Osteologist for this public improvement project. This project also involved the field analysis of excavated bones as being non-human. (January 2021 – July 2021).

Phase I Survey of “The Malibu Club” Project, City of Malibu, County of Los Angeles

Principal and Project Manager for this commercial development project, which included an SCCIC, NAHC, and NHM record searches and a site visit. (June 2021 – July 2021).

Phase I Survey of the Moorpark 67 Residential Development Project, City of Moorpark, County of Ventura

Principal and Project Manager for this 67-acre project, which included an SCCIC, NAHC, and NHM record searches and a site visit, as well as responses to peer review. (May 2021 – July 2021).

Review of Technical Documents, Cultural Resource Consultant for the City of Agoura Hills, and EIR Cultural Section Writing for “The Agoura Village Expansion” project, City of Agoura Hills, County of Los Angeles

Professional review of project cultural resource documents and authoring of cultural resource section of MND for this large mixed-use project. The primary challenge is that the entire development is located on a CRHR-eligible prehistoric Native American cultural resource. (January 2018 – June 2021).

Archaeological Monitoring for 1055 North Signal, City of Ojai, County of Ventura

Principal and Project Manager for this small archaeological monitoring project. (February 2021 – June 2021).

Phase I Survey of the Agoura Kanan Village Project; Additional Project Areas to be Impacted, City of Agoura Hills, County of Los Angeles

Principal and Project Manager for this project, which involved the survey of additional project areas and the recordation and updating of two previously known prehistoric cultural resources. (April 2021 – May 2021).

Phase I Survey of 22825 West Roscoe, Area of West Hills, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC and NAHC record searches and a site visit. (April 2021 – May 2021).

Phase I Survey of 23755 Newhall Avenue, City of Santa Clarita, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC and NAHC record searches and a site visit. The discovery of an older historic cultural resource also resulted in the recordation of a cultural resource on State of California DPR forms. A paleontological survey report was also completed by PaleoWest as per the NHM findings (March 2021 – May 2021).

Phase I Survey of a Property on Giles Road, Area of Lake Sherwood, County of Ventura

Principal and Project Manager for this project, which included an SCCIC and NAHC record search and a site visit. Exploration of all rock shelters and cache openings on the property for historic artifacts was part of this project. A pre-construction survey was also completed for the project. (July 2020 – May 2021).

Phase I Survey of 12772 San Fernando Road, Area of Sylmar, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC and NAHC record searches and a site visit. (March 2021 – May 2021).

Phase I Survey of a large parcel located off of West Avenue I, Area of Antelope Valley, City of Lancaster, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC, NHM, and NAHC record searches and a site visit. The discovery of an older historic cultural resource also resulted in the recordation of a cultural resource on State of California DPR forms. A paleontological survey report was also completed by PaleoWest as per the NHM findings (March 2021 – April 2021).

Phase I Survey of 2140 Stunt Road, Unincorporated Area, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC and NAHC record searches and a site visit. (March 2021 – April 2021).

Arts District Archaeological Monitoring Project, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this archaeological monitoring project. (October 2020 – April 2021).

Phase I Survey of the Lynch Land and Cattle Property, Area of Somis, County of Ventura

Principal and Project Manager for this project, which included an SCCIC and NAHC record searches and a site visit. (February 2021 – April 2021).



Phase I Survey of 3870 Puerco Canyon Road (Lot 1), City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (February 2021 – April 2021).

Phase I Survey of 3870 Puerco Canyon Road (Lot 2), City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (February 2021 – April 2021).

Phase I Survey of the Ladyface Vista project, City of Agoura Hills, County of Los Angeles

Principal and Project Manager for this project, which included SCCIC, NAHC, and NHM record searches and a site visit. This large project had complex paleontological issues, which Envicom addressed with the NHM report and an excellent geotechnical report (February 2021 – March 2021).

Phase I Survey of the Central Plaza Shopping Center Project, City of Camarillo, County of Ventura

Principal and Project Manager for this project, which included SCCIC, NAHC, and NHM record searches and a site visit. (February 2021 – March 2021).

Phase I Survey of 3426 Serra Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (January 2021 – March 2021).

Oakmont Senior Living Historic and Archaeological Display Production, City of Simi Valley, County of Ventura

Project Manager for this historical interpretation display project (with the Strathearn Historic Park and Museum) (September 2020 – February 2021).

Cultural Resource Monitoring for the Oasis Windmill Farm, County of Kern

Project manager for the monitoring of impacts in six cultural resources as part of the Oasis Windmill Farm upgrade (August 2020 – February 2021).

Archaeological Monitoring at the Arctic Cold Industrial Project Site, City of Oxnard, County of Ventura

Project Manager for this large archaeological and Native American monitoring project. (November 2020 – February 2021).

Phase Ib (subsurface) Survey 239 Oak Glen Avenue, City of Ojai, County of Ventura

Principal and Project Manager for this City-requested Phase Ib survey, which included the excavation of six shovel test pits and a comprehensive site assessment to supplement work completed in 2020 as the “Rancho Ojai” project. (February 2021 – February 2021).

Entitlement Phase Cultural Resource Tasks, Arrowhead Estate Residential Development, City of Banning, County of Riverside

Project Manager for all cultural tasks, which included HAER documentation of the Gilman House Channel, team meetings, and the development of a construction phase Monitoring Plan that incorporated the history of the St. Boniface Indian School. (January 2021 – February 2021).

Phase I Survey of a Proposed Little Rock Mobile Home Park, Unincorporated Area, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. The recordation of a large early 20th Century residential and farm complex on State of California DPR forms was also completed as part of this project. A paleontological survey report was also completed by PaleoWest as per the NHM findings (November 2020 – February 2021).

Phase I survey of the Chadwick School Development Project, City of Palos Verdes, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (December 2020 – February 2021).

Phase I Survey of 3142 Subida Circle, City of Santa Rosa, County of Sonoma

Principal and Project Manager for this project, which included an SCCIC and NAHC record search and a site survey. (August 2020 – February 2021).

Keyes Porsche Archaeological, Paleontological, and Native American Monitoring Project, Area of Woodland Hills, County of Los Angeles

Principal and Project Manager for this archaeological, paleontological, and Native American monitoring project. (August 2020 – February 2021).

Los Angeles Unified School District (LAUSD) Environmental On-Call for Archaeological and Paleontological tasks, County of Los Angeles

Principal, Project Manager, and cultural resource task completion as needed. Envicom is one of three selected vendors for one year, with four potential renewable years in the contract (eventually rolled in with LAUSD environmental on-call contract) (February 2019 – February 2021).

Conrad N. Hilton Foundation Phase Ib of Proposed Phase II Building Locations, City of Agoura Hills, County of Los Angeles

This project involved the excavation of 48 shovel test pits within the western periphery of cultural resource CA-LAN-320 on Foundation property. (January 2020 – January 2021).

Phase I Survey of the Sandefer Residential Project, Unincorporated Area, County of Ventura

Principal and Project Manager for this project, which included an SCCIC and NAHC record search and a site survey. (August 2020 – January 2021).

Phase I Survey of 122 acres of the Canyon Ostara residential development project, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC and NAHC record search and a site survey. (August 2020 – January 2021).

Summit View Apartments Project Paleontological Monitoring for this Veterans Housing Project, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this paleontological monitoring project. (February 2020 – January 2021).

Native American Monitoring at the Los Angeles International Airport (LAX), City of Los Angeles, County of Los Angeles

Project Manager for this long term Native American monitoring project, which includes a Discovery Plan and a final Monitoring Report. (October 2020 – December 2020).

18800 Gale Avenue Archaeological, Biological, and Paleontological Monitoring Project, Area of Rowland Heights, County of Los Angeles

Principal and Project Manager for this archaeological, biological, and paleontological monitoring project. (November 2019 – December 2020).

Phase I survey of 410 Tico Road, City of Ojai, County of Ventura

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (November 2020 – December 2020).

Phase I Survey of a property within the Rancho Ojai subdivision, City of Ojai, County of Ventura

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (October 2020 – November 2020).

Fillmore Terrace Phase I and Native American Consultation, City of Fillmore, County of Ventura

Principal and Project Manager for this large low-income housing project, which included an SCCIC record search, site visit, and Native American consultation on behalf of the City. (September 2020 – October 2020).

Phase I Survey of 730 South Vermont, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC, NAHC, and NHM record searches and a site visit. (June 2020 – October 2020).

Phase I Survey of the Reconstruction of the Brookview Ranch Riding and Event Venue, School of Management Building, County of Los Angeles

Principal and Project Manager for this riding venue rebuild and expansion. Project included a SCCIC/NAHC record search and a site visit. One of the challenges has been integrating a prehistoric cultural resource immediately north of the project development, but on the project property, into the assessment recommendations (July 2019 – September 2020).

Phase I Survey of 715 Del Oro Drive, City of Ojai, County of Ventura

Principal and Project Manager for this project, which included an SCCIC/NAHC record search and a site visit. (June 2020 – August 2020).

Phase I Survey of 604 Gridley Road, City of Ojai, County of Ventura

Principal and Project Manager for this project, which included an SCCIC/NAHC record search and a site visit. (July 2020 – August 2020).

Phase I Survey of the 5041 Lankershim Hotel Property, Area of North Hollywood, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC, NHM, NAHC record searches and a site visit. (May 2020 – July 2020).

Phase II Evaluation of CA-LAN-41 within the Boundary of the Agoura Village project, City of Agoura Hills, County of Los Angeles

Principal and Project Manager for the completion of an Evaluation (Phase II) of a complex prehistoric cultural resource within the boundary of the Agoura Village project. The Phase II involved the excavation of ten test units, dozens of shovel test pits, as well as more detailed mapping of the site. (January 2019 – July 2020).

Phase I Survey of 6544 Wandermere Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (June 2020 – July 2020).

Phase I Survey of 5841 Busch Drive, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (May 2020 – July 2020).

Archaeological and Paleontological Monitoring for the Agoura Landmark Development Project, City of Agoura Hills, County of Los Angeles

Principal and Project Manager for this monitoring project. A positive findings report was also completed and submitted to the City after the discovery of a small lithic scatter within the development footprint (January 2019 – July 2020).

Phase I Survey 505 Centre Street, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC, NAHC, and NHM record searches and a site visit. This complex project had multiple built environment concerns, including the adjacent San Pedro Commercial Historic District (April 2020 – June 2020).

Paleontological Phase I Survey of an Agricultural Development Parcel in Balcom Canyon, Area of Somis, County of Ventura

Author for this project, which included a detailed geological and paleontological statement for the proposed project. (June 2020).

Cultural Resource Discovery Plan for the Oasis and Point Wind Windmill Farm, County of Kern

Author of the discovery plan for upgrades to two large windmill farms for Terra Gen. (March – April 2020).

Phase II Evaluation of Six Native American Archaeological Sites for the Terra Gen Oasis Windmill Farm, County of Kern

Principal and Project Manager for this archaeological evaluation project, which utilized shovel test pits and test units to evaluate six prehistoric Native American cultural resources that would be impacted by future windfarm development. (March 2020 – April 2020).

Phase I Survey of The Emerald Residential Project, City of Lancaster, County of Los Angeles

Principal and Project Manager for this approximately 5-acre housing project, which included an SCCIC/NAHC/NHM record searches and a site visit. (February 2020 – April 2020).

Phase I Survey of The West Palmdale Residential Complex Project, City of Palmdale, County of Los Angeles

Principal and Project Manager for this approximately 35-acre housing project, which included an SCCIC/NAHC/NHM record searches and a site visit. (February 2020 – April 2020).

Conrad N. Hilton Foundation Geotech Boring Archaeological and Paleontological Monitoring, City of Agoura Hills, County of Los Angeles

This project involved the monitoring of geotech trench and drilling sites within Foundation and Las Virgenes Water District properties within the City of Agoura Hills. (January 2020 – April 2020).

Phase I Survey of 4510 Via Vienta, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (January 2020 – April 2020).

Phase I Survey of the Proposed California Lutheran University, School of Management Building, City of Thousand Oaks, County of Ventura

Principal and Project Manager for this university project. Project included a SCCIC/NAHC record search and a site visit. (December 2019 – April 2020).

Phase I Survey of the Twin Lakes Water Tank Project, Area of Porter Ranch, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey for the Los Virgenes Municipal Water District. (October 2019 – April 2020).

Phase I Survey of the Castaic Apartments Project, Town of Castaic, County of Los Angeles

Principal and Project Manager for this large 105-acre mixed use development project, which included an SCCIC/NAHC record search, an NHM record search, and a site visit. The cultural survey discovered two complex older historic sites, which required extensive recordation and evaluation (July 2019 – April 2020).

Sierra West Assisted Living Project, City of Santa Clarita, County of Los Angeles

Principal and Project Manager for this group residential project. Project included NHM/SCCIC/NAHC record searches, and a site visit. A project challenge was addressing historic early 20th Century structures, including an early stagecoach station, which once were located on the property, as well as the proximity of the parcel to a historic (1880s) cemetery. (October 2019 – April 2020).

Phase I Survey of 1175 Camille Drive, City of Ojai, County of Ventura

Principal and Project Manager for this project, which included an SCCIC/NAHC record search and a site visit. (January 2020 – February 2020).

Vineland and Cleon Self Storage Project Phase I Cultural Survey, City of Burbank, County of Los Angeles

Principal and Project Manager for this commercial project. Project included NHM/SCCIC/NAHC record searches, but no site visit due to extensive urbanization. (December 2019 – January 2020).

Phase I Survey of 5617 Busch Drive, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (December 2019 – January 2020).

Cultural Resource Monitoring of the 21110 Oxnard Hotel project, Area of Woodland Hills, County of Los Angeles

Principal and Project Manager for this monitoring project. (August 2019 – January 2020).

Phase I Survey of the Riverwalk II Mixed-Use Project, City of Santa Clarita, County of Los Angeles

Principal and Project Manager for this commercial and Residential Project. Project included a SCCIC/NAHC record search and a site visit. (December 2019 – December 2019).

Phase I Survey of 5814 Philip Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (October 2019 – December 2019).

Phase I Survey of Improvements to the Coronado Golf Course, City of San Diego, County of San Diego

Principal and Project Manager for this project, which included an SCCIC/NAHC record search only. (October 2019 – November 2019).

Phase I Survey of 6208 Tapia Drive, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (October 2019 – November 2019).

Phase I Survey of 6711 Wandermere Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (September 2019 – October 2019).

Phase I Survey of 5820 Foxview Drive, City of Malibu, County of Los Angeles

Principal and Project Manager for residential project, which included an SCCIC/NAHC record search, an NHM record search, and a site visit. (September 2019 – October 2019).

Phase I Survey of the new Keyes Porsche Auto Dealership, Area of Woodland Hills, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC/NAHC/NHM record search, a site visit, and the production of a separate Ethnographic Assessment Report for the project. Envicom also supported the Lead Agency in AB-52 consultation with the Tataviam and Tongva Tribal Groups. (August 2019 – October 2019).

Cultural Resource Monitoring of the 21121 Van Owen development project, Area of Canoga Park, County of Los Angeles

Principal and Project Manager for this monitoring project. (September 2019).

Phase I Survey of the Avenue 34 Mixed-Use Development Project, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC/NAHC record search and a site visit. (August 2019 – September 2019).

Phase I Survey of the Faith Lutheran Senior Living Project, City of Inglewood, Los Angeles County, CA.

Principal and Project Manager for this project, which included an SCCIC/NAHC record search and a site visit. (August 2019 – September 2019).

Phase II Evaluation of Cultural Resource CA-LAN-513 within the Boundary of 6282 Sea Star Estates Residential Development within the City of Malibu, County of Los Angeles

Principal and Project Manager for this Phase II evaluation, which involved surface examination only due to plowed field conditions. No evidence of a cultural resource was found. (September 2019).

Phase I Survey of an Agricultural Development Parcel in Balcom Canyon, Area of Somis, County of Ventura

Principal and Project Manager for this project, which included an SCCIC/NAHC record search, a site visit, and the recordation of a prehistoric site at the edge of the project boundary. (July 2019 – August 2019).

Phase I Survey of 31215 Bailard Road, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC record search and a site visit. (July 2019 – August 2019).

Phase II Evaluation of the Proposed Location of the Printz Colony House within the Strathearn Historic Park, City of Simi Valley, County of Ventura

Principal and Project Manager for this Phase II evaluation of part of the 1880s Strathearn Farmstead. Evaluation tasks included the excavation of shovel test pits and a single test unit, construction monitoring, and a combined report for the Rancho Simi Recreation and Parks District (June 2019 – July 2019).

Phase I Survey of the Parks LA project, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC/NAHC/NHM record search, a site visit, and a Natural History Museum paleontological assessment. (June 2019 – July 2019).

Phase I Survey of the Rancho Malibu residential development project, City of Malibu, County of Los Angeles

Principal and Project Manager for this project, which included an SCCIC/NAHC/NHM record search, a site visit, and a Natural History Museum paleontological assessment. (June 2019 – July 2019).

Phase I Survey of 380 South Rosemead, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this development project, which included an SCCIC/NAHC/NHM record search, a site visit, and a Natural History Museum paleontological assessment. (May 2019 – June 2019).

Phase II Evaluation of CA-LAN-129 and CA-LAN-129a, two prehistoric sites, and CA-LAN-4363H, an early historic site, City of Calabasas, County of Los Angeles

Principal and Project Manager for the evaluation of these three sites as part of permitting with the Corps of Engineers. The evaluation was written to NRHP/SHPO standards. (May 2019 – June 2019).

Phase I Survey of 1160 Sulphur Mountain Road, City of Ojai, County of Ventura

Principal and Project Manager for this residential development project, which included a SCCIC/NAHC record search and a site visit (May 2019 – May 2019).

Phase I Survey of the Cal Grow Farms Project, City of Perris, County of Riverside

Principal and Project Manager for this agricultural development project, which included a SCCIC/NAHC/NHM record search and a site visit. (March 2019 – May 2019).

Phase I Survey of the Riverwalk Mixed-Use Project, City of Santa Clarita, County of Los Angeles

Principal and Project Manager for this commercial and Residential Project. Project included a SCCIC/NAHC record search and a site visit. (March 2019 – May 2019).

Phase I Survey of the West Village Project, City of Calabasas, County of Los Angeles

Principal and Project Manager for this Army Corps of Engineers (ACOE) permitting project. Project included a SCCIC/NAHC/NHM record search and a site visit, as well as SHPO review of the final report. (March 2019 – May 2019).

Phase I Survey of the Belvedere Middle School Improvements Project, City of Los Angeles, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search and NAHC record search request for LAUSD. (November 2018 – April 2019).

Phase I Survey “The Angel” Project, City of Los Angeles, County of Los Angeles

Principal and Project Manager for this low-income housing project in the San Fernando Valley. Project included a SCCIC/NAHC record search and a site visit. (January 2019 – March 2019).

Fourth and Hewitt, City of City of Los Angeles, County of Los Angeles

Principal and Project Manager for a cultural resource record search for the development of a new office building within a commercial urban environment. Project also included a paleontological assessment of the property due to an extensively deep planned parking garage and Native American concerns. Also completed with an Ethnographic Report to meet AB-52 criteria. Another key issue was determining whether a historic built environment assessment was needed. (February 2017 – March 2019).

Phase I Survey of the Deer Lake Water Tank Project, Area of Porter Ranch, City of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey for the Las Virgenes Municipal Water District. (November 2018 – March 2019).

Phase I Survey of the Sherwood Development Corporation, Tract 4409, Unincorporated Area, County of Ventura

Principal and Project Manager for this Army Corps of Engineers (ACOE) permitting project. Project included a SCCIC/NAHC record search and a site visit, as well as SHPO review. (January 2019 – February 2019).

City of Thousand Oaks Environmental On-Call (Including Cultural Resources), City of Thousand Oaks, County of Ventura

Envicom was selected as one of a limited number of on-call environmental firms for the City. (June 2015 – December 2018).

Phase II Evaluation of Cultural Resource CA-LAN-513 within the Boundary of 6361 Sea Star Estates Residential Development within the City of Malibu, County of Los Angeles

Principal and Project Manager for this Phase II evaluation, which involved limited shovel test pits and surface examination. No evidence of a cultural resource was found. (November 2018 – December 2018).

Phase I Survey for the Massilia Spa Project, Unincorporated Area, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. Project also includes an inventory and initial assessment of over a dozen 1930 through 1990 structures on the property (June 2018 – December 2018).

Phase I Survey of the Conejo Creek Park, City of Thousand Oaks, County of Ventura

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (August 2018 – November 2018).

Phase I Survey of the Butler Ranch, Unincorporated area near West Simi Valley, County of Ventura

Principal and Project Manager for the completion of a Phase I record search, NAHC record search request, and a site survey of this 332-acre low density residential development project. (May 2018 – October 2018).

Valencia Travel Village, City of Valencia, County of Los Angeles

Principal and Project Manager for the completion of a Phase I for trailer park and recreation center. (August 2018 – October 2018).

Phase I Survey of the JPA Solar Farm, City of Calabasas, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey for the Las Virgenes Municipal Water District. This 20-acre solar project also addressed a large prehistoric Native American site located next to and partially on the property. Project included Native American consultation with the Lead Agency and the Tataviam and the recordation of two prehistoric petroglyphs (August 2018 – October 2018).

Simi BMX Course Phase I Survey, City of Simi Valley, County of Ventura

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (July 2018 – August 2018).

Phase I Paleontological Survey of the 3467 Camino de la Cumbre Property, Area of Sherman Oaks, County of Los Angeles

Principal and Project Manager for the completion of a Natural History Museum record search and paleo report. (August 2018).

Phase I Survey of the proposed 113-133 West Plymouth Street multiple unit residential development, City of Inglewood, County of Los Angeles (with Samantha Whittington, Debbie Balam, and Charlie Fazzone).

Principal and Project Manager for the completion of a SCCIC/NAHC record search, paleontological record search, NAHC record search request, and a site survey. Additional tasks included writing for the cultural section of the MND document (April 2018 – August 2018).

Phase I Survey for the 17-acre Olivas Park Extension commercial development project in City of Ventura, County of Ventura

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey, followed by limited monitoring. (January 2018 – June 2018).

Phase I(b) Survey of the proposed Forrest Club 50-acre private club development, County of Los Angeles (with Samantha Whittington and Charlie Fazzone).

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. In addition, 24 shovel test pits were excavated across the locations of two 1920s historic cabins. No further work was required. (April 2018 – June 2018).

Phase I Survey for the Ascension Lutheran Church Master Plan and MND, City of Thousand Oaks, California, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (May 2018 – June 2018).

Cultural, Paleo, and Native American Monitoring for the Agoura Hills Marriott Development Project, City of Agoura Hills, County of Los Angeles

Principal and Project Manager for this monitoring project. During monitoring, a prehistoric Chumash cultural resource was discovered (number not yet assigned), which led to artifact collection, analysis, and a final report of findings that was submitted to the City (January 2018 – June 2018).

Phase I Survey for the Mulholland Senior Living Project, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (May 2018 – May 2018).

Phase I Survey of the proposed Tapo at Alamo EIR for a mixed-use development project, City of Simi Valley, County of Ventura (with Samantha Whittington and Debbie Balam).

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (March 2018 – May 2018).

Phase I Survey of the Upper Bailey Road tract, Area of Sylmar, City of Los Angeles, County of Los Angeles (with Samantha Whittington and Debbie Balam).

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (December 2017 – April 2018).

Phase I Survey of the Lower Bailey Road tract, Area of Sylmar, City of Los Angeles, County of Los Angeles (with Samantha Whittington and Debbie Balam).

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (December 2017 – April 2018).

Historic Structure Evaluation of Blythe Elementary School for LAUSD, City of Los Angeles, County of Los Angeles

Project Manager for this project, with Chattel, Inc., being the historic preservation consultant. (February 2018 – April 2018).

Historic Structure Evaluation of Robert Hill Lane Elementary School for LAUSD, City of Los Angeles, County of Los Angeles

Project Manager for this project, with Chattel, Inc., being the historic preservation consultant. (February 2018 – April 2018).

Historic Structure Evaluation of James Madison Middle School for LAUSD, City of Los Angeles, County of Los Angeles

Project Manager for this project, with Chattel, Inc., being the historic preservation consultant. School was found eligible for the CRHR. (February 2018 – April 2018).

Historic Structure Evaluation of 54th Street Elementary School for LAUSD, City of Los Angeles, County of Los Angeles

Project Manager for this project, with Chattel, Inc., being the historic preservation consultant. School was found eligible for the CRHR. (February 2018 – April 2018).

Historic Structure Evaluation of Chapman Elementary School for LAUSD, City of Los Angeles, County of Los Angeles

Project Manager for this project, with Chattel, Inc., being the historic preservation consultant. (February 2018 – April 2018).

Historic Structure Evaluation of Dena Street Elementary School for LAUSD, City of Los Angeles, County of Los Angeles

Project Manager for this project, with Chattel, Inc., being the historic preservation consultant. (February 2018 – April 2018).

Historic Structure Evaluation of Patrick Henry Middle School for LAUSD, City of Los Angeles, County of Los Angeles

Project Manager for this project, with Chattel, Inc., being the historic preservation consultant. School was found eligible for the CRHR. (February 2018 – April 2018).

Historic Structure Evaluation of Richland Avenue Elementary School for LAUSD, City of Los Angeles, County of Los Angeles

Project Manager for this project, with Chattel, Inc., being the historic preservation consultant. (February 2018 – April 2018).

Marinette Road Residential Development, Area of Pacific Palisades, City of Los Angeles, County of Los Angeles

Principal and project manager for this development project, which included a SCCIC/NAHC record search, site survey, Tribal Group scoping letters, and agency consultation. The major challenge was that the project property was within the Will Rogers State Monument and National Register site boundary. An update for this project was conducted in 2018 to include AB-52 compliance. (February 2015 – May 2015; January 2018 – April 2018).

Phase I Survey for 6956 Dume Drive, City of Malibu, County of Los Angeles

Principal and Project Manager for the completion of an SCCIC record search, and a site survey. (February 2018 – March 2018).

Phase I Survey of roughly 50-acres for Improvements on the Saddlerock Ranch/Malibu Wines Property in the Area of the Santa Monica Mountains, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC scoping, and a site survey. This project involves upgrades to the winery existing structures and public buildings, as well as road and parking improvements. Part of this project is located near a National Register Chumash rock art site as well as other prehistoric resources (November 2016 – March 2018).

Phase I Survey for 28730 Grayfox, City of Malibu, County of Los Angeles

Principal and Project Manager for the completion of an SCCIC and NAHC record search, and a site survey. (January 2018 – February 2018).

Phase I Survey for 11681 Foothill Boulevard, a multiple-unit residential project, Area of Sylmar, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. This project also included a Native American Tribal Cultural Resource Assessment. (November 2017 – February 2018).

Phase I Survey for a single-family property development along Yerba Buena Road, County of Ventura

Principal and Project Manager for the completion of an SCCIC and NAHC record search, and a site survey. (December 2017 – January 2018).

Phase I Survey for 34134 Mulholland Highway, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (December 2017 – January 2018).

Faunal, Osteological, Archaeological, and Fossil Consultation for Citadel Environmental and Turner-Hunt for the Hollywood Park Development Project (new Rams NFL Stadium), City of Inglewood, County of Los Angeles

Osteological and paleontological consultant for Kiewit, Turner, and Citadel for the construction of the new Rams NFL stadium in Inglewood. Project included discovery and recordation of modern and fossil mammal bones. I was the official on-call cultural/paleo professional for the Rams Stadium project, being called in to deal with modern faunal and Pleistocene fossil remains found during excavation. I worked closely with the construction team to get an expert on site within 24-hours of the discovery, with the goal of getting the discovery assessed and the construction team back to work as soon as possible. (December 2016 – January 2018).

Phase I Survey for 24600 Thousand Peaks Road, City of Calabasas, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (November 2017 – January 2018).

Phase I Survey for 28929 Grayfox, City of Malibu, California, County of Los Angeles

Principal and Project Manager for the completion of an SCCIC and NAHC record search, and a site survey. (November 2017 – January 2018).

Manzanita School Phase Ia Survey for a 20.27-acre private school development, Area of Topanga Canyon, County of Los Angeles

Principal and Project Manager for the completion of an SCCIC and NAHC record search, and a site survey. This project also assessed built environment resources, which included early 1900s buildings, early 1900s water control features, culverts, and bridges, and 1950s landscaping elements (May 2017 – January 2018).

Phase I Survey for the 181 to 187 Monterey Road Condominium Project, a small residential development, City of South Pasadena, County of Los Angeles

Principal and Project Manager for the completion of an SCCIC and NAHC record search, and a site survey. (July 2017 – January 2018).

Phase I Survey for the Agoura Village project, a 7.37-acre Commercial Subdivision, City of Agoura Hills, County of Los Angeles County

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC scoping, and a Phase Ia site survey. The Phase Ia survey was followed by a Phase Ib subsurface survey and an updated site form for a previously known prehistoric cultural resource that includes the entire project area. (October 2016 – December 2017).

Phase I survey for 22866 Beckledge Terrace, City of Malibu, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (September 2017 – November 2017).

Lynn Road Residential Development Project, Construction Monitoring, Area of Newbury Park, County of Ventura

Principal and Project Manager for the surface collection and construction monitoring for this 10-acre residential construction project. (October 2017 – November 2017.)

Phase II Evaluation of two cultural resources located on the Oakmont project property, City of Agoura Hills, County of Los Angeles

Principal and Project Manager for the evaluation of a prehistoric cultural resource and a 1920s-1980s historic homestead cultural resource. Evaluation tasks included shovel test pits, and a test unit for the prehistoric cultural resource, and detailed mapping and documents research for the historic cultural resource. A combined report for both Oakmont projects was produced for the City. (August 2017 – October 2017).

Pomona Environmental On-Call (Including Cultural Resources), City of Pomona, County of Los Angeles

Envicom successful won inclusion as one of six on-call environmental firms for the City. (October 2014 – October 2017).

Phase I Survey for the Oakmont commercial project, a 5.75-acre development in the City of Agoura Hills, County of Los Angeles

Principal and Project Manager for the completion of NAHC record search, and a Phase Ia site survey. The Phase Ia survey identified two (2) cultural resources; a 1920s historic homestead foundation, and a large prehistoric archaeological site. (August 2017 – October 2017).

Phase I Assessment of the West Hills Crest 37-acre Residential Subdivision in West Hills, City of Los Angeles, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search and project area site survey. A key issue for this project was the record search being positive for a prehistoric cultural resource within the development area. This resource, CA-LAN-1223, was further investigated with 22 shovel test pits, and evaluated as not being a significant cultural resource. (February 2017 – October 2017).

San Bernardino Cultural, Historic Architecture, and Paleontology On-Call, County of San Bernardino, CA.

Envicom successful won inclusion in the limited on-call pool. (October 2014 – October 2017).

Phase I Survey for 15498 LaPeyre Court, a residential development, City of Moorpark, County of Ventura

The project was actually in the unincorporated area of Ventura County. Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. Project also included coordination with numerous biology tasks. (August 2017 – September 2017).

Canyon View Estates Paleontological Survey, City of Santa Clarita, County of Los Angeles

Principal and Project Manager for this paleontological record search, site survey, and report. (August – September 2017).

North Canyon Ranch 170-acre Residential Subdivision, City of Simi Valley, County of Ventura

Principal and Project Manager for the completion of a SCCIC/NAHC record search and project area site survey. A key issue for this project was a previously disturbed cultural resource within the project area, the destruction of which needed to be addressed in the final report. (May 2017 – August 2017).

Phase I Survey for the 12300 Valley Boulevard Hotel, a commercial development, City of El Monte, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey for this small residential development. (June 2017 – August 2017).

Phase Ia Survey for the Holiday Inn Express Hotel, a commercial development, City of El Monte, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey for this small residential development. (July 2017 – August 2017).

Arcadia Town Homes MND Phase I Cultural Assessment for a multi-unit residential development, City of Arcadia, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey for this multi-unit residential development. (May 2017 – August 2017).



Phase I Survey for 3800 Figueroa, an apartment complex development, City of Los Angeles, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey for apartment complex development. (June 2017 – August 2017).

Phase I Survey for the Copper Canyon Project, a 5-acre residential development, Area of Santa Clarita, county of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. Also part of the project was the resurvey of two previously recorded cultural resources within the project boundary. (May 2017 – July 2017).

Phase Ia Survey for the Oneonta Hillside Drive, a residential development, City of South Pasadena, County of Los Angeles

Principal and Project Manager for the completion of an SCCIC and NAHC record search, and a site survey. (May 2017 – July 2017).

Construction Monitoring for Parcel 2058-003-010, Area of Lobo Canyon, County of Los Angeles

Principal and Project Manager for the surface collection and construction monitoring for this single-family residential construction project. (July 2017).

Phase I Survey for the 6625 Bradley Road, a residential development, Area of Somis, County of Ventura

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey for this small residential development. (June 2017 – July 2017).

11172 Santa Paula Road Phase Ia Survey for a 5.5-acre Agricultural property, Area of Ojai, California, County of Ventura

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (May 2017 – June 2017).

Pepperdine University Campus Life Project: Updated Cultural Resources Record Search, City of Malibu, County of Los Angeles

Principal and Project Manager for an updated record search and letter report for the Pepperdine Campus Life housing, facilities, and trail development project. This update was part of an amended campus-wide EIR (December 2017 – June 2017).

Pepperdine University Campus Life Project: Phase I survey of new Baseball Field development, City of Malibu, County of Los Angeles

Principal and Project Manager for the addition of the campus baseball field as part of the larger Pepperdine Campus Life housing, facilities, and trail development project. (February 2017 – June 2017).

6658 Reseda Boulevard, Area of Reseda, County of Los Angeles

Principal and Project Manager for a Phase 1 record search for this urban mixed-use project. (March 2017 – May 2017).

Paradise Valley Development Project Environmental Impact Report and Impact Statement, County of Riverside

Author of the cultural section for this EIR for a housing and mixed-use development of over 2200-acres east of Indio, California. Also reviewed original technical documents, and incorporated legal and agency comments. Mitigation measures included the management and monitoring of dozens of cultural resources, sensitive soils, and paleontological resources. (October 2014 – March 2017).

Phase I Cultural Resources Survey for Parcel 2058-003-010, Area of Lobo Canyon, county of Los Angeles

Principal and Project Manager for completion of a Phase I and Army Corps of Engineers permit for the project (ACOE, Los Angeles District). Extensive communications and consultation with the ACOE and SHPO. (July 2016 – March 2017).

Phase I Survey for a 1.33-acre Mixed-Use development, Area of Northridge at the corner of Nordoff and Darby Streets, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC scoping, and a site survey. This project included a built-environment assessment of existing historic structures (October 2016 – February 2017).

Phase I Survey for a 0.5-acre Residential Subdivision in the City of Los Angeles at the end of Crisler Way, County of Los Angeles County

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC record search request, and a site survey. (October 2016 – February 2017).

Deer Lake Residential Development Cultural Monitoring, Area of Porter Ranch, County of Los Angeles

Principal and Project Manager for the cultural monitoring of eight cultural resources within the project development boundary. This project includes the writing of a final Monitoring Report. (May 2016 – February 2017).

Phase I Survey for a 0.5-acre Mixed Use Development Project on Camarillo Avenue, Area of North Hollywood, County of Los Angeles

Principal and Cultural Project Manager for the completion of a SCCIC/NAHC record search, NAHC scoping, and a site survey. This project also included a historic built environment assessment (November 2016 – January 2017).

Phase I Survey for a 14-acre Residential Subdivision, Area of Woodland Hills, County of Los Angeles

Principal and Project Manager for the completion of a SCCIC/NAHC record search, NAHC scoping, and a site survey. This project involved consultation with the City of Los Angeles on AB-52 (July 2016 – January 2017).

Lynn Road Residential Development Project, Area of Newbury Park, County of Ventura

Principal and Project Manager for the Phase Ia and Phase Ib survey of this 10-acre parcel. A large prehistoric Middle-Period seasonal settlement was discovered, which required subsurface testing and extensive mapping of surface hearths, yucca roasters, and dwelling features. Project included public testimony before the Thousand Oaks Planning Commission. (September 2015 – December 2016).

Pepperdine University Campus Life Project: Debris Basin Excavation Cultural and Paleontological Resource Monitoring, City of Malibu, County of Los Angeles

Principal and Project Manager for cultural resource monitoring of Phase I of the Pepperdine Campus Life housing, facilities, and trail development project. (August – October 2016).

Trail Construction Monitoring, Conrad N. Hilton Foundation, County of Los Angeles

Principal and Project Manager for the development of a pedestrian foot trail loop between the Foundation and the nearby “Ridge” professional building, including the excavation of dozens of shovel test pits and a major surface collection of prehistoric artifacts, including trail construction monitoring. (August – September 2016).

Conrad N. Hilton Foundation Trail Project Cultural Assessment, City of Agoura Hills, County of Los Angeles

Project Manager for the Phase 1b survey of a new pedestrian access trail linking off-site office space with the Foundation campus buildings. Project included the excavation of over 30 shovel test pits and the recording of numerous prehistoric features. (May – August 2016).

32640 Pacific Coast Highway Phase I Cultural Resource Survey, City of Santa Monica, County of Los Angeles

Principal and Project Manager for the Phase I cultural resource assessment of a ravine rehabilitation project between the Pacific Coast Highway and the Pacific Ocean. Included a SCCIC/NAHC record search, site survey, and technical report. (May 2015 – June 2016).

CA-LAN-320 Project Compliance Plans, and Native American and Lead Agency Consultation, City of Agoura Hills, County of Los Angeles

Tasks included the authoring of a cultural resource Treatment and Data Recovery Plan, a cultural resource Management Plan, and a Curation Plan for all artifacts, as well as the organization of meetings with the Chumash Tribal Groups and the Lead Agency. (April 2015 – June 2016).

Canyon Park Homes, Area of Sylmar, County of Los Angeles

Native American Tribal Group consultation and pre-construction monitoring for this 80-acre residential property development, as well as EIR section writing. (February 2015 – March 2016).

Oakwood Schools Built Environment and Archaeological Assessment, Area of North Hollywood, County of Los Angeles

Principal and Project Manager for the Phase I cultural resource assessment of the project property prior to the construction of a new middle and high school campus within the North Hollywood area. Challenging tasks included Native American ghost writing for the lead agency (City of Los Angeles) and addressing a modern human cremation garden in the report (November 2015 – February 2016).

Floral Canyon Residential Development Cultural Resource Survey, Area of North Hollywood, County of Los Angeles

Principal and Project Manager for this Phase Ia cultural resource survey of an 8-acre property. The cultural resource parts of the CEQA checklist were also completed. (September – December 2015).

Hilton Property Phase 3 Construction Site Phase Ib Cultural Resources Survey, City of Agoura Hills, County of Los Angeles County

Principal and Project manager for this extensive preliminary survey project, including excavation of over 200 shovel test pits and 4 test units to define the boundaries of a prehistoric ceremonial site of over 80-acres in size, used by Chumash Native Americans from 400 A.D. to the late 1700s. Recordation of over 190-features and 11,500 artifacts. Second phase will include data recovery tasks and an amended Environmental Impact Report. (February 2014 – March 2015).

Blessed Theresa Church Construction, City of Winchester, County of Riverside

Cultural consultation including cultural/paleo monitoring issues. (April 2014 – July 2014).

Village at Los Carneros, City of Goleta, County of Santa Barbara

Reviewed all previous technical studies and wrote part of the cultural sections of the Environmental Impact Report for this residential house development project. (March 2014 – April 2014).

3121 Old Topanga Canyon Road Phase I Survey and Literature Search, City of Calabasas, County of Los Angeles

Principal and Project manager for this residential development project, including NAHC letters, literature review, site survey, paleontological survey and literature search, final technical report, and the writing of the cultural resources section of the Environmental Impact Report. (March 2014 – April 2014).

APPENDIX E.2
HISTORICAL RESOURCES TECHNICAL REPORT



Los Angeles County General Hospital Campus Master Plan Project

Subsequent Environmental Impact Report (SEIR), Historical Resources Technical Report

Prepared for:

County of Los Angeles, Department of Economic Opportunity

Prepared by:



Architectural
Resources Group

Architectural Resources Group
Los Angeles, California

April 20, 2026

Opposite page: Bird's-eye view of General Hospital Campus, 1932 (LAPL).

Table of Contents

1. Executive Summary	1
1.1 Introduction.....	1
1.2 Methodology	5
1.3 Preparer Qualifications.....	6
2. Proposed Project	7
2.1 Project Description	7
2.2 Project Design Features.....	10
3. Description of the Project Site	13
3.1 General Setting.....	13
3.2 Project Site.....	13
4. Historical Background and Context	17
4.1 History of Health and Medicine in Southern California	17
4.2 Hospital Architecture and Design	19
4.3 History of Los Angeles County General Hospital.....	23
4.4 Osteopathic Medicine at General Hospital	31
4.5 Relevant Architectural Styles.....	34
5. Regulatory Framework	40
5.1 Definition of Historical Resources.....	40
5.2 Federal, State, and Local Evaluation Criteria	40
6. Evaluation of Historical Significance	45
6.1 Previous Evaluations and Studies	45
6.2 Evaluations of Significance: Historic Districts.....	48
6.3 Evaluations of Significance: Individual Buildings.....	59
7. Impacts Analysis	84
7.1 Summary of Historical Resource Findings.....	84
7.2 Significance Threshold	85
7.3 Additional Guidance	85
7.4 Summary of Potential Impacts.....	88
7.5 Programmatic Guidance for Indirect Project Impacts	88
7.6 Mitigation Measures.....	91
7.7 Level of Significance After Mitigation	92

7.8	Analysis of Potential Specific Project Impacts to the Los Angeles General Hospital – Acute Unit	93
7.9	Potential Indirect Impacts to Historical Resources in the Vicinity	93
8.	Conclusion	96
9.	References.....	97
Appendix A.	Project Site Maps	
Appendix B.	Select Historic Photographs	
Appendix C.	DPR Forms	

1. Executive Summary

1.1 Introduction

Architectural Resources Group (ARG) has prepared this Historical Resources Technical Report (“Technical Report”) as part of the Subsequent Environmental Impact Report (“SEIR”) to the County of Los Angeles, Department of Economic Opportunity’s (“the County’s”) previously certified 2014 LAC+USC Medical Center Campus Master Plan EIR (2014 Master Plan EIR) for the Los Angeles County General Hospital Campus Master Plan Project (“the Proposed Project”). The Proposed Project consists of a variety of land use activities that will be undertaken over the next decade and beyond. The Proposed Project Site (“the Project Site” or “the Site”) encompasses approximately 81.9 acres that comprise the Los Angeles County General Hospital Campus (“main campus”) (primary address 1200 N. State Street) and four areas separated from the main campus by local roadways. The main campus is generally bounded by Zonal Avenue, North Mission Road, Marengo Street, and North Chicago Street. The Site is made up of several parcels that are owned by the County and designated as public facilities by the City of Los Angeles General Plan (see Figure 1).

This Technical Report has been prepared to fulfill the requirements of the California Environmental Quality Act (CEQA) as they relate to potential historical resource impacts on the Los Angeles County General Hospital Campus. CEQA states that “a project that may cause a substantial adverse change in the significance of an historical resource is a project that may have a significant effect on the environment.”¹ The 2014 Master Plan EIR analyzed historical resource impacts associated with the LAC+USC Medical Center Campus Master Plan, which included the construction of new and renovated medically related office, retail, open space, and parking uses and the demolition of existing buildings and structures to accommodate the new development. This Technical Report clarifies which resources on the Los Angeles County General Hospital Campus should be considered historical resources for the purposes of CEQA, evaluates potential impacts to historical resources resulting from implementation of the Proposed Project, and identifies mitigation measures that can be applied to mitigate impacts to historical resources.

The focus of this Technical Report is the historic built environment. Identification and evaluation of cultural resources from the historic and prehistoric period is provided in the *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village*, prepared by Envicom Corporation (April 2026).

¹ California Public Resources Code, Section 21084.1.



Figure 1. Map of the Project Site. The Proposed Project boundaries (Areas 1-4) are outlined in yellow (created by ARG, December 2025). See also Appendix A.

Identification of Historical Resources

This Technical Report identifies six historical resources—including two eligible historic districts and four individually eligible buildings—on the Project Site:²

- Los Angeles General Hospital – Acute Unit Historic District
- Los Angeles General Hospital – Acute Unit Building (101)
- Old Administration Building (508)
- College of Osteopathic Physicians and Surgeons Historic District
- Tower Hall (701)
- Phinney Hall (703)

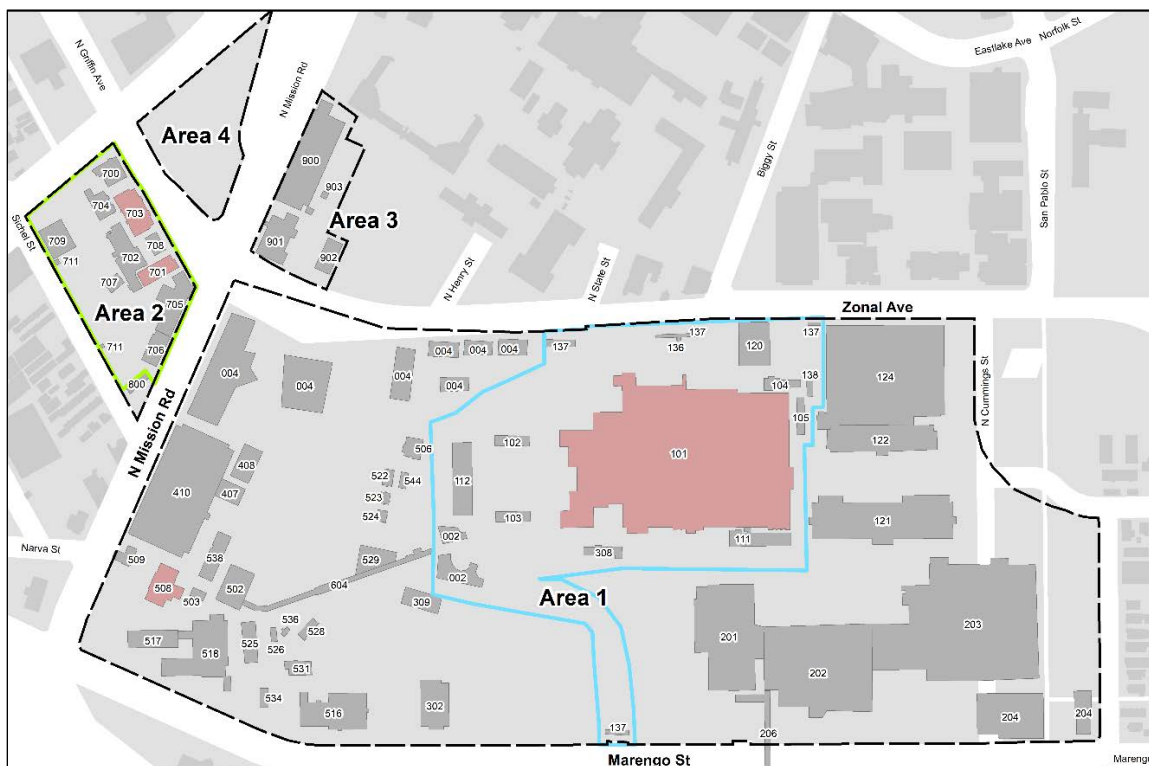


Figure 2. Map of historical resources on the Project Site. Individually eligible resources are shaded pink: 101) Los Angeles General Hospital – Acute Unit Building, 508) Old Administration Building, 701) Tower Hall, 703) Phinney Hall. The Los Angeles General Hospital – Acute Unit Historic District is outlined in blue; the College of Osteopathic Physicians and Surgeons Historic District is outlined in green. No historical resources were identified in Areas 3, 4, and 5 (created by ARG, December 2025). See also Appendix A.

² With the exception of the College of Osteopathic Physicians and Surgeons Historic District, the historical resources identified in this Technical Report were previously identified in the 2014 Master Plan EIR.

In addition to the historical resources on the Project Site, this Technical Report identifies the following four individual resources in the vicinity of the Site:

1. Raulston Medical Research Building (2025 Zonal Avenue)
2. Seely Wintersmith Mudd/McKibben Hall (1333 San Pablo Street)
3. Mixed-use commercial building (1143 N. Mission Road)
4. Neighborhood market (1000 N. Clement Street)

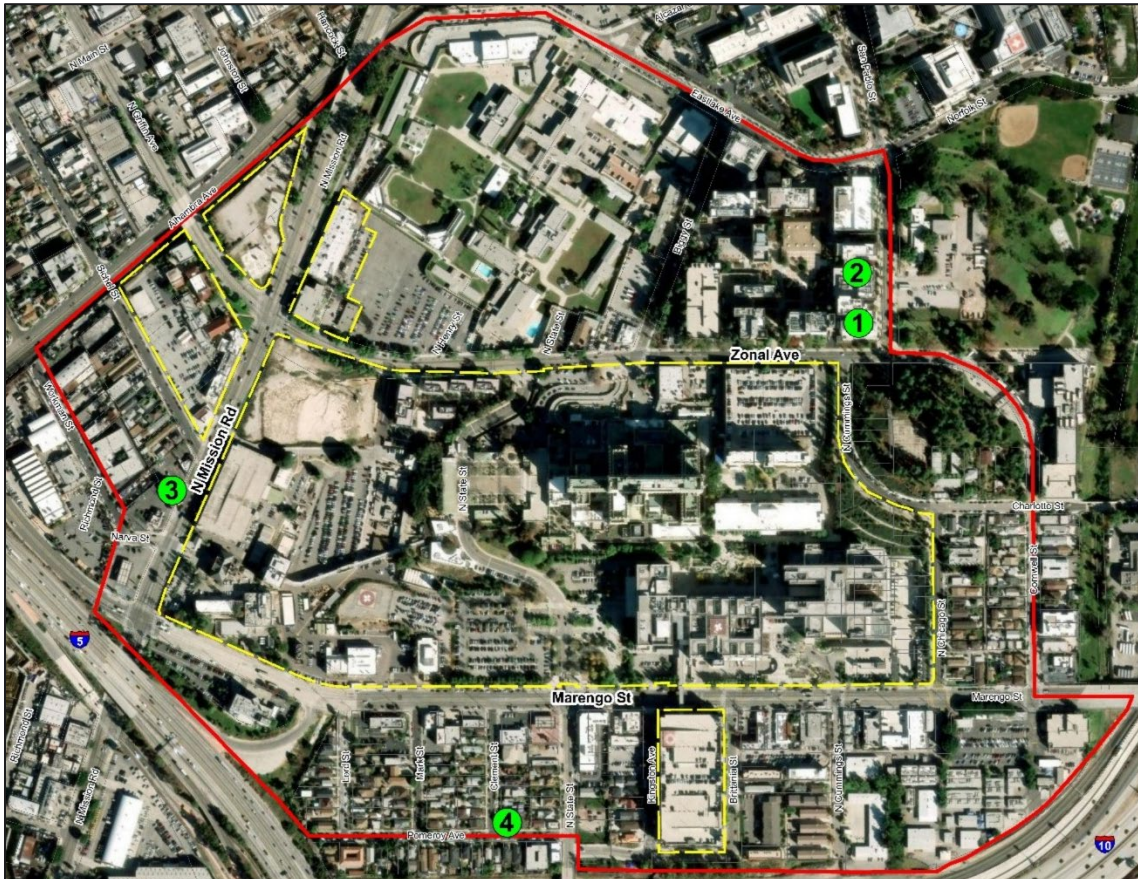


Figure 3. Map of historical resources in the vicinity of the Project Site. The Impact Area (area of potential direct and indirect impacts) is outlined in red; the Proposed Project boundaries are outlined in a dashed yellow line. 1) Raulston Medical Research Building, 2) Seely Wintersmith Mudd/McKibben Hall, 3) 1143 N. Mission Road, 4) 10000 N. Clement Street (created by ARG, December 2025). See also Appendix A.

Project Overview

The Proposed Project includes implementation of the Los Angeles County General Hospital Campus Master Plan that would guide future redevelopment of the Project Site into a mixed-use community. The Proposed Project may include a variety of uses, including but not limited to residential uses with affordable housing, commercial/retail uses, hospitality, community facilities, educational facilities, general office, medical office, hospital, and industrial and warehouse uses. Parking, open space, and infrastructure improvements would occur across the Site.

Implementation of the Proposed Project would result in the demolition of several buildings, outbuildings, warehouses, trailers, and barracks on the Site; the environmental impacts associated with the demolition of most of which were previously analyzed under the 2014 Master Plan EIR. The Proposed Project would also include the adaptive reuse of the Los Angeles General Hospital – Acute Unit to accommodate a range of commercial and residential uses, as previously enumerated.

Summary of Findings

This Technical Report finds that impacts related to specific projects within the Los Angeles General Hospital – Acute Unit Historic District would have no impacts to historical resources. Moreover, the Proposed Project would include a Mitigation Monitoring and Reporting Program (MMRP) and Project Design Features (PDFs) to preserve the significance and integrity of the Los Angeles General Hospital – Acute Unit Building and Los Angeles General Hospital – Acute Unit Historic District throughout implementation of the Proposed Project.

This report finds that the Proposed Project has the potential to impact historical resources on the Project Site through adjacent new construction projects outside of the Acute Unit Historic District boundary. New construction projects would impact adjacent historical resources if the new buildings are incompatible with the scale, massing, height, and/or style of adjacent resources, resulting in diminished integrity of setting and/or feeling, or if construction-related vibration impacts result in physical impacts to adjacent resources. The mitigation measures listed in this Technical Report, implemented in various combinations and tailored on a case-by-case basis to address specific impacts, may reduce project impacts to a level of less-than-significant. However, given designs for future projects are not known at this time, construction impacts are considered to be significant and unavoidable.

Lastly, this report finds that the Proposed Project would not result in any indirect impacts to historical resources in the vicinity of the Project Site.

1.2 Methodology

For the preparation of this Technical Report, ARG performed the following tasks for research, documentation, and analysis:

- Conducted a site visit of the Project Site on September 22, 2025. During this time, all age-eligible buildings and site features³ were photographed and notes were taken on their physical appearance and condition.
- Reviewed the findings of the South Central Coastal Information Center (SCCIC) records search conducted by Envicom Corporation, and conducted a search in California’s Built Environment Resource Directory (BERD) and the City of Los Angeles’s HistoricPlacesLA

³ A property must typically be at least 50 years old to be considered potentially eligible as a historical resource. As development projects often have long lead times to construction, a property currently 45 years old will qualify for evaluation as it could become 50 years old by the time a project is completed.

(HPLA) historic resources inventory database for previous surveys and evaluations of the Project Site and surrounding properties.

- Reviewed state and local technical bulletins, ordinances, and other materials related to the evaluation of historical resources.
- Conducted primary and secondary source research related to the history of the Los Angeles County General Hospital Campus and all improvements within the Project Site.
- Evaluated all age-eligible buildings against eligibility criteria of the National Register of Historic Places and California Register of Historical Resources.
- Analyzed the Proposed Project to determine whether it would result in any potential impacts to historical resources under CEQA.

In preparation of this Technical Report, ARG also reviewed the following documents:

- Letter to FEMA (1008-DN-CA) regarding the preliminary field survey of historic resources on the LACGH campus following the 1994 Northridge earthquake (HRG, March 7, 1994)
- Memorandum of Agreement between FEMA, SHPO, and Los Angeles County for the 1994 Northridge Earthquake Replacement, Mothballing, and Reuse of LACGH (executed 2000)
- LAC+USC Medical Center Replacement Project EA/EIR (ESA, September 1999)
- LAC+USC Medical Center General Hospital Reuse and Protective Storage Plan (Ken Kurose Architect, October 2010)
- LAC+USC Medical Center Campus Master Plan Final EIR (ICF, November 2014)
- Addendum to the 2014 LAC+USC Medical Center Campus Master Plan EIR (ICF, 2017)
- Second Addendum to the LAC+USC Medical Center Campus Master Plan (Impact Sciences and Sirius Environmental, 2023)

ARG staff consulted the following archives and repositories as part of their research for this assessment: Los Angeles Public Library; the archives of the *Los Angeles Times* and other local periodicals; Los Angeles Department of Building and Safety Online Building Records; various online repositories; digitized site plans and drawings provided by Chattel, Inc.; and ARG's in-house library collection. A complete list of references is included at the end of this report.

1.3 Preparer Qualifications

This report was prepared by ARG staff Katie Horak, Principal; Evanne St. Charles, Associate Principal; Elysha Paluszek, Senior Associate; Hannah Simonson; and Brannon Smithwick, all of whom meet the Secretary of the Interior's Professional Qualifications Standards, 36 CFR Part 61, in the discipline of Architectural History.⁴ Project support was provided by ARG staff Kiara Hosseinion.

⁴ National Park Service, "Professional Qualifications Standards," accessed October 2025, <https://www.nps.gov/articles/sec-standards-prof-quals.htm>.

2. Proposed Project

2.1 Project Description

Los Angeles County General Hospital Campus Master Plan

The Proposed Project includes implementation of the Los Angeles County General Hospital Campus Master Plan that would guide future redevelopment of the Site into a mixed-use community. In order to accommodate proposed new development, a number of buildings and structures would be demolished. The majority of demolition, regrading, and new construction would occur on the west half of the main campus, west of North State Street and the Los Angeles General Hospital – Acute Unit Historic District. None of the buildings or structures proposed for demolition are historical resources. Two of the buildings and structures to be demolished, the Pharmacy and Viaduct, were previously identified as contributors to the Support Services Site historic district, identified as eligible for designation in 1994.⁵ However, the Support Services Site was largely demolished in the late 1990s and 2000s and no longer retains sufficient integrity to convey its significance as a historic district. Thus, the Pharmacy and Viaduct, both vestiges of a once larger historic district, no longer meet the definition of historical resources for the purposes of CEQA.

Within the Master Plan boundary, the Proposed Project would include construction of up to 8,060,978 square feet of new uses, including:

- 320,000 square feet of retail use; 2,300,000 square feet of residential use; 80,000 square feet of hospitality use; 350,000 square feet of community facilities; 110,000 square feet of educational use; 400,000 square feet of office use; 735,300 square feet of medical office use; 400,000 square feet of hospital use; 200,000 square feet of clean-tech/advanced industrial use; 160,000 square feet of warehouse use; and 3,005,678 of parking.

The maximum height of the new buildings outside of the Los Angeles General Hospital – Acute Unit Historic District may reach 19 stories (no taller than the Acute Unit Building), although the exact locations of new buildings have not yet been identified.

Rehabilitation of the Los Angeles General Hospital – Acute Unit

The Proposed Project would also include the adaptive reuse of the 1.2-million-square-foot Los Angeles General Hospital – Acute Unit Building and its associated ancillary buildings and features that together comprise the General Hospital – Acute Unit Historic District. Buildings within the historic district would be rehabilitated to accommodate a range of uses.

⁵ Historic Resources Group, letter to FEMA (1008-DN-CA) regarding the preliminary field survey of historic resources on the LACGH campus following the 1994 Northridge earthquake, March 7, 1994.

Rehabilitation of the Acute Unit Building would commence with soft demolition of non-essential and non-historic elements, including outdated/deteriorating MEP systems; interior finishes, interior partitions, and other non-loadbearing components; and hazardous materials.

The exterior of the building would be rehabilitated in accordance with Secretary of the Interior's Standards for the Treatment of Historic Properties ("the Standards") and National Park Service guidance related to the treatment and repair of historic steel windows, historic concrete, and historic masonry. The building would be re-roofed and new mechanical equipment and outdoor patios would be added. A portion of the north elevation at the basement and 1st to 3rd floors would be demolished to accommodate the integration of a new parking garage. Along the south elevation of the 1st floor, new openings would be created at the west and east ends of a concrete retaining wall and would provide access to the lobby.

The Acute Unit Building would also undergo critical seismic strengthening. New foundations would be added at the basement, maintaining existing floor elevations. New shear walls would be added at all floors requiring demolition and reconstruction at corridors. New reinforced concrete super walls would avoid high integrity historic spaces within the building and help limit the amount of earthquake movement that would affect exterior elevations.

At the interior of the building, the 1st floor and historic lobby would continue to serve as the primary entrance and circulation, with the central corridor acting as an interior street. Existing 1st floor rooms would be reconfigured and finished to prepare for future uses. The upper floors of the hospital would be divided into three primary sections known as the West Tower, Central Tower, and East Tower. The tower may contain residential as well as commercial hospitality-related uses.

With the exception of a portion of the north elevation walls and the removal of some original interior finishes and features as described above, the vast majority of the Acute Unit Building's character-defining features and materials enumerated in *Section 6.2* would be preserved under the Proposed Project.

The Patient's and Visitor's buildings would be retained and would receive interior tenant improvements. North State Street, the existing gateway at Marengo Street, and the west and east gateways at Zonal Avenue would be retained. The historic central gateway may be relocated further east along Zonal Avenue, within the Acute Unit Historic District.

The open area comprising the Entrance Forecourt would be retained. While portions of the forecourt paving may be reconstructed, the new paving would match the historic gridded design. New contemporary pedestrian lighting may be added to the forecourt area. Historic cypress and olive trees would be retained or replaced in kind, and the rest of the forecourt would receive new landscaping.

Most extant retaining walls, particularly those along the western edge of the historic district boundary, providing support along the promontory, would be retained, with limited sections demolished to accommodate new development.

A number of non-historic buildings within the Acute Unit Historic District would be demolished to accommodate new programming within the district (see Table 1), and new infill construction

would be added. New construction would be compatible with the size, scale, massing, height, and overall design of contributing buildings, structures, and site features within the historic district.

Table 1. Los Angeles General Hospital – Acute Unit Historic District: Buildings Proposed for Demolition

SEIR Building Number ⁶	Building Name	Contributing Status	Proposed for Demolition (Y/N)
101	Los Angeles General Hospital – Acute Unit Building	Contributor	N
136, 137	Marengo Street and Zonal Avenue Gateways	Contributors (4)	N
N/A	North State Street	Contributor	N
N/A	Entrance Forecourt	Contributor	N
102	Patient's Building	Contributor	N
103	Visitor's Building	Contributor	N
N/A	Vehicular/Pedestrian Tunnel	Contributor	N
N/A	Retaining Walls	Contributor	N
104	Barracks D	Non-Contributor	Y
105	Barracks G	Non-Contributor	Y
308	Telephone Exchange Building	Non-Contributor	Y
120	Mini-Warehouse Building (Supply Chain Operations Receiving)	Non-Contributor	Y
N/A	Sub-Station	Non-Contributor	Y
002	Childcare Center	Non-Contributor	N

As part of the Proposed Project, all work to the Acute Unit Building and within the Acute Unit Historic District is required to comply with the Secretary of the Interior's Standards for Rehabilitation ("the Rehabilitation Standards") as part of the ongoing federal historic preservation tax credit application process for the property. A qualified Historic Architect or Architectural Historian meeting the Secretary of the Interior's Professional Qualifications Standards will continue to review the Acute Unit drawings as the design progresses for conformance with the Rehabilitation Standards.

⁶ SEIR building numbers were only assigned to above-ground built environment resources. Below-ground structures and landscape/hardscape features, and circulation features were not assigned numbers.

2.2 Project Design Features

Los Angeles General Hospital – Acute Unit

Any future development activities under the Proposed Project that are within the Acute Unit Historic District boundaries would be required to include the following Project Design Features (PDFs) specific to the treatment of the Acute Unit Historic District and Acute Unit Building, an individually eligible historical resource within the historic district. These PDFs, through implementation of the Proposed Project, are required to facilitate the ongoing Proposed Project's compliance with the Secretary of the Interior's Standards for Rehabilitation ("the Rehabilitation Standards"). The following PDFs will be included as part of the Proposed Project.

PDF 1. Ongoing Project Review and Input by Historic Architect

All work within the General Hospital – Acute Unit Historic District and the treatment of all its contributing buildings, structures, and site features, as well as the rehabilitation of the Acute Unit Building and the treatment of all its exterior and interior character-defining features and materials, shall be overseen by a Historic Architect meeting the Secretary of the Interior's Professional Qualifications Standards. The Historic Architect shall review all drawings and specifications at major milestones (50% and 100% Schematic Design, Design Development, and Construction Documents) to conform with the Rehabilitation Standards and National Park Service guidance. New construction within the Acute Unit Historic District shall adhere to Rehabilitation Standards No. 9 and 10 and the guidance related to new construction included in *Section 7.3*.

Additionally, the County is pursuing federal historic preservation tax incentives for the Acute Unit's proposed rehabilitation work, which requires rigorous review by the National Park Service (NPS) and California Office of Historic Preservation (OHP) for compliance with the Rehabilitation Standards.

PDF 2. Construction Monitoring

Prior to commencement of any construction activities associated with the General Hospital – Acute Unit Building's exterior or interior character-defining features,⁷ or the Acute Unit Historic District's contributing features (Patient's and Visitor's buildings, retaining walls, gateways, State Street, forecourt, tunnel), a Historic Architect meeting the Secretary of the Interior's Professional Qualifications Standards shall be retained to monitor all disassembly, construction and rehabilitation activities, to ensure appropriate treatment of exterior and interior character-defining features, materials, and spaces during the construction project.

PDF 3. HABS/HAER Documentation

Prior to undergoing any demolition activities at the General Hospital – Acute Unit Building and any other contributing features within the Acute Unit Historic District (Patient's and Visitor's buildings, retaining walls, gateways, State Street, forecourt, tunnel) that would result in the

⁷ See list of character-defining features of the Acute Unit Historic District and Building, included in *Sections 6.2* and *6.3*.

removal of interior or exterior character-defining features (or portions thereof), Historic American Buildings Survey/Historic American Engineering Record (HABS/HAER) Level II photographic documentation shall be prepared by a qualified professional meeting the Secretary of the Interior's Professional Qualifications Standards. HABS/HAER Level II drawings and historical narrative may follow after construction commences. To ensure public access, the Applicant shall submit documentation to the following archives/organizations: Library of Congress, HABS/HAER/HALS Collection; Los Angeles Conservancy; County of Los Angeles Library; and other entities/repositories to be identified by the Historic Architect.

- *Drawings*: Existing historic drawings of the historical resource shall be photographed with large-format negatives or photographically reproduced on Mylar. In the absence of existing drawings, full-measured existing conditions drawings of the building's floorplans and exterior elevations should be prepared.
- *Photographs*: Photo-documentation shall be prepared to HABS/HAER standards for archival photography. HABS/HAER standards require large-format black-and-white photography, with the original negatives having a minimum size of 4"x5". Digital photography, roll film, film packs, and electronic manipulation of images are not acceptable. All film prints, a minimum of 4"x5", must be hand-processed according to the manufacturer's specifications and printed on fiber base single weight paper and dried to a full gloss finish. A minimum of twelve photographs must be taken. Photographs must be identified and labeled using HABS/HAER standards.
- *Historical Narrative*: An architectural historian meeting the Secretary of the Interior's Professional Qualifications Standards shall compile historical background information relevant to the historical resource and prepare a narrative.

Support Services Site

The Proposed Project will also include PDFs related to the Support Services Site, which was previously identified as an eligible historic district. While the Support Services Site was largely demolished in the late 1990s and 2000s and no longer retains sufficient integrity to convey its significance as a historic district, the site played an important role in the history and development of the hospital. The Pharmacy and Viaduct, which had been identified as contributors to the Support Services Site, are the only remaining vestiges of the site and would be demolished under the Proposed Project. The following PDFs will document and interpret these resources and their associations with the history and development of Los Angeles County General Hospital.

The following PDFs will be included as part of the Proposed Project.

PDF 4. HABS/HAER Documentation (Pharmacy Building and Viaduct)

Prior to demolition of the Pharmacy Building and Viaduct, Historic American Buildings Survey/Historic American Engineering Record (HABS/HAER) Level II photographic documentation shall be prepared by a qualified professional meeting the Secretary of the Interior's Professional Qualifications Standards and a qualified structural engineer with at least five years of demonstrated, related experience. HABS/HAER Level II drawings and historical narrative may

follow after demolition. To ensure public access, the Applicant shall submit documentation to the following archives/organizations: Library of Congress, HABS/HAER/HALS Collection; Los Angeles Conservancy; County of Los Angeles Library; and other entities/repositories to be identified by the Historic Architect.

- Drawings: Existing historic drawings of the historical resource shall be photographed with large-format negatives or photographically reproduced on Mylar. In the absence of existing drawings, full-measured existing conditions drawings of the building's floorplans and exterior elevations should be prepared.
- Photographs: Photo-documentation shall be prepared to HABS/HAER standards for archival photography. HABS/HAER standards require large-format black-and-white photography, with the original negatives having a minimum size of 4"x5". Digital photography, roll film, film packs, and electronic manipulation of images are not acceptable. All film prints, a minimum of 4"x5", must be hand-processed according to the manufacturer's specifications and printed on fiber base single weight paper and dried to a full gloss finish. A minimum of twelve photographs must be taken. Photographs must be identified and labeled using HABS/HAER standards.
- Historical Narrative: An architectural historian meeting the Secretary of the Interior's Professional Qualifications Standards shall compile historical background information relevant to the historical resource and prepare a narrative.

PDF 5. Interpretation

An Interpretation Plan shall be prepared and implemented for the Support Services Site that originally comprised the west half of the General Hospital main campus and that was largely demolished and redeveloped following the 1994 Northridge earthquake. Interpretation may include on-line (i.e. in the form of an ArcGIS StoryMap) or on-site display(s) of historic photographs, historic maps, or other historic materials accompanied by a narrative of the history and development of the General Hospital. A team of qualified professionals with at least five years of demonstrated, related experience shall prepare a preliminary Interpretation Plan which shall be presented at a public workshop at which members of the community and interested constituent groups will have the opportunity to provide feedback that will be considered in the development of the plan.

3. Description of the Project Site

3.1 General Setting

The Project Site is located in the Northeast Los Angeles Community Plan Area (CPA) of Los Angeles, in the Lincoln Heights neighborhood. The Site is located approximately two miles northeast of downtown Los Angeles and the Los Angeles Civic Center. It is a few blocks to the north of Interstate 10 (San Bernardino Freeway), a few blocks east of Interstate 5 (Golden State Freeway), and south of the railroad tracks that extend from the Los Angeles Transportation Center (LATC) railyard to the west. The Site is surrounded by a mix of commercial, industrial, and residential uses. Hazard Reservoir and Hazard Park are located one block east of the Site, and the USC Keck School of Medicine is one block to the northeast. Surrounding streets to the south of the railroad tracks generally run at a 45-degree angle to the cardinal directions. The Site itself occupies a hillside location with a significant height difference between the east and west sides of State Street, which runs through the center of the main campus.

3.2 Project Site

The Project Site comprises 81.9 acres of hospital buildings, medical and administrative offices, laboratories, medical educational facilities, and a variety of medical-related ancillary outbuildings and trailers. The Site consists of five distinct areas, including the main campus (Area 1), and four other areas separated by North Mission Road, Zonal Avenue and/or Marengo Street. A general description of each of the areas is included below, followed by a table of individual buildings and structures. An aerial and a map of the Project Site with building numbers are included in *Appendix A* at the end of this report.

1. Area 1 (main campus): 70.5 acres, between Zonal Avenue to the north, Marengo St to the south, N. Cumming Street/N. Chicago Street to the east, N. Mission Road to the west

Area 1 comprises the main hospital campus and contains a variety of buildings, structures, outbuildings, parking, and site features dating from the early 1900s to the present. This area includes the majority of the active clinical (both inpatient and outpatient) services. The 1933 General Hospital – Acute Unit Building and its surrounding ancillary buildings and site features comprise the east side of the main campus. The area to the west of the Acute Unit Historic District and North State Street includes the Los Angeles County Medical Examiner’s facilities, parking, and support buildings, as well as a few of the oldest extant buildings on the Campus. The 2008 Los Angeles General Medical Center Buildings are located to the south of the Acute Unit Historic District.

Table 2. Existing Development – Area 1

SEIR Building Number	Building Name	Construction Date
101	General Hospital - Acute Unit Building	1933
102	Patient's Building	1933

103	Visitor's Building	1933
104	Barracks D Building	1940s/50s
105	Barracks G Building/Thrift Shop	1940s/50s
111	Trailer 1 (east) / 3 (west)	1987-88
112	Trailer 126/Patient Financial Services	1970s/80s
120	Mini-Warehouse Building (Supply Chain Operations Receiving)	1984
121	Outpatient Building (OPD)/Bldg B	1963
122	Intern's & Resident's Dormitory Building (IRD)	1965
124	Parking Lot 12	1968-1971
201	Clinic Tower Building	2008
202	Diagnostic & Treatment Building (D&T Building)	2008
203	Inpatient Tower (IPT)	2008
204	East Central Power Plant Building	2008
206	Pedestrian Bridge	2008
302	General Laboratories Building	1967
308	Telephone Exchange Building	1958
309	Trailer 17	1970s/80s
407	Trailer 15	1970s/80s
408	Trailer 8	1970s/80s
410	Parking Lot 10	1972
502	Pharmacy Building	1917
503	Shed 1 (Pharmacy Trailer)	1970s/80s
506	Trash Compactor	1951
508	Old Administration Building	1910
509	Gatehouse/Angel Interfaith Network	1912
515	Morgue Overflow Crypt	2003
516	West Central Power Plant	1964-65
517	Coroner's Administration Building	1972
518	County of LA Department of Medical Examiner	1972
522	Annex I, II, and III	2000-2003
523	Annex I, II, and III	2000-2003

524	Annex I, II, and III	2000-2003
525	Morgue Overflow Crypts	1989-1992
526	Morgue Overflow Crypts	1989-1992
528	Tram Shop	1989-1992
529	Mason Shop (Tool Crib)	1997-98
531	Morgue Overflow Crypts	1989-1992
538	Shed 2 (Pharmacy Trailer)	2000-03
544	Trailer	2007
604	Viaduct	1933
002	Childcare Center	2023
004	Restorative Care Village	2022
136	Control House	1933
137	Marengo Street and Zonal Avenue Gateways	1933; rebuilt 2000
138	Covered Trash Containers	1990s
534	Cooling Towers	1964-65
536	Tram Shop Storage & Pressure Washer Building	2005

2. Area 2: 4.3 acres, parcel between Alhambra Avenue/railroad tracks to the north, N. Mission Road to the south, Griffin Avenue to the east, Sichel Street to the west

Area 2 comprises several buildings primarily developed between the 1920s and 1940s and originally used by the College of Osteopathic Physicians and Surgeons, as well as trailers added in more recent decades. The campus currently houses facilities for administration, counseling, social work, facilities support, and clinical support. The area includes the College of Nursing and Allied Health and a surface parking lot.

Table 3. Existing Development – Area 2

SEIR Building Number ⁸	Building Name	Construction Date
706	Pediatric Outpatient Building/Bldg 10/E	1957
705	Pediatrics Clinic/Bldg A	1951
701	Tower Hall/Bldg 30/B	ca.1928
708	T-60 Building/Bldg 60	1994
703	Phinney Hall/Bldg 40	1937

⁸ The “SEIR Building Number” is a numbering system developed for the purposes of building identification in this Technical Report. The numbering system does not correlate with historic or official Los Angeles County building numbers.

700	North Hall/Leonard Hill Hope Center	1904 (moved 1921/1937)
704	Science Building	1946
702	Library Building/Bldg C	ca.1928
707	Building 120	1968-1972
709	Carlson Trailer/Bldg D	1995
710	Parking Lot 14	1950s/60s
711	Guard Shack	1995
800	1201 N. Mission Rd	1953

- Area 3: 2.2 acres, parcel between N. Mission Road/Eastlake Avenue to the north, parking lot to the south, juvenile hall to the east, Zonal Avenue to the west

Area 3 includes facilities management and medical office buildings, as well as ancillary trailers, a utility structure, and a surface parking lot.

Table 4. Existing Development – Area 3

SEIR Building Number	Building Name	Construction Date
900	Facilities Management Building	1956
901	Rand Schrader Clinic/LA General Medical Center Bldg C	1996
902	BAART Programs Trailer	1988-1992
903	Utility Shack	1950s

- Area 4: 2.1 acres, parcel between Alhambra Avenue/railroad tracks to the north, N. Mission Road to the south, Griffing Avenue to the west

Area 4 was previously developed with several medical buildings, all of which have been demolished. It is now a fenced-in vacant lot.

- Area 5: 3.0 acres, parcel between Marengo Street to the north, Pomeroy Avenue to the south, Britannia Street to the east, Kingston Avenue to the west

Area 5 is completely developed with a multi-level parking structure that connects to the Los Angeles General Medical Center on the main campus via a pedestrian bridge.

4. Historical Background and Context

4.1 History of Health and Medicine in Southern California

The location and climate of Southern California were a significant draw for potential residents and played an important role in the area's growth in the late 19th and early 20th centuries. It was a popular winter destination for eastern and mid-western residents, who traveled to enjoy the mild winters and sunny weather. The region's increased popularity as a balmy winter retreat coincided with new discoveries in health and medicine. In the 1880s and 1890s, scientists discovered that, while tuberculosis was contagious, not everyone developed the disease, and some were more prone to contracting it than others. It was believed that inherited physical weakness and a person's environment, among other factors, were responsible for the development of the disease in any given person. Doctors believed that some diseases, including tuberculosis, were best treated, in part, by dry sunny climates and high altitudes when possible.

Armed with this knowledge, the medical community sought ways to combat the disease, including new methods of disinfection and separation of patients from hospitals into sanatoriums. The first tuberculosis sanatorium in America opened at Saranac Lake in New York in 1882, prompting the establishment of similar institutions across the country.⁹ *Sanitariums* were an older type of institution, established beginning in the 1860s as a destination where visitors could improve their health. These ranged from tent camps to elaborate hotels, and they emphasized outdoor life and relaxation. The *sanatorium* built upon this idea and adapted it to a medical institution.¹⁰ These early medical institutions were popular until the 1940s when advances in medicine and changes in the treatment of tuberculosis rendered them obsolete.

Southern California's growth occurred as these discoveries shifted the ways that tuberculosis and other diseases were treated. The expansion of the country westward, aided by the completion of the transcontinental railroad in 1876, made the dry, sunny climates of places like Colorado and later California more accessible than ever. Many boosters who espoused Southern California's attractions and benefits began to do so with an emphasis on health. They praised the climate as a boon to "health seekers," and individuals traveled to the region with the express purpose of improving their health. Many of these health seekers suffered from tuberculosis.

Los Angeles in particular became a destination for migrants seeking better health. The city's first sanitarium, St. Vincent's Sanitarium, was built in the 1880s.¹¹ A number of haphazardly planned medical facilities opened in the following decades, as well as more organized establishments of varying sizes.¹² Barlow Sanatorium opened in 1902 in Elysian Park, Kaspere Cohn Hospital (today Cedars-Sinai Medical Center) in 1902, Los Angeles Sanatorium (now City of Hope Medical Center)

⁹ Robert G. Frank, Jr., "Introduction to the Second Printing," in John E. Bauer, *The Health Seekers of Southern California, 1870-1900* (San Marino, CA: Henry E. Huntington Library and Art Gallery, 1959, second ed. 2010), xxvi.

¹⁰ Frank, xxvi.

¹¹ John E. Bauer, *The Health Seekers of Southern California, 1870-1900* (San Marino, CA: Henry E. Huntington Library and Art Gallery, 1959, second ed. 2010), 41; David Sloane, "Landscapes of Health and Rejuvenation," in *A Companion to Los Angeles*, ed. William Deverell and Greg Hise (Malden, MA: Wiley Blackwell, 2014), 443-444.

¹² Bauer, 47.

in 1913, and Olive View Sanatorium (now Olive View-UCLA Medical Center) in 1920. By the 1930s, nearly forty tuberculosis sanatoriums had been founded in the San Gabriel Valley, which became known as the “Sanitarium Belt.”¹³ Sanitariums also opened in neighboring Pasadena, Altadena, Sierra Madre, and Glendale.¹⁴ Further afield, they appeared in San Diego, Santa Barbara, and other Southern California cities.¹⁵ Many of these sanatoriums later evolved into broader hospitals after advances in medicine made sanatoriums obsolete.¹⁶

By the early 20th century, Los Angeles’s reputation as a haven for health seekers was integral to its identity, growth, and development. As more health seekers moved to the region, however, some boosters feared that too many would hinder its potential and reputation as a healthy, positive place to live.¹⁷ City booster Dana Bartlett noted that Los Angeles should be a place where “unnecessary disease and death may be eliminated” and where proper healthcare institutions and “a life in the open air” would help eliminate tuberculosis and other diseases, which at the time were often equated with the working class and crowded conditions.¹⁸ To create this “better city” in Los Angeles, Bartlett advocated for controls to prevent tenement housing of eastern industrialized cities and hospitals with “competent physicians,” among other measures.¹⁹ Hospitals came to be seen as an integral part of improving cities and their residents. This represented a significant shift in the public’s perception of hospitals. Prior to the late 19th century, hospitals were more likely to be viewed as a place to die for those who had no other option, rather than a place to receive life-saving care. Upper- and middle-class patients preferred to receive care in their own homes instead. However, the medical field made profound advancements with new diagnostic technologies, the professionalization of nursing, and improved operating conditions.²⁰ This led to greater success in the care of hospital patients and a shift in the general public’s view of hospitals.²¹ The implementation of national standards for hospitals in the 1910s and 1920s also gave the public increased confidence in the institution.²² Hospitals evolved from charitable institutions to modern facilities with the latest technology.²³ While many patients saw physicians in their homes into the 1920s, hospitals became increasingly accepted by patients of all classes. By the early 1930s, approximately 65% of all births and 50% of all deaths occurred at hospitals.²⁴

Southern California followed these general patterns, and hospitals became more widespread in the first decades of the 20th century. This included general hospitals and a smaller number of specialized institutions, such as maternity and infant hospitals and osteopathic hospitals such as

¹³ Sloane, 444.

¹⁴ Bauer, 57.

¹⁵ Bauer, 64-67.

¹⁶ Sloane, 445.

¹⁷ Sloane, 442.

¹⁸ Sloane, 442-443.

¹⁹ Sloane, 443.

²⁰ Sloane, 440.

²¹ Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999), 467-468.

²² Rosemary Stevens, *In Sickness and In Wealth: American Hospitals in the Twentieth Century* (Baltimore: The Johns Hopkins University Press, 1989), 114-116.

²³ Stevens, *In Sickness and In Wealth*, 17.

²⁴ Risse, 467; Stevens, *In Sickness and In Wealth*, 206.

the osteopathic hospital at 235 N. Hoover Street, which opened in 1925, and the osteopathic ward at Los Angeles General Hospital, which opened in 1928.²⁵ Hospitals in the Los Angeles region included public, private, and religiously affiliated institutions of all sizes and scales.

The increase in medical specialization in the first half of the 20th century actually encouraged hospitalization. As physicians became more specialized, they increasingly referred patients to hospitals for procedures and care they could not provide. By 1940, nearly a quarter of American doctors were working as specialists, and many turned to the hospital as a central location of diagnostic services, technology, and nursing care. Patients also looked to hospitals as a preferred location of treatment over home care, while at the same time more effective and widely available medicine put a new emphasis on office-based general practitioners and less of a need for hospitals for more routine care.²⁶ Ongoing improvements in medicine decreased mortality from infectious diseases, and hospitalization for disease shifted to address a rise in chronic illnesses such as heart disease, cancer, and stroke as people lived longer.²⁷

As Los Angeles grew in the decades after World War II, its hospital system expanded to keep up with patient demand. Many of the smaller hospitals that were founded in the Los Angeles area earlier in the century were integrated into larger institutions in the post-World War II period. By this time, hospitals in the region included large general hospitals as well as specialized hospitals devoted to maternity or orthopedic care. The former type dominated, however, illustrating a trend toward general hospitals which included multiple specialized wards and offered a range of care services. Many freestanding hospitals around the country, including those in greater Los Angeles, were consolidated into regional and national systems by the 1980s.²⁸ Today, hospitals are the primary means through which most individuals receive health care.

4.2 Hospital Architecture and Design

The modern American hospital emerged in the mid-19th century and was shaped by rapid advances in medical science, sanitation standards, and urban growth. Before this period, American hospitals were often charitable almshouses and sanitariums intended for care of the poor and dying, rather than for patient recovery.²⁹ Based on her own nursing experience throughout Europe and North Africa, Florence Nightingale's writings in *Notes on Hospitals* (1858) and *Notes on Nursing* (1859) popularized new understandings of germ theory and hygiene that transformed late 19th century hospital design into a technical and architectural solution that emphasized cross-ventilation and access to natural light.

²⁵ Osteopathic medicine is discussed further in *Section 3.4*.

²⁶ Rosemary A. Stevens, "Times Past, Times Present," in *The American General Hospital: Communities and Social Contexts*, ed. Diana Elizabeth Long and Janet Golden (Ithaca, NY: Cornell University Press, 1989), 173.

²⁷ Stevens, "Times Past, Times Present," 203.

²⁸ Stevens, "Times Past, Times Present," 192.

²⁹ Charles E. Rosenberg, *The Care of Strangers* (Baltimore: Johns Hopkins University Press, 1995), 19-25; Sloane, 442-46.

Nightingale’s theories culminated in a new design for hospitals named the “pavilion plan,” sometimes referred to as the “Nightingale ward.”³⁰ Pavilion-style hospitals in the United States were laid out in myriad ways, but were characterized by low-scale (typically no more than two stories) detached or semi-detached wards arranged with linear or radial layouts and connected by corridors or breezeways to create sprawling campus sites. Buildings often had large operable windows and multiple entrances to promote airflow and minimize contagion.³¹ The Johns Hopkins Hospital in Baltimore (1889), an example of this layout, set new national standards for hospital design with comprehensive site planning, mechanical ventilation, and systematic ward organization.³²

In Los Angeles County, pavilion design principles were loosely adopted for some of the area’s earliest hospitals to capitalize on the favorable regional climate. To attract health seekers and minimize the social stigma of institutionalization, many of the region’s early hospitals and sanitariums were either housed in pre-existing Victorian-era residential buildings or constructed to resemble hotels or houses rather than sophisticated medical facilities. The California Hospital, which opened in 1898 (1414 S. Hope Street, demolished), advertised itself as “an elegant luxury hotel for the sick” and espoused its sunny rooms and elegant furniture in addition to its modern operating rooms.³³

The pavilion design principles popular at the time were typically applied on a building-by-building basis rather than in comprehensive hospital site planning practices, as was the case in Europe and on the East Coast. For example, one of the county’s earliest medical facilities, the Los Angeles Infirmary (founded 1856), adopted shaded courtyards and wide verandas to maximize ventilation at its second location at 1414 Naud Street, a former single-family dwelling where the hospital operated from 1860-1884. Its third facility, a larger purpose-built institutional property at Beaudry Avenue and Sunset Boulevard, implemented longer corridor wards and large, vertically oriented windows for increased airflow, but the building’s design was still typical of an earlier one-corridor plan.³⁴ Similarly, the original buildings at the Los Angeles County Hospital (later known as Los Angeles General Hospital or Los Angeles County General Hospital, comprising the west half of the main campus/Area 1 on the Project Site) – one of the first major hospitals

³⁰ John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven, CT: Yale University Press, 1975), 159-169.

³¹ Thompson and Goldin, 159-169; John Shaw Billings, “The Plans and Purposes of the Johns Hopkins Hospital: An Address Delivered at the Opening of the Hospital, May 7, 1889,” *The Medical News* (May 11, 1889), 6-8, 12-15, accessed via the National Library of Medicine Digital Collections, October 2025, <https://collections.nlm.nih.gov/bookviewer?PID.nlm:nlmuid-101503786-bk>; Isadore Rosenfield, *Hospital Architecture and Beyond* (New York: Van Nostrand Reinhold Co., 1969), 25.

³² Billings, “The Plans and Purposes of the Johns Hopkins Hospital,” 14-15; “How the Johns Hopkins Hospital Was Built,” Johns Hopkins Medicine, accessed October 2025, <https://www.hopkinsmedicine.org/about/history/history-of-jhh/how-jhh-was-built>.

³³ Sloane, 441.

³⁴ The Los Angeles Infirmary was later renamed St. Vincent’s Hospital in 1918 and now operates as St. Vincent’s Medical Center. “First Hospital in Los Angeles,” *The Los Angeles Almanac*, accessed October 2025, <https://www.laalmanac.com/health/he03.php>; Kristine Gunnell, “Archival Research and the Daughters of Charity,” UCLA: Center for the Study of Women, accessed October 2025, <https://escholarship.org/uc/item/09n0k4t4>; Michael R. Cousineau and Robert E. Tranquada, “Crisis & Commitment: 150 Years of Service by Los Angeles County Public Hospitals,” *American Journal of Public Health* 97, no. 4 (2007): 606-15, accessed October 2025, <https://doi.org/10.2105%2FAJPH.2006.091637>.

established in Southern California – included some pavilion-style architectural elements like large windows and segregated wards connected by breezeways. But development of the old Los Angeles County Hospital site was largely based on available funding, resulting in widely separated buildings that lacked the cohesion of a Nightingale-inspired pavilion plan.³⁵ Variations of the pavilion plan continued to be utilized for several hospitals developed in the 1920s in Los Angeles County, including the United States Veteran’s Bureau Hospital in Sylmar (demolished) and the Los Angeles Sanitarium (now the City of Hope Hospital) in Duarte.³⁶

The evolution of hospital planning and construction in the early 20th century in Southern California reflected both broader trends and regional necessity. Advancements in medical theory, particularly emerging theories about germs and disease, shifted hospital design away from sprawling pavilion-style plans that emphasized light, ventilation, and air flow. Medical professionals now understood that using chemical disinfectants and placing contagious patients in quarantine rooms far outweighed the benefits of the natural interventions touted in the 19th century. Regionally, architects responded to the spatial and geographic constraints of Southern California after the turn of the century, recognizing the need to build vertically with earthquake-resistant materials as cities like Los Angeles grew more densely populated and space was limited.³⁷ This was particularly true after the 1906 San Francisco earthquake, which sparked a wave of building code updates that led to the widespread use of reinforced concrete and steel construction throughout California in the following decades.³⁸ As a result, early 20th century hospital buildings evolved into multi-story steel- or concrete-framed buildings, typically six to seven stories in height, with separate floors dedicated to each medical ward and separate rooms to increase patient privacy (as opposed to the communal wards of the previous era). Pavilion design elements loosely evolved with new designs, where building plans were indicative of traditional “block” hospitals arranged in a cross-shaped plan with each wing connected to a central core or tower.³⁹

Hospital projects of the 1920s and 1930s in the Los Angeles area reflected this new era of vertical architectural experimentation. Designs combined Classical Revival and Beaux-Arts symmetry with emerging modern styles like Art Deco to emphasize circulation and ventilation efficiency and centralized sterilization. The Los Angeles General Hospital’s Acute Unit, completed in 1933, epitomized this shift. Its monumental 19-story reinforced-concrete and steel structure,

³⁵ Helen Eastman Martin, *The History of the Los Angeles County Hospital (1878-1968) and the Los Angeles County-University of Southern California Medical Center (1968-1978)* (Los Angeles: University of Southern California Press, 1979), 93-97.

³⁶ Blanca Barragan, “The Lost Architecture of the San Fernando Valley,” *Curbed Los Angeles*, accessed October 2025, [https://la.curbed.com/2017/8/9/16111438/lost-architecture-san-fernando-valley#:~:text=United%20States%20Veterans%20Administration%20Hospital,97%2Dacre%20Veterans%20Memorial%20Park](https://la.curbed.com/2017/8/9/16111438/lost-architecture-san-fernando-valley#:~:text=United%20States%20Veterans%20Administration%20Hospital,97%2Dacre%20Veterans%20Memorial%20Park;); Jeff Robbins, “Scenic hospital,” 1966 aerial photograph and written historical data, Valley Times Collection, Digital Collections of the Los Angeles Public Library, accessed October 2025, <https://tessa2.lapl.org/digital/collection/photos/id/50918/rec/13>; “Hospital Will Start Additions, Cornerstone Laying for New Buildings Planned at Duarte Sunday,” *Los Angeles Times*, February 9, 1940, 44. “The Story of City of Hope,” City of Hope Comprehensive Cancer Center, February 23, 2021, accessed October 2025, <https://cancerhistoryproject.com/institutions/the-story-of-city-of-hope/>.

³⁷ Risse, 469.

³⁸ Risse, 469-70; Robert Reitherman, *Earthquakes and Engineers: An International History* (Reston, VA: American Society of Civil Engineers (ASCE) Press, 2012), 179-189.

³⁹ Risse, 470.

centralized core, and vertical circulation systems designed to minimize the spread of disease reflected the era's growing medical knowledge.⁴⁰ Many private hospitals were also established in the region during this period and implemented modern planning and construction materials. Among them included Cedars of Lebanon Hospital in Hollywood (1930, now Church of Scientology) and St. Luke's Hospital in Pasadena (1933, extant).⁴¹

After World War II, the Hill-Burton Act of 1946 spurred unprecedented nationwide hospital construction. To ensure equitable geographic distribution of hospital facilities, the federal program required statewide surveys and master plans to target areas of need for hospitals and then allocated funds to construct them accordingly. California was among the states that received the highest government allocations under the program, catalyzing a major expansion across Los Angeles, Orange, and San Bernardino counties.⁴² Postwar hospital planning maintained the vertical approach, and designs emphasized Modernist simplicity and modular forms. Buildings were increasingly constructed of structural steel frames for taller hospital towers, and mid-century-inspired elements like curtain walls and concrete block cladding began to appear. The UCLA Medical Center, begun in 1951 and designed by Welton Becket & Associates, typified this new functionalism with clean lines, repetitive modules, and integration with the university's Modern master-planned campus.⁴³ Mt. Sinai Hospital on Beverly Boulevard (1955), also designed by Welton Becket & Associates, incorporated curtain walls, concrete support posts, exterior stairwells, and other Mid-Century Modern design elements.⁴⁴

In the 1960s and 1970s, hospitals were increasingly conceived as regional medical centers that not only focused on patient care, but integrated research and education as well. Air-conditioning and mechanical ventilation were now universal, and computer technology began to enter hospital administration and diagnostics – technological advancements which required more utilitarian space than in years past.⁴⁵ As such, later postwar hospital campuses comprised multiple buildings, including vertical towers and sprawling research facilities, often with modular structural bays that allowed departments to be reorganized or expanded. Most hospital campuses that emerged during this era reflected the popular International style, and many

⁴⁰ ICF, "LAC+USC Medical Center Campus Master Plan, Final Environmental Impact Report," prepared for the County of Los Angeles, 2014, 3.4-9; David Gebhard and Robert Winter, *An Architectural Guidebook to Los Angeles* (Salt Lake City: Gibbs Smith, 2003), 314; "Los Angeles General Medical Center," The Los Angeles Conservancy, accessed October 2025, <https://www.laconservancy.org/learn/historic-places/los-angeles-countyusc-medical-center/>.

⁴¹ "The First Kaspare Cohn Hospital-1902," Jewish Museum of the American West, accessed October 2025, <https://www.jmaw.org/cedars-sinai-jewish-los-angeles/>; "2632 E Washington Blvd, St. Luke's Medical Center," Resource Summary, California Historical Resource Inventory Database (CHRID), City of Pasadena, accessed October 2025, https://pasadena.cfwebtools.com/search.cfm?display=resource&res_id=4265.

⁴² Social Security Administration, "Hospital Survey and Construction Act, The Hill-Burton Act," *Social Security Bulletin* 9, no. 10 (October 1946): 15-17, accessed October 2025, <https://www.ssa.gov/policy/docs/ssb/v9n10/v9n10p15.pdf>.

⁴³ Bruce Emerton and Chris Nichols (ed.), "Built By Becket: 100 Centennial Celebration," The Los Angeles Conservancy Modern Committee, 2003, 22.

⁴⁴ "Steps Taken to Finish New Mt. Sinai Hospital," *Los Angeles Times*, August 24, 1953, 16; Rudy Martinez, "The Kaspare Cohn Hospital and the Mt. Sinai Hospital and Clinic, Parts 1-5," Boyle Heights Historical Society, October 2020, accessed October 2025, <https://bhhsia.com/the-kaspare-cohn-hospital-and-mt-sinai-hospital-and-clinic-part-one/>.

⁴⁵ Stephen Verderber and David J. Fine, *Healthcare Architecture in an Era of Radical Transformation* (New Haven: Yale University Press, 2000), 26-34, 63, 95-101, 115-16; Mary Risley, *House of Healing: The Story of the Hospital* (Garden City, NY: Doubleday & Company, 1961), 223.

resembled office buildings as a result.⁴⁶ In Los Angeles County, the campus plan reflected an increased need for automobile accessibility, and many incorporated vast parking lots and multi-level parking structures into the overall design. By this point, the majority of Los Angeles-area hospitals that were established in years prior had evolved into multi-building campuses, including UCLA Medical Center, Cedars-Sinai Medical Center, and Los Angeles General Hospital.

Major damage sustained to the Olive View Medical Center and San Fernando Veterans Administration Hospital during the 1971 Sylmar earthquake revealed the vulnerability of earlier hospital buildings during seismic events. In response, California enacted the Alquist Hospital Facilities Seismic Safety Act of 1973, mandating that all new hospitals be designed to remain operational after major earthquakes and establishing an office to oversee seismic design and hospital construction standards. The rebuilt Olive View Medical Center (1980) was among the first to incorporate base-isolated foundations and redundant structural systems – technologies that would later define seismic safety design across California.⁴⁷

4.3 History of Los Angeles County General Hospital

In 1849, the State of California passed legislation to establish a series of state hospitals for the care of the “indigent sick.” The first state hospital established following this bill was the Marine Hospital in San Francisco, which opened in 1850. However, this state system was short-lived. By the late 1850s, the state encouraged the counties to establish their own hospitals, though it continued to provide a small amount of funding for hospital care.⁴⁸

In 1855, several members of the Daughters of Charity of St. Vincent de Paul established a school and orphanage at the corner of Alameda and Macy (now Cesar Chavez) streets in Los Angeles. They soon saw the need for a hospital for patients who could not afford private care, and the first county hospital in Los Angeles was opened in 1858 in the home of Cristobal Aguilar.⁴⁹ It was advertised as having a “charity ward” as well as “a ward for patients who can pay admittance.”⁵⁰ It soon moved to a two-story brick building at Naud Street between North Main and San Fernando streets.⁵¹

Due to the funding structure for county hospitals at the time, the new Naud Street hospital lacked sufficient capital to sustain operations, prompting the Board of Supervisors Grand Jury, the Los Angeles Medical Society, doctors, and others to pressure the County to purchase a larger tract of land where a dedicated hospital and poor farm could be developed.⁵² The creation of a farm associated with the hospital, where some recovering patients could work, would help provide food for the hospital and thus reduce its operating costs. This was seen as especially

⁴⁶ Verderber and Fine, 9, 17-20, 26-34.

⁴⁷ Daniel J. Alesch, Lucy A. Arendt and William J. Petak, “Seismic Safety in California Hospitals: Assessing an Attempt to Accelerate the Replacement or Seismic Retrofit of Older Hospital Facilities,” June 6, 2005, accessed October 2025, <https://www.eng.buffalo.edu/mceer-reports/05/05-0006.pdf>.

⁴⁸ Martin, 4-5.

⁴⁹ Martin, 6.

⁵⁰ Martin, 6.

⁵¹ Martin, 9.

⁵² Martin, 16.

necessary as the number of patients increased. Funding was finally secured in 1878, and construction on the hospital's first buildings began that year.⁵³ Helen Eastman Martin writes, the hospital "was not funded by large sums of money donated by the rich who had been responsible for the establishment of many famous voluntary hospitals. Rather, the new hospital arose from economic necessity and from the growth of the city and county of Los Angeles where there was a need for a more economical way of caring for the sick and poor."⁵⁴ A two-story hospital ward, which initially had about 100 beds, was constructed on Mission Road (on the west half of current main campus/Area 4 of the Project Site; demolished). This building would serve the Los Angeles County Hospital until the Acute Unit opened in the 1930s.⁵⁵

Los Angeles County Hospital integrated a teaching component from its early years. The University of Southern California (USC) founded its College of Medicine in 1885, and medical students were taught at the County Hospital from the outset.⁵⁶ A nursing school was also founded in 1895 by the hospital under the direction of the Medical College.⁵⁷ In 1921, the College of Osteopathic Physicians and Surgeons purchased land at the corner of Griffin Avenue and Mission Road, across the street from County Hospital. Similar to the County Hospital's relationship with USC College of Medicine, the osteopathic college established a training program with the osteopathic ward, located on the County Hospital site.⁵⁸

By 1909, the County Hospital ward had grown to 400 beds and by 1915, had further increased in size to 1,100 beds.⁵⁹ During this time, an administration building, six-story surgical building, psychotherapy building, tuberculosis building, library, and service and power buildings were completed.⁶⁰ Tuberculosis remained one of the main diseases treated at the hospital into the 1910s. Martin writes, "The problem of tuberculosis was a serious [one] at the County Hospital since patients were sent to the hospital directly from trains, other hospitals, clinics, and physicians whether they were residents or not. There were 80 beds available for patients with tuberculosis – 35 in wards and the remainder in tent houses – and they were always full."⁶¹

Los Angeles County Hospital grew rapidly between the late 1910s through the early 1930s, driven by the growth of the region during this period and advances in medical knowledge. The hospital suffered from overcrowding and personnel shortages, necessitating expansion of the campus and the construction of new facilities.⁶² In 1923, voters passed a \$5,000,000 bond measure for the construction of new buildings at Los Angeles County Hospital, Olive View Sanatorium, and other facilities.⁶³ That same year, the name of the hospital was changed to Los Angeles General Hospital; four years later, its name was changed again to Los Angeles County General Hospital (hereinafter referred to as "General Hospital"). In 1924, County purchased land to the east of the

⁵³ Martin, 18.

⁵⁴ Martin, 21.

⁵⁵ Martin, 22-23.

⁵⁶ Martin, 23.

⁵⁷ Martin, 23.

⁵⁸ Martin, 59; Los Angeles Department of Building and Safety, Building Permit No. 20074, June 16, 1937.

⁵⁹ Martin, 23, 31.

⁶⁰ Martin, 33.

⁶¹ Martin, 45.

⁶² Martin, 98.

⁶³ Martin, 98.

existing site bounded by State, Britannia, Marengo, and Griffin for necessary expansion.⁶⁴ General Hospital needed an outpatient department, as well as additional facilities for chronic patients and tuberculosis patients. A new communicable disease building opened in 1924 (demolished), and the existing contagious disease building (demolished) was converted into an osteopathic ward in 1928.⁶⁵

In the early 1920s, the County hired a team of consultants to advise on General Hospital's continued expansion. The consultants initially recommended six new ward buildings with a total of 1,500 new beds on the new site east of State Street. In the end, the architecture team decided on one large hospital building that emphasized verticality rather than multiple buildings spread out over the site.⁶⁶ The new Acute Unit, funded by the 1923 bond measure, opened in 1933.⁶⁷ Its design was influenced by the common incidence of infectious disease among patients; the vertically stacked wards separated by stairwells and elevators were intended to reduce traffic of patients, visitors and staff and therefore the spread of disease.⁶⁸ Of the new building, the *Los Angeles Evening Herald* wrote, "Cream-white in the noonday sun—gold tinted in the afternoon haze, looming black against the stars at night—the Los Angeles County General Hospital rounds a hilltop with its soaring mass of concrete, the greatest single monument to that command 'Heal the sick' ever erected by an American community."⁶⁹ With the opening of the new Acute Unit, the number of beds at the hospital increased to 1,494.⁷⁰ The hospital comprised approximately 35 acres by this time.

The 1930s brought new challenges to General Hospital. Many of its early buildings suffered extensive damage as a result of the Long Beach earthquake in 1933.⁷¹ In addition, the financial downturn of the Great Depression resulted in budget cuts, and General Hospital had to limit expansion of its facilities and staff. The onset of World War II at the end of the decade further contributed to staff shortages, as physicians and residents were redirected to the war effort. Some military personnel were also cared for at General Hospital when Navy and Army hospitals were full, exacerbating overcrowding.⁷² This coincided with a boom in Los Angeles's population and an increase in patients, making the staffing shortages feel even more acute. Out of necessity, interns (and at times, medical students when necessary) were used in place of medical staff. General Hospital also hired non-medical personnel to aid its doctors, consolidated wards, eliminated elective surgery, and substituted medical supplies that were in short supply.⁷³ In 1946, the Harbor General Hospital opened south of Los Angeles to help provide more hospital beds in the county hospital system. Some patients from General Hospital were moved there to help

⁶⁴ Martin, 101.

⁶⁵ Martin, 50, 61.

⁶⁶ Martin, 101-102.

⁶⁷ Martin, 50.

⁶⁸ Cousineau and Tranquada, 606-15.

⁶⁹ Martin, 112.

⁷⁰ Martin, 49.

⁷¹ Martin, 50.

⁷² Martin, 145.

⁷³ Martin, 143, 145, 175.

alleviate overcrowding (though this continued to be an issue throughout the remainder of the 1940s).⁷⁴

The post-World War II population boom in Southern California translated into a dramatic uptick in the number of patients at General Hospital. The number of patients seen in 1944-1945 was 54,236; by 1954-1955, that number had risen to 100,953.⁷⁵ At the same time, the postwar years also saw an increase in the number of hospital residents as soldiers returned from the war and sought their education. General Hospital took over support for the residency training program from the USC School of Medicine at this time.⁷⁶

General Hospital expanded rapidly in the immediate postwar decades to accommodate the region's population boom.⁷⁷ It started planning several new buildings in the late 1940s. On the list were a new Psychiatric Hospital (1951) at State and Marengo streets, Graduate Hall, a nurses' residence (1953) adjacent to the Acute Unit, and a larger Communicable Diseases Unit (1955).⁷⁸ These were all designed in the popular Mid-Century Modern style by noted architects Paul R. Williams and Adrian Wilson and have since been demolished. Following this early 1950s development, the jail building, old psychopathic building, and old communicable disease unit were turned over to the USC Medical School for research projects.⁷⁹

Up until the postwar period, General Hospital served a mix of middle-class and working-class patients as well as patients of color – many of them from central and east Los Angeles. However, during the postwar suburban boom, many of the area's middle-income (mostly White) families moved to newly constructed neighborhoods in further flung places such as the San Fernando Valley. This resulted in demographic shifts in the area surrounding General Hospital. At the same time, employment-provided private health insurance expanded, and more patients who could afford to do so started using private hospitals. As a result, the patient population at General Hospital became composed of more working-class patients and patients of color.⁸⁰ At its peak in 1963-1964, General Hospital admitted 121,071 patients. The number of patients after that peak decreased due to the availability of other Los Angeles County medical facilities and changes in medical insurance (namely, the ability of patients to use Medi-Cal and Medicare for private hospitals).⁸¹ General Hospital continued its relationship with medical schools in the area. In 1968, it began to contract solely with the USC School of Medicine, and it was renamed the Los Angeles County-University of Southern California (LAC+USC) Medical Center.⁸²

The most impactful changes to the hospital in the decades after World War II resulted from changes in the medical field more generally. This included the development of new drugs and diagnostic techniques, leading to more effective treatment. This in turn led to changes at General Hospital and hospitals around the country, including new instruments and new types of units and

⁷⁴ Martin, 149-150.

⁷⁵ Martin, 151.

⁷⁶ Martin, 175.

⁷⁷ Martin, 182.

⁷⁸ Martin, 151, 170, 174.

⁷⁹ Martin, 151.

⁸⁰ Cousineau and Tranquada, 606-15.

⁸¹ Martin, 203.

⁸² Martin, 225-226.

facilities. Old facilities had to be repurposed or updated.⁸³ A series of master plans and development plans were created for General Hospital in the postwar decades,⁸⁴ and between 1956 and 1978, nine new buildings were erected, along with two additions to existing buildings and the construction of numerous smaller service and support buildings. New construction included the Osteopathic Hospital (1959, later the Women’s and Children’s Hospital, demolished), Muir Hall and Nurses’ Dormitory (1962, demolished), a neurological research laboratory (1962, demolished), Outpatient Department Building (1963), Intern’s and Resident’s Dormitory (1965), and others. By this time, nearly all the oldest hospital buildings on Mission Road had been demolished, except the Old Administration and Pharmacy (service) buildings.⁸⁵ As with its early postwar development, many of the buildings added to General Hospital throughout the 1950s and 1960s were designed by noted local architecture firms. While architects Paul R. Williams and Adrian Wilson were responsible for the design of many of the hospital’s early 1950s buildings, as discussed above, the noted firm of Arthur Froehlich and Associates designed the Outpatient Department Building and Intern’s and Resident’s Dormitory, as well as the since-demolished Flammable Storage Building (1970) and Cancer Research Lab (1970). Noted architects Douglas Honnold and John Rex were also involved in the design of the Outpatient Department Building as well as the General Laboratories Building (1967). These 1950s and 1960s buildings largely reflected typical variations of Mid-Century Modernism and shared “similar massing, window types, and exterior treatments.”⁸⁶

Expansion of General Hospital continued into the early 1970s with the construction of new adjoining buildings for the Chief Medical Examiner and County Coroner in 1972 and the purchase of the old California College of Medicine campus (originally the College of Osteopathic Physicians and Surgeons) in 1974, following the college’s departure to Irvine in the 1960s.⁸⁷ However, by the late 1970s, the Board of Supervisors became increasingly hesitant to provide funding for the construction of new hospital facilities due to worries over the County’s financial stability. This translated into a slowdown in construction at General Hospital and other County-run facilities, as well as cuts in hospital personnel.⁸⁸ At the same time, changes in funding (with more funding coming from the State as opposed to the County) after 1980 led to financial deficits while increasing demand put pressure on the hospital’s facilities.

The 1994 Northridge earthquake caused extensive damage to many of the buildings on the General Hospital Campus. As a result, buildings in the area to the west of the 1933 Acute Unit, which contained some of the hospital’s oldest buildings, including several early 20th century support services structures, were demolished in the mid-1990s and early 2000s. Several postwar buildings were demolished during this time as well, including all of the buildings designed by Paul R. Williams and Adrian Wilson and discussed above. The Acute Unit also endured significant damage from the Northridge earthquake. As a result, the Federal Emergency Management

⁸³ Martin, 183, 185.

⁸⁴ Department of the County Engineer, Division of Architecture, “Los Angeles General Hospital Master Plan Revision,” site plan, 1957; Department of the County Engineer, Architectural Division, “Los Angeles County General Hospital Development Plan,” site plan, 1961; “Existing Building Identification And [illegible],” site plan, ca. 1970s.

⁸⁵ Martin, 186.

⁸⁶ ICF, “LAC+USC Medical Center Campus Master Plan, Final Environmental Impact Report,” 3.4-9 to 3.4-10.

⁸⁷ Martin, 194, 245.

⁸⁸ Martin, 182, 185-186.

Agency (FEMA) provided financial assistance to the County for replacement of damaged hospital facilities and subsequent reuse and protection of the Acute Unit. The new replacement hospital complex – composed of the Inpatient Tower, Clinic Tower, Diagnostic & Treatment Building, and East Central Power Plant – was completed in 2008. Development of the General Hospital Campus has continued into the early 2020s with the construction of phase one of the Restorative Care Village (2022) and the Childcare Center (2023). Phase two of the Restorative Care Village is currently under construction.

Activism for Better Health Practices in Underrepresented Communities⁸⁹

As a public building intended to serve the Los Angeles region, General Hospital has been at the forefront of various movements to advocate for better health practices when treating underrepresented groups, in particular, the Chicana and LGBTQ+ communities.

Between 1968 and 1974, more than 200 women, primarily from the Mexican American community, were sterilized at the LAC + USC Medical Center.⁹⁰ The women were often pressured to sign County consent forms for sterilization while under duress or without understanding the extent of the procedure. Language barriers exacerbated the confusion as the forms were generally presented in English only, and the material was described as “written at a 12th-grade reading level, while the hospital’s own studies show 45% of its Mexican American patients read at a sixth grade level.”⁹¹ Dr. Bernard Rosenfeld, a physician and researcher at the hospital, served as a whistleblower to “[expose] testimony on the doctors’ malpractice on low income and minority women,” requesting the legal services of Model Cities Center for Law and Justice to look into the case.⁹² The Model Cities Center subsequently collaborated with the Chicana rights organization Comisión Femenil Mexicana Nacional to reach out to affected women in the community.

Gloria Molina, chairperson of Comisión Femenil Mexicana Nacional at the time and later County Supervisor, worked directly with the plaintiffs comprised of 10 Mexican American women who “were coerced or deceived into being sterilized at the Los Angeles County-USC Medical Center.”⁹³ Dolores Madrigal served as the lead plaintiff after hearing about protests related to the sterilization practices and later finding out she had also been one the victims.⁹⁴ The court case against the County was filed in 1975 and would come to be known as *Madrigal v. Quilligan*. Other women represented in the case included Maria Hurtado, Rebecca Figueroa, Helena Orozco, and Georgina Hernández.

⁸⁹ The following section was excerpted from Chattel, Inc. “Los Angeles County General Hospital – Acute Unit.” National Register of Historic Places Nomination Form, December 16, 2025.

⁹⁰ General Hospital was renamed “LAC + USC Medical Center” in 1968. Lank, Barry, “A reckoning over sterilization at a Boyle Heights hospital,” *The Eastsider*, July 14, 2021, https://www.theeastsiderla.com/neighborhoods/boyle_heights/a-reckoning-over-sterilizations-at-a-boyle-heights-hospital/article_a6952446-e36a-11eb-9424-43fce028cb61.html, accessed August 5, 2025.

⁹¹ Robert Rawitch, “Latin Women File Suit on Sterilization,” *Los Angeles Times*, June 19, 1975: 8.

⁹² Library of Congress, “1978: Madrigal v. Quilligan – A Latinx Resource Guide: Civil Rights Cases and Events in the United States,” <https://guides.loc.gov/latinx-civil-rights/madrigal-v-quilligan>, accessed August 5, 2025.

⁹³ Rawitch, 8.

⁹⁴ Gustavo Arellano, “Latina was lead plaintiff in landmark sterilization case,” *Los Angeles Times*, December 4, 2024: B001.

Under *Madrigal v. Quilligan*, the plaintiffs charged that hospital staff completed unauthorized sterilizations of women, many with minimal English proficiency, through the 1970s resulting in irreparable harm. On June 7, 1978, Judge Jesse W. Curtis ruled that there was no deliberate intent by the hospital staff to hurt the women and that “sterilizations were the result of miscommunication and language barriers between the patients and the doctors.”⁹⁵ Nevertheless, the court case led to several changes in how the hospital system in California operated. The plaintiffs “influenced the California Department of Health to implement new sterilization procedures, including bilingual information materials that explained the process and consequences of sterilization,” and ultimately the State of California revoked their sterilization law.⁹⁶

Madrigal v. Quilligan is still considered a landmark civil rights case “taught in universities and retold in academic books as a cautionary tale of eugenics and public health gone wrong, its plaintiffs held as reproductive-rights heroines.”⁹⁷ In particular, the case coincided with the rise of Latina activism in Los Angeles in the 1960s and 1970s when “Chicanas in the 1960s drew on the feminist movement to demand their rights as both women and Latinas, challenging the sexist aspects of Chicano cultural nationalism.”⁹⁸ Organizations such as Comisión Femenil Mexicana Nacional and the Chicana Service Action Center were being established that “trained women for leadership positions in both the Chicano movement and the community at large” and “provided job-training to low income women.”⁹⁹

The PBS documentary “No Más Bebés,” directed by Renee Tajima-Peña, premiered on February 1, 2016 chronicling the events of *Madrigal v. Quilligan* in the overall context of forced sterilization across the United States and included participation from Dolores Madrigal and other women who were involved in the case. In 2018, the County Board of Supervisors formally apologized to all women who were forcibly sterilized at the hospital, and a monument was installed on the hospital grounds in 2022.¹⁰⁰ Madrigal passed away in Las Vegas in 2024 and was recognized in obituaries by the *Los Angeles Times*, *New York Times*, and NPR.

During the late 1980s and early 1990s, General Hospital was once again the focus of activism as members of the LGBTQ+ community conducted actions outside of the Acute Unit to advocate for better support for those who had been affected with AIDS. The AIDS epidemic had already been spreading throughout the United States and advocacy groups such as ACT UP were being established to help find solutions. ACT UP was first established in New York on March 12, 1987, though the Los Angeles chapter (also known as ACT UP/Los Angeles or ACT UP/LA) was formed later that year on December 4, 1987 and included 400 people at its first meeting.¹⁰¹

⁹⁵ Library of Congress, “1978: Madrigal v. Quilligan – A Latinx Resource Guide: Civil Rights Cases and Events in the United States,” <https://guides.loc.gov/latinx-civil-rights/madrigal-v-quilligan> accessed August 5, 2025.

⁹⁶ Library of Congress, “1978: Madrigal v. Quilligan – A Latinx Resource Guide: Civil Rights Cases and Events in the United States.”

⁹⁷ Arellano, B001.

⁹⁸ City of Los Angeles, SurveyLA, “Latino Los Angeles Historic Context Statement,” September 15, 2015, 72.

⁹⁹ City of Los Angeles, SurveyLA, “Latino Los Angeles Historic Context Statement.”

¹⁰⁰ Arellano, B001.

¹⁰¹ University of California, Online Archive of California, “ACT UP/ Los Angeles records, 1987-1999 – OAC,” <https://oac.cdlib.org/findaid/ark:%2F13030%2Fc8k64ghw> accessed August 5, 2025.

Leaders within the AIDS advocacy community lamented that the County's health system had "yet to comprehensively address the AIDS epidemic in a medically sound, fiscally responsible and compassionate manner...with one-third of all people with AIDS and AIDS-related illnesses relying on this system."¹⁰² Protests through 1988 "were organized to bring pressure on the Board of Supervisors and the county Department of Health Services," leading to a commitment from the County to open a 20-bed AIDS research ward sometime in 1990.¹⁰³ Activists argued that this was not enough to address "a current average daily census of 60 hospitalized patients with AIDS and AIDS-related illnesses."¹⁰⁴

In January 1989, ACT UP/LA, along with other groups such as AIDS Project LA and Being Alive, organized a weeklong vigil outside of the hospital with a goal "to see comprehensive AIDS and HIV positive treatment programs established, a 50 percent increase in staff and facilities at the outpatient clinic, and a 50-bed AIDS ward opened within six months, with 50 more beds added within one year."¹⁰⁵ A reported 20 to 60 people gathered for the vigil but "despite nightly local TV coverage and frequent reports in the [*Los Angeles Times*], the vigil did little to affect the immediate action ACT UP was demanding" and "DHS offered their standard line: 20 beds by 1990."¹⁰⁶

AIDS Healthcare Foundation (AHF) founder and president Michael Weinstein noted in 1991, "Two years ago we slept outside the steps of L.A. County/USC Medical Center to demand the county take greater responsibility for care...Now we see they are incapable of doing so. So we are demanding that responsibility for ourselves."¹⁰⁷ A shift was occurring in the local AIDS community where relying on the County for change was becoming seemingly futile. The 20-bed AIDS unit was opened, though wait times for treatment had now grown to five months.¹⁰⁸ Community-based organizations like AHF were now becoming healthcare providers, with AHF at the time "treating 600 patients, most of whom were on the county waiting list."¹⁰⁹

The early 1990s also saw larger shifts happening in the overall approach to AIDS advocacy in Los Angeles. Many of the vocal leaders in the community such as Mark Kostopoulos, Rick Turner, Richard Iosty, Larry Day, Sister X, and Les Johnson, were dying of AIDS, and there was a sense that "with their deaths, an era of militancy has come to an end."¹¹⁰ The election of President Bill Clinton in 1993 was considered a primary force in "[silencing] the streets" as activists considered the administration "more ineffectual than immoral, which makes it a good deal harder to target."¹¹¹

¹⁰² Peter Cashman, John Fall, and Enric Morello, "Fumbling on AIDS Causes Waste, Suffering," *Los Angeles Times*, February 13, 1989: 31.

¹⁰³ Cashman, Fall, and Morello, 31.

¹⁰⁴ Cashman, Fall, and Morello, 31.

¹⁰⁵ "Bulletin Board," *LA Weekly*, January 26, 1989: 71.

¹⁰⁶ Doug Sadowick, "Gay Writes," *LA Weekly*, February 23, 1989: 48.

¹⁰⁷ Doug Sadowick, "AIDS Bottleneck," *LA Weekly*, August 1, 1991: 14-16.

¹⁰⁸ Sadowick, "AIDS Bottleneck."

¹⁰⁹ Sadowick, "AIDS Bottleneck."

¹¹⁰ Douglas Sadowick, "AIDS, Inc.," *LA Weekly*, May 12, 1994, 16-21.

¹¹¹ Sadowick, "AIDS, Inc."

Local membership in ACT UP/LA had decreased to “a couple dozen” while other chapters in San Francisco and Washington D.C. were splitting apart or dissolving.¹¹² More and more advocates were taking more established positions within public and private agencies to make decisions on behalf of the community. According to *LA Weekly*:

An entirely new AIDS landscape has developed in ‘90s, which features a multi-billion dollar AIDS industry (running the gamut from pharmaceuticals and hospitals to magazines and conferences), the transformation of onetime street activists into public and private agency heads, the blurring of distinctions between obvious enemies and obvious friends – and an interminable amount of death and suffering. For many, the politics of confrontation have become passé. In the ‘90s, you shun ACT UP-like tactics in order to get yourself onto community boards and governmental panels – but you pursue ACT UP-like priorities once you’re there. Or you try.¹¹³

Overall, the perceived lack of action by the County at General Hospital in response to the protests and vigils on the Campus contributed to the transformation of the AIDS advocacy landscape in Los Angeles where community-based organizations moved to treat patients themselves. Rather than focusing solely on protests and vigils, which were growing to be seen as ineffective, advocates found themselves entering decision-making spaces instead to fight for change.

4.4 Osteopathic Medicine at General Hospital

Osteopathy was originally introduced in America in the 1870s as a comprehensive therapeutic approach for promoting health and fighting disease.¹¹⁴ The study of osteopathy emerged in Southern California at the turn of the century, coinciding with the region’s increased recognition as a haven for health seekers. Two osteopathic colleges were established in Southern California in the late 19th and early 20th centuries. The Pacific Sanitarium and School of Osteopathy was established in Whittier in 1896 and moved to a three-story building (now known as North Hall) at the corner of Mission Road and Daly Street in 1904.¹¹⁵ The second school in Southern California, the Los Angeles College of Osteopathy, opened in 1905 in downtown Los Angeles. The two schools merged in 1914 and became the College of Osteopathic Physicians and Surgeons, which operated on its campus adjacent to the General Hospital main campus from 1921 to 1968.

Osteopathic medicine was contentious from its earliest years. Osteopathy is based on the premise that “diseases and their symptoms [...] originate from the impaired movement of muscles, bones, tendons, or ligaments. These blockages can allegedly be felt by the osteopath by touching their client’s body and treated by manipulating muscles, limbs, joints, and especially the

¹¹² Sadownick, “AIDS, Inc.”

¹¹³ Sadownick, “AIDS, Inc.”

¹¹⁴ Silvia Clara Tuscano, Jason Haxton, Antonio Ciardo, Luigi Ciullo, and Rafael Zegarra-Parodi, ed. Philippe Gorce, “The Revisions of the First Autobiography of AT Still, the Founder of Osteopathy, as a Step towards Integration in the American Healthcare System: A Comparative and Historiographic Review,” *Healthcare* no. 12 (2024): 1-22, accessed November 2025, <https://www.mdpi.com/2227-9032/12/2/130>.

¹¹⁵ Martin, 59.

fascia, the web of connective tissue that envelops our muscles and organs.”¹¹⁶ However, not all of the field’s claims were backed by scientific evidence. This became problematic as the field of medicine was transformed by an evolving scientific understanding of disease and the human body in the 20th century. Though the State Osteopathic Society was incorporated in 1901 and licensure for osteopathic doctors was included in the medical licenses for the first time in 1907, this acceptance by the broader medical community did not last. A new “gold standard” for medical education was established in the 1910s, which emphasized the study of science and technology. This new standard had a substantial impact on other forms of therapy, including homeopathy, naturopathy, and osteopathy, which “were not based on the biomedical model.”¹¹⁷ As a result, “Anything outside the new paradigm was labeled charlatanism” and alternative therapies were “often dismissed as quackery by conventional doctors, and their practitioners were denied access to hospitals and other medical resources.”¹¹⁸

By 1919, the College of Osteopathic Physicians and Surgeons was no longer recognized by the state as a qualified medical school for licensed physicians and surgeons.¹¹⁹ And while interns from the osteopathic college were allowed at General Hospital during World War I due to a shortage of other available interns, and a few of General Hospital’s attending physicians were osteopaths, these practices ended in 1921.¹²⁰ In 1922, a ballot measure passed to allow osteopaths to have their own examination board and allow them to be licensed as physicians and surgeons.¹²¹ At General Hospital, they were again allowed to work at the hospital, but only under the umbrella of a separate osteopathic unit.

In 1921, the College of Osteopathic Physicians and Surgeons purchased property at Mission Road and Griffin Avenue. Around this time, its three-story building at Mission and Daly Street (now North Hall) was moved to the new site for use as a clinic; however, classes remained concentrated in downtown Los Angeles until the late 1920s/early 1930s. The college underwent a building program in the late 1920s, during which a laboratory building (now the Library) and an administration and auditorium building (now Tower Hall) were built on the new site.¹²²

After a new contagious disease building was completed at General Hospital in 1924, the existing contagious disease building (1904, demolished) was remodeled for use as an osteopathic ward. The new osteopathic ward served as a teaching hospital for students at the College of Osteopathic Physicians and Surgeons while also providing medical care – a parallel relationship seen between General Hospital and USC’s medical school. Despite the inclusion of an osteopathic building on the main General Hospital campus, “elaborate measures had been made for separation of the two units of the hospital and for the admission of patients to each unit.”¹²³ Regardless of this careful separation, the American College of Surgeons removed General

¹¹⁶ McGill Office for Science and Society, “Osteopathy Needs Science to Lend a Hand,” accessed October 2025, <https://www.mcgill.ca/oss/article/medical-health-and-nutrition/osteopathy-needs-science-lend-hand>.

¹¹⁷ Tuscano, et al, 1-22.

¹¹⁸ Tuscano, et al, 1-22.

¹¹⁹ Martin, 59.

¹²⁰ Martin, 59.

¹²¹ Martin, 60.

¹²² “Osteopathic Group Augmented: Improvements to College Cost \$60,000,” *Los Angeles Times*, March 4, 1928.

¹²³ Martin, 61-62.

Hospital from its list of accredited hospitals due to the presence of the osteopathic hospital on campus. A letter regarding the 1928 decision noted:

The present arrangement in the Los Angeles County General Hospital does not provide physically or administratively for the complete separation of the so-called Units 1 and 2, or in other words, the osteopathic unit from the main hospital. In further explanation of this it should be noted that these units are connected by a tunnel, facilitating ready and practically uncontrolled communication. The two units are operated under the same administration [...] and it is also noted that many of the services are shared in common. It is therefore quite apparent that the osteopathic unit is not a separate division as originally planned, but is merely a department of the Los Angeles County General Hospital, making it an integral part of that institution.¹²⁴

It is presumed that the American College of Surgeons' decision to revoke accreditation was in part due to the fact that General Hospital did not provide patients with a choice between receiving treatment from a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.). Rather, every tenth patient at General Hospital was automatically admitted to the osteopathic ward.¹²⁵ In 1934, the County Board of Supervisors voted to end this practice in an effort to provide a greater distinction between the two hospitals. The Board of Supervisors ordered that "while the institution as a whole should be known as Los Angeles County General for purposes of financial administration," patients shall be given the choice between treatment by an M.D. at the Los Angeles County Hospital or by a D.O. at the Los Angeles County Osteopathic Hospital.¹²⁶ Following this order, General Hospital's accreditation was renewed by the American College of Surgeons.

While the Los Angeles County Osteopathic Hospital operated on the main General Hospital campus, the College of Osteopathic Physicians and Surgeons expanded its adjacent campus in the 1930s and 1940s with the purchase of additional land on Griffin Avenue, north of its original site and extending to Alhambra Avenue. North Hall was moved to its present location at the corner of Griffin and Alhambra avenues in 1937.¹²⁷ The college campus saw additional construction during this time with the completion of a new laboratory, assembly and classroom building (now Phinney Hall) and a science classroom building (now the Science Building).¹²⁸

Previous attitudes towards osteopathic medicine began to shift in the postwar period. This was in part due to efforts made by the American Osteopathic Association to establish higher standards for osteopathic educational institutions.¹²⁹ In 1951, U.S. Congress amended the Social Security Act to include osteopathic physicians, a sign of the practice's acceptance by the greater medical

¹²⁴ Martin, 62.

¹²⁵ Martin, 62.

¹²⁶ "Choice Given to Patients: Treatment Will Be Optional: Applicants Allowed to Have Doctors of Medicine or Osteopaths," *Los Angeles Times*, October 29, 1934.

¹²⁷ Los Angeles Department of Building and Safety, Building Permit No. 20074, June 16, 1937.

¹²⁸ "Osteopathic College Adding to Equipment," *Los Angeles Times*, August 29, 1937; "Science Building Dedicated by College of Osteopathy," *Los Angeles Times*, October 13, 1946.

¹²⁹ Shawn A. Silver, "Thanks, But No Thanks: How Denial of Osteopathic Service in World War I and World War II Shaped the Profession," *Journal of Osteopathic Medicine* no. 112, 2 (2012): 93-97.

profession.¹³⁰ In the 1940s, the California Osteopathic Association and the Committee of Other Professions of the California Medical Association began their intentions to form a union between the osteopathic physicians and the state’s medical profession. Their efforts proved successful, and in 1962, the California Osteopathic Association became part of the California Medical Association, and osteopaths were able to change their D.O. degree to an M.D. degree.¹³¹ As described in an article from the *Journal of Osteopathic Medicine*, “Because of this outpouring of government support, along with the dramatic increase in educational standards and the public’s increasing demand for osteopathic medicine, the number of osteopathic medical colleges had nearly tripled by 1980.”¹³²

The shift towards incorporating osteopathy into the greater medical profession was also seen at General Hospital. In 1959, a new purpose-built \$10-million osteopathic hospital was completed on the main General Hospital campus (later the Women’s and Children’s Hospital, demolished).¹³³ In 1961, the College of Osteopathic Physicians and Surgeons became the California College of Medicine under the umbrella of the University of California. The following year, the college received its accreditation from the Council on Medical Education and Hospitals of the American Medical Association.¹³⁴ Additionally, osteopathic physicians were granted visiting privileges at General Hospital for the first time.¹³⁵

The California College of Medicine moved to the University of California, Irvine in 1968. The former California College of Medicine campus was purchased by General Hospital in 1974.¹³⁶ The campus now serves in part as the Los Angeles County College of Nursing and Allied Health.

4.5 Relevant Architectural Styles

Buildings on the Project Site reflect a range of architectural styles popular from the early 20th century to the post-World War II period. Following are the relevant styles applied to age-eligible buildings on the Site. Refer to Table 11 for a list of all age-eligible buildings and their respective architectural styles.

Italian Renaissance Revival

The Italian Renaissance Revival style was based upon the classically inspired architecture developed in Italy during the artistic, architectural, and literary movement of the 14th through 16th centuries that was spurred by the rebirth of interest in the ideals and achievements of

¹³⁰ American Osteopathic Association, “Timeline: A breakdown of the history of osteopathic medicine,” accessed October 2025, https://thedo.osteopathic.org/2024/06/timeline-a-breakdown-of-the-history-of-osteopathic-medicine/?_gl=1*1cjbaig*_ga*MjI5OTUxODluMTc2MTYwMTMzOA..*_ga_Z1NR3MSC4E*czE3NjE2MDEzMzckbzEkZzAk_dDE3NjE2MDEzMzckajYwJGwwJGgw.

¹³¹ Martin, 223.

¹³² Silver, 96.

¹³³ Martin, 223; Al Johns, “General Hospital Project Planned: \$14.8 Million Building Program to Follow Razing of Old Units,” *Los Angeles Times*, August 23, 1959.

¹³⁴ “Cal. College of Medicine Accredited,” *Los Angeles Times*, March 4, 1962.

¹³⁵ Martin, 33, 190.

¹³⁶ Martin, 186.

imperial Rome. Italian Renaissance architecture was familiar to late 19th-century American architects who were trained at the *École des Beaux Arts*, an architecture school based in Paris. The style was first interpreted for monumental, elaborately decorated public buildings. By the early 20th century, a more restrained, more literal interpretation of the style developed as a larger number of American architects, as well as their clients, visited Italy and thus gained firsthand knowledge of original examples of Italian Renaissance architecture. This knowledge was further disseminated through extensive photographic documentation.

Italian Renaissance Revival buildings of the 1920s and 1930s are usually fairly close copies of the villas and palazzi of 15th and 16th century Italy, particularly those of Tuscany, with proportions and details frequently adapted directly from the originals. The style was frequently used for imposing civic buildings, institutional buildings, and banks; and for some of the grandest private residences.

Common character-defining features of the Italian Renaissance Revival style include:

- Symmetrical façade
- Rectangular plan and formal composition
- Low-pitched hipped roof with clay barrel or Roman tile; sometimes flat roof with balustrade or parapet
- Boxed eaves with decorative brackets or cornice
- Exterior walls veneered in smooth plaster or masonry
- Arched window and door openings, especially at the first floor
- Divided-light wood sash casement windows (upper story windows usually smaller and less elaborately detailed than lower)
- Pedimented windows
- Open loggias and primary entrance framed with classical columns or pilasters
- Decorative cast stone classical details including quoins, entablatures, stringcourses, pediments, architraves, cornices

Mission Revival

The Mission Revival style, which some consider the first indigenous architectural mode developed after California became part of the United States, was made popular in the Southwest through its use in the design of hotels and stations constructed for the Santa Fe and Southern Pacific Railroad companies. Though a prevalent style for civic architecture in Southern California in the early 20th century, the style lost popularity after the 1915 Panama-California Exposition and the emerging dominance of Spanish Colonial Revival architecture.

Character-defining features of the Mission Revival style include:

- One or more stories in height
- Horizontal emphasis

- Hipped, tile-covered roofs
- Projecting eaves supported by exposed rafter tails
- Stucco exterior
- Espadañas (bell gables), bell towers, and domes
- Rounded arches and arcades
- Impost moldings and continuous stringcourses around openings
- Verandas, patios, and courtyards
- Buttresses, especially at building corners
- General lack of ornamentation or use of Moorish-inspired decoration

Spanish Colonial Revival

The popularity of the Spanish Colonial Revival style coincided with Southern California’s population boom of the 1920s. The versatility of the style, allowing builders and architects to construct buildings as simple or as lavish as money would permit, helped to further spread its popularity throughout the region. The style’s adaptability also lent its application to a variety of building types, including single- and multi-family residences, commercial properties, and institutional buildings. Spanish Colonial Revival architecture often borrowed from other styles such as Churrigueresque, Italian Villa Revival, Gothic Revival, Moorish Revival, or Art Deco. The style is characterized by its complex building forms, stucco-clad wall surfaces, and clay tile roofs. The Spanish Colonial Revival style remained popular through the 1930s, with later versions simpler in form and ornamentation.

Character-defining features of Spanish Colonial Revival architecture include:

- Complex massing and asymmetrical façades
- Incorporation of patios, courtyards, loggias, or covered porches and/or balconies
- Low-pitched gable or hipped roofs with clay tile roofing
- Coved, molded, or wood-bracketed eaves
- Towers or turrets
- Stucco wall cladding
- Arched window and door openings
- Single and paired multi-paned windows (predominantly casement)
- Decorative stucco or tile vents
- Details often include the use of secondary materials, including wrought iron, wood, cast stone, terra cotta, and polychromatic tile

Mediterranean Revival

Mediterranean Revival architecture became increasingly prevalent in Southern California during the 1920s, largely because of California's identification with the region as having a similar climate, and the popularity of Mediterranean-inspired resorts along the Southern California coast. Loosely based on 16th century Italian villas, the style is formal in massing, with symmetrical façades and grand accentuated entrances.

Common character-defining features of the Mediterranean Revival style include:

- Two stories in height
- Rectangular plan
- Symmetrical façade
- Dominant first story, with grand entrances and larger fenestration than upper stories
- Low-pitched hipped roofs with clay tile roofing
- Boxed eaves with carved brackets
- Stucco exteriors
- Entrance porches
- Arched entryways and window openings
- Decorative wrought iron elements
- Eclectic combination of stylistic features from several countries of the Mediterranean

Art Deco

Art Deco originated in France in the 1910s as an experimental movement in architecture and the decorative arts. It developed into a major style when it was first exhibited in Paris at the 1925 *Exposition Internationale des Arts Décoratifs et Industriels Modernes*, from which it takes its name. The Exposition's organizers had insisted on the creation of a new, modern aesthetic. The architecture of the Art Deco movement rejected the rigid organizational methods and classical ornamentation of the Beaux Arts style. Art Deco was the first popular style in the United States that consciously rejected historical precedents. It was instead a product of the Machine Age and took its inspiration from industry and transportation. By the mid-1930s, in the depths of the Great Depression, the highly decorated style was already viewed as garish and overwrought, and it was soon abandoned in favor of the cleaner, simpler Streamline Moderne style.

Common character-defining features of the Art Deco style include:

- Emphasis on verticality
- Smooth wall surfaces, usually of plaster
- Flat roof, often with decorative parapets, vertical projections, or towers

- Stylized decorative floral and figurative elements in cast stone, glazed terra cotta tiles, or aluminum
- Geometric decorative motifs such as zigzags and chevrons
- Stepped towers, piers, and other vertical elements
- Metal windows, usually fixed sash and casement

Mid-Century Modern

In Southern California, Mid-Century Modern architecture was prevalent between the mid-1940s and mid-1970s. While the style was a favorite among some of Southern California's most influential architects, its minimal ornamentation and simple open floor plans lent itself to the mass-produced housing developments and rapidly produced commercial and institutional buildings of the postwar period. Mid-Century Modern architecture typically incorporated standardized and prefabricated materials that also proved well-suited to mass production. The Mid-Century Modern style was broadly applied to a wide variety of property types ranging from residential subdivisions and commercial buildings to churches and public schools.

Character-defining features of Mid-Century Modern architecture include:

- Horizontal massing
- Exposed post-and-beam construction, typically in wood or steel
- Flat or low-pitched roofs
- Wide overhanging eaves
- Horizontal elements such as fascias that cap the front edge of the flat roofs or parapets
- Stucco wall cladding at times used in combination with other textural elements, such as brick, clapboard, or concrete block
- Aluminum windows grouped within horizontal frames; sometimes arranged in large expanses of glass
- Oversized decorative elements or decorative face-mounted light fixtures

Late Modern

Late Modernism is less an architectural style than a broad design movement that emerged in the mid-1960s and encompasses multiple related aesthetic directions that evolved out of, and in opposition to, early and more orthodox streams of Modern architecture. Compared to their Mid-Century Modern predecessors, which stressed simplicity and authenticity, Late Modern buildings exhibited a more sculptural quality that included bold geometric forms, uniform glass skins or concrete surfaces, and sometimes a heightened expression of structure and system. Late Modern styles were primarily applied to commercial and institutional buildings, as they lent themselves to use on monumental scales. Sub-styles of the architectural idiom include Glass Skin, Brutalism, and High Tech.

Character-defining features of Late Modern buildings include:

- Bold, geometric or sculptural volumes, sometimes with chamfered corners or cut-outs
- Usually rendered in a limited or monochromatic color palette
- Modular design dictated by structural framing and glazing
- Minimal ornamentation
- Unpainted, exposed concrete surfaces dominating visible elevations (specific to the Brutalist sub-style)

5. Regulatory Framework

5.1 Definition of Historical Resources

Pursuant to Section 15064.5 of the California Code of Regulations (CCR), Title 14, Chapter 3, the following are considered historical resources for the purposes of CEQA:

1. A resource listed in, or determined to be eligible by the State Historical Resources Commission, for listing in the California Register of Historical Resources (California Register).
2. A resource included in a local register of historical resources, as defined in Section 5020.1(k) of the California Public Resources Code (PRC), or identified as significant in an historical resource survey meeting the requirements in Section 5024.1(g) of the PRC, shall be presumed to be historically or culturally significant.
3. Any object, building, structure, site, area, place, record, or manuscript which a lead agency determines to be historically significant or significant in the architectural, engineering, scientific, economic, agricultural, educational, social, political, military, or cultural annals of California may be considered to be an historical resource, provided the lead agency's determination is supported by substantial evidence in light of the whole record. Generally, a resource shall be considered by the lead agency to be "historically significant" if the resource meets the criteria for listing in the California Register (PRC SS5024.1; Title 14 CCR, Section 4852).

5.2 Federal, State, and Local Evaluation Criteria

National Register of Historic Places

The National Register is the nation's master inventory of known historical resources. Created under the auspices of the National Historic Preservation Act of 1966, the National Register is administered by the National Park Service (NPS) and includes listings of buildings, structures, sites, objects, and districts that possess historic, architectural, engineering, archeological, or cultural significance at the national, state, or local level. As described in National Register Bulletin 15: *How to Apply the National Register Criteria for Evaluation*, in order to be eligible for the National Register, a resource must both (1) be significant and (2) retain sufficient integrity to convey its significance.

Significance is assessed by evaluating a resource against established criteria for eligibility. A resource is considered significant if it satisfies any one of the following four National Register criteria:¹³⁷

¹³⁷ Some resources may meet multiple criteria, though only one needs to be satisfied for National Register eligibility.

- A. Associated with events that have made a significant contribution to the broad patterns of our history;
- B. Associated with the lives of significant persons in our past;
- C. Embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction;
- D. Has yielded, or may be likely to yield, information important in prehistory or history.

Once significance has been established, it must then be demonstrated that a resource retains enough of its physical and associative qualities – or integrity – to convey the reason(s) for its significance. Integrity is best described as a resource’s “authenticity” as expressed through its physical features and extant characteristics. Whether a resource retains sufficient integrity for listing is determined by evaluating it against the seven aspects of integrity defined by the NPS:

- Location (the place where the historic property was constructed or the place where the historic event occurred);
- Setting (the physical environment of a historic property);
- Design (the combination of elements that create the form, plan, space, structure, and style of a property);
- Materials (the physical elements that were combined or deposited during a particular period of time and in a particular manner or configuration to form a historic property);
- Workmanship (the physical evidence of the crafts of a particular culture or people during any given period in history or prehistory);
- Feeling (a property’s expression of the aesthetic or historic sense of a particular period of time); and
- Association (the direct link between an important historic event/person and a historic property).

Integrity is evaluated by weighing all seven of these aspects together and is ultimately a “yes or no” determination – that is, a resource either retains sufficient integrity or it does not.¹³⁸ Some aspects of integrity may be weighed more heavily than others depending on the type of resource being evaluated and the reason(s) for its significance. Since integrity depends on a resource’s placement within a historic context, integrity can be assessed only after it has been established that the resource is significant, and under which criteria.

Generally, a resource must be at least 50 years of age to be eligible for listing in the National Register. Exceptions are made if it can be demonstrated that a resource less than 50 years old is

¹³⁸ Derived from National Register Bulletin 15, Section VIII: “How to Evaluate the Integrity of a Property.”

(1) of exceptional importance or (2) is an integral component of a historic district that is eligible for the National Register.

California Register of Historical Resources

The California Register is the authoritative guide to the State’s significant historical and archeological resources. In 1992, the California legislature established the California Register “to be used by state and local agencies, private groups, and citizens to identify the state’s historical resources and to indicate what properties are to be protected, to the extent prudent and feasible, from substantial adverse change.”¹³⁹ The California Register program encourages public recognition and protection of resources of architectural, historical, archeological, and cultural significance; identifies historical resources for state and local planning purposes; determines eligibility for historic preservation grant funding; and affords certain protections under CEQA. All resources listed in or formally determined eligible for the National Register are automatically listed in the California Register. In addition, properties designated under municipal or county ordinances, or through local historical resources surveys, are eligible for listing in the California Register.

The structure of the California Register program is similar to that of the National Register, but places its emphasis on resources that have contributed specifically to the development of California. To be eligible for the California Register, a resource must first be deemed significant at the local, state, or national level under one of the following four criteria, which are modeled after the National Register criteria listed above:

1. It is associated with events or patterns of events that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States;
2. It is associated with the lives of persons important to local, California, or national history;
3. It embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of a master, or possesses high artistic values;
4. It has yielded, or has the potential to yield, information important to the prehistory or history of the local area, state, or the nation.¹⁴⁰

Like the National Register, the California Register also requires that resources retain sufficient integrity to be eligible for listing. A resource’s integrity is assessed using the same seven aspects of integrity used for the National Register. However, since integrity thresholds associated with the California Register are generally less rigid than those associated with the National Register, it is possible that a resource may lack the integrity required for the National Register but still be eligible for listing in the California Register.

¹³⁹ California Public Resources Code, Section 5024.1 (a).

¹⁴⁰ California Public Resources Code Section 5024.1, Title 14 CCR, Section 4852.

There is no prescribed age limit for listing in the California Register, although California Register guidelines state that “sufficient time must have passed to obtain a scholarly perspective on the events or individuals associated with the resource.”¹⁴¹

Resources are automatically listed in the California Register if they are listed in or have been officially determined eligible for the National Register. State Historic Landmarks #770 and forward are also automatically listed in the California Register.¹⁴²

County of Los Angeles Historic Preservation Ordinance

The County of Los Angeles Board of Supervisors adopted a Historic Preservation Ordinance (HPO) on September 1, 2015. The HPO enumerates policies and procedures for designating properties in unincorporated areas of the County to a local register, called the County of Los Angeles Register of Landmarks and Historic Districts.

Eligibility criteria for local designation in the County of Los Angeles Register of Landmarks and Historic Districts are enumerated in Chapter 22.124.070 (Criteria for Designation of Landmarks and Historic Districts) of the Los Angeles County Code of Ordinances.¹⁴³

- A. A structure, site, object, tree, landscape, or natural feature may be designated as a landmark if it is 50 years of age or older and satisfies one or more of the following criteria:
 1. It is associated with events that have made a significant contribution to the broad patterns of the history of the nation, State, County, or community in which it is located;
 2. It is associated with the lives of persons who are significant in the history of the nation, State, County, or community in which it is located;
 3. It embodies the distinctive characteristics of a type, architectural style, period, or method of construction, or represents the work of an architect, designer, engineer, or builder whose work is of significance to the nation, State, County, or community in which it is located; or possesses artistic values of significance to the nation, State, County, or community in which it is located;

¹⁴¹ California Office of Historic Preservation, *Technical Assistance Series #6: California Register and National Register: A Comparison* (Sacramento, CA: California Department of Parks and Recreation, 2001), 3. According to the *Instructions for Recording Historical Resources* (Office of Historic Preservation, March 1995), “Any physical evidence of human activities over 45 years old may be recorded for purposes of inclusion in the OHP’s filing system. Documentation of resources less than 45 years old may also be filed if those resources have been formally evaluated, regardless of the outcome of the evaluation.” This 45-year threshold is intended to guide the recordation of potential historical resources for local planning purposes, and is not directly related to an age threshold for eligibility against California Register criteria.

¹⁴² California Office of Historic Preservation, *Technical Assistance Series #5: California Register of Historical Resources, The Listing Process* (Sacramento, CA: California Department of Parks and Recreation, n.d.), 1.

¹⁴³ County of Los Angeles Code of Ordinances, Title 22 – Planning and Zoning, Division 6 – Development Standards, Chapter 22.124 – Historic Preservation.

4. It has yielded, or may be likely to yield, significant and important information regarding the prehistory or history of the nation, State, County, or community in which it is located;
 5. It is listed, or has been formally determined eligible by the United States National Park Service for listing, in the National Register of Historic Places, or is listed, or has been formally determined eligible by the State Historical Resources Commission for listing, on the California Register of Historical Resources;
 6. If it is a tree, it is one of the largest or oldest trees of the species located in the County;
 7. If it is a tree, landscape, or other natural land feature, it has historical significance due to an association with a historic event, person, site, street, or structure, or because it is a defining or significant outstanding feature of a neighborhood.
- B. Property less than 50 years of age may be designated as a landmark if it meets one or more of the criteria set forth in Subsection A, above, and exhibits exceptional importance.
- C. The interior space of a property, or other space held open to the general public, including but not limited to a lobby, may be designated as a landmark or included in the landmark designation of a property if the space qualifies for designation as a landmark under Subsection A or B, above.
- D. Historic Districts. A geographic area, including a noncontiguous grouping of related properties, may be designated as a historic district if all of the following requirements are met:
1. More than 50 percent of owners in the proposed district consent to the designation;
 2. The proposed district satisfies one or more of the criteria set forth in Subsections A.1 through A.5, above; and
 3. The proposed district exhibits either a concentration of historic, scenic, or sites containing common character-defining features, which contribute to each other and are unified aesthetically by plan, physical development, or architectural quality; or significant geographic patterns, associated with different eras of settlement and growth, particular transportation modes, or distinctive examples of parks or community planning.

6. Evaluation of Historical Significance

6.1 Previous Evaluations and Studies

The Project Site has been the subject of multiple previous evaluations. The primary evaluations related to the General Hospital Campus occurred in 1994, 1999, and 2014 and are described in more detail below.

In 1976, the Old Administration Building and the General Hospital – Acute Unit Building were both identified as individually eligible for designation in the National Register through a survey conducted by Dennis Smith and Tom Sitton of the Natural History Museum. The Old Administration Building was found eligible for reflecting early patterns of medical-related development during a period of rapid growth in the city.¹⁴⁴ The Acute Unit Building was found eligible for its association with the increased demand for new and expanded medical facilities to accommodate Los Angeles’s population influx in the 1920s.¹⁴⁵

In 2008, the General Hospital Campus was identified through the Adelante-Eastside Survey, completed by PCR Services Corporation (PCR) for the City of Los Angeles Community Redevelopment Agency. PCR identified the potential Los Angeles County-USC Medical Center District as eligible for federal, state, and local listing for its association with the increased demand for medical care and medical institutions coinciding with Los Angeles’s population booms in the early to mid-20th century. The district boundaries encompassed the Project Site and extended to include the USC Keck School of Medicine to the north of the Site, across Zonal Avenue.¹⁴⁶

LAC+USC Medical Center, Los Angeles, FEMA 1008-DN-CA (HRG, 1994)

In 1994, Historic Resources Group (HRG), on behalf of the State Historic Preservation Officer (SHPO), conducted a preliminary, focused survey of buildings on the General Hospital Campus that had been damaged during the Northridge earthquake to determine potential historical significance as part of the Section 106 process, which had been initiated due to actions taken by the Federal Emergency Management Agency (FEMA). HRG identified the below buildings on the site as eligible as contributors to a National Register-eligible historic district. The buildings are listed in the Built Environment Resource Directory (BERD) with the California Historical Resource Status Code 2D2 (Contributor to a multi-component resource determined eligible for National Register by consensus through Section 106 process. Listed in the California Register). HRG also found the General Hospital – Acute Unit Building to be eligible for individual listing in the National Register and assigned the building Status Code 2B (Determined eligible for National Register both

¹⁴⁴ Dennis Smith and Tom Sitton, Natural History Museum, “Coroner’s Building, County of Los Angeles (Administration Building, Los Angeles County Hospital),” Department of Parks and Recreation (DPR), Historic Resources Inventory, September 1976.

¹⁴⁵ Dennis Smith and Tom Sitton, Natural History Museum, “General Hospital – Acute Unit,” Department of Parks and Recreation (DPR), Historic Resources Inventory, September 1976.

¹⁴⁶ PCR Services Corporation, “Intensive Historic Resources Survey: Adelante Eastside Redevelopment Area, Los Angeles, California,” prepared for the City of Los Angeles Community Redevelopment Agency (June 2008), 102-103.

individually and as a contributor to a National Register-eligible multicomponent resource like a district in a federal regulatory process. Listed in the California Register).

Table 5. Previously Identified Resources (1994)

SEIR Building Number	Building Name	Status (extant/demolished)	Status Code
101	General Hospital – Acute Unit Building	Extant	2B
102	Quality Assurance (Patient’s) Building	Extant	2D2
103	Payroll (Visitor’s) Building	Extant	2D2
N/A	Streetlights	Extant	2D2
508	Old Administration Building	Extant	2D2
701	Tower Hall	Extant	2D2
702	PFS Files – Building 110 (aka Library Building)	Extant	2D2
704	Science Building	Extant	2D2
705/706	Pediatric Outpatient Building	Extant	2D2

In addition to the above buildings, HRG identified a “Support Services Site,” which was assigned Status Code 2D2.¹⁴⁷ The Support Services Site comprised the original hospital campus to the west of North State Street (the west half of the main campus, Area 1 in this Technical Report).

Table 6. Previously Identified Resources: Support Services Site (1994)

SEIR Building Number	Building Name	Status (extant/demolished)
502	Pharmacy Building	Extant
604	Tunnel (Viaduct)	Extant
N/A	Building 55	Demolished
N/A	Carpenter Shop	Demolished
N/A	Electric Shop	Demolished
N/A	Equipment Repair and Glass Shop	Demolished
N/A	Laundry Annex	Demolished
N/A	Main Laundry	Demolished
N/A	Old Powerhouse	Demolished
N/A	Research I	Demolished
N/A	Research II	Demolished

¹⁴⁷ Individual status codes do not appear to have been assigned to buildings within the Support Services Site and are not included in BERD.

N/A	Sheet Metal Shop	Demolished
N/A	Smokestacks	Demolished
N/A	Women’s Hospital	Demolished

HRG’s letter to FEMA (dated March 7, 1994) notes that a comprehensive survey of the General Hospital Campus was not performed at the time of their site visit. Furthermore, the boundaries of the identified National Register-eligible district(s) were not delineated.

LAC+USC Medical Center Replacement Project EA/EIR (ESA, 1999)

In preparation of the 1999 LAC+USC Medical Center Replacement Project EA/EIR, Mellon & Associates, on behalf of Environmental Science Associates (ESA), conducted a reconnaissance survey of buildings within a one-block radius of the General Hospital main campus.¹⁴⁸ The following buildings were identified as eligible for listing in the National Register and are delineated in the 1999 EA/EIR as well as “National Register Eligibility and Findings of Effects Report, Los Angeles County University of Southern California Medical Center Replacement Hospital,” prepared by Mellon & Associates for ESA.

Table 7. Previously Identified Resources (1999)

SEIR Building Number	Building Name	Status (extant/demolished)
101	General Hospital – Acute Unit Building	Extant
102	Quality Assurance (Patient’s) Building	Extant
103	Payroll (Visitor’s) Building	Extant
N/A	Entrance Forecourt	Extant
136, 137	Marengo Street and Zonal Avenue Gateways (East, Center, West)	Extant
N/A	Configuration of North State Street	Extant
604	Pedestrian Tunnel/Tramway (Viaduct) (from General Hospital to Pharmacy)	Extant
502	Pharmacy Building	Extant
508	Old Administration Building	Extant

¹⁴⁸ The APE identified in the 1999 EA/EIR comprised the current Project Site, minus Areas 1 and 3. The APE extended south and east of the current Project Site to Interstate 5 and North Soto Street, respectively. Environmental Science Associates, “Los Angeles County+University of Southern California (LAC+USC) Medical Center Replacement Project Environmental Assessment/Environmental Impact Report” (September 1999).

The EA/EIR notes that the Payroll (Visitor’s) Building, Quality Assurance (Patient’s) Building, Entrance Forecourt, Configuration of North State Street, and Marengo Street and Zonal Avenue Gateways are “related directly to the General Hospital – Acute Unit and were constructed concurrently therewith and therefore contribute to the historic character of the determined eligible property.”¹⁴⁹ The EA/EIR also notes that, with the exception of the Pharmacy Building and Viaduct, buildings comprising the Support Services Site, which had previously been identified as eligible by HRG in 1994, were demolished in 1995.¹⁵⁰

LAC+USC Medical Center Campus Master Plan Final EIR (ICF, 2014)

In preparation of the LAC+USC Medical Center Campus Master Plan Final EIR, ICF International conducted a reconnaissance survey of the Campus. ICF concurred with the previous historical resource findings included in the 1999 EA/EIR and delineated in Table 7 above. Additionally, the survey team identified four potential historical resources that were not previously identified in the 1999 EA/EIR. These buildings were determined eligible for listing in the California Register and are enumerated below. No new resources were identified in the 2017, 2023, or 2025 addenda to the 2014 Master Plan EIR.

Table 8. Previously Identified Resources (2014)

SEIR Building Number	Building Name	Status (extant/demolished)
N/A	Women’s and Children’s Hospital	Demolished
N/A	Gatehouse associated with Women’s and Children’s Hospital	Demolished
703	Phinney Hall	Extant
701	Tower Hall	Extant

6.2 Evaluations of Significance: Historic Districts

Los Angeles General Hospital Campus

During the research and field inspection conducted for this Technical Report, consideration was given as to whether the resources comprising General Hospital might collectively comprise one or more historic districts. In summary, it is ARG’s professional opinion that the General Hospital main campus (Area 1) does not constitute a historic district due to a lack of historic integrity. The main campus is composed of a variety of buildings and structures that were constructed over several decades, from the early 1900s to the present. General Hospital experienced multiple periods of expansion and redevelopment, which resulted in the demolition of buildings and structures from earlier decades, including all of those from its initial construction in the late 19th century. Most notably, over one dozen early 20th century and post-World War II buildings were

¹⁴⁹ Environmental Science Associates, 224.

¹⁵⁰ Environmental Science Associates, 224.

demolished as a result of damage sustained from the Northridge earthquake. Twelve out of the 14 buildings/structures identified by HRG through their 1994 survey of the Support Services Site have been demolished (see Table 6). Furthermore, several large-scale buildings were added to the main campus in 2008, and more are currently under construction (i.e. phase two of the Restorative Care Village). Per National Register Bulletin 15: *How to Apply the National Register Criteria for Evaluation*, in order for a district to be eligible for designation, it must possess “a significant concentration, linkage, or continuity of sites, buildings, structures, or objects united historically or aesthetically by plan or physical development.”¹⁵¹ Bulletin 15 further states that, “A district is not eligible if it contains so many alterations or new intrusions that it no longer conveys the sense of a historic environment.”¹⁵² Because General Hospital has been significantly altered since its original 19th century construction, as well as since its periods of growth in the 1920s/30s and 1950s/60s, and several major intrusions have been added to the Campus as recently as 2023, General Hospital no longer conveys the historic sense of an early to mid-20th century medical campus. Thus, the General Hospital Campus as a whole does not appear eligible as a historic district.

As described above, 12 out of the 14 buildings/structures that were previously identified by HRG as contributors to the Support Services Site have been demolished. The two remaining resources are the Pharmacy Building and Viaduct. HRG identified the Pharmacy Building and Viaduct as contributors to a potential historic district (“Support Services Site”); they did not identify them as individually eligible for designation. Given the nearly complete demolition of buildings that comprised the Support Services Site, the previously identified potential historic district no longer retains a significant concentration of buildings and structures from General Hospital’s early 20th century development. Thus, it does not retain sufficient integrity to convey its significance under federal, state, or local designation criteria. For these reasons, the Pharmacy Building and Viaduct no longer appear to be eligible as contributors to a potential historic district. Furthermore, they do not appear eligible for individual listing or designation. Please refer to *Section 6.3* for an individual evaluation of the Pharmacy Building and Viaduct.

Los Angeles General Hospital – Acute Unit Historic District¹⁵³

The Los Angeles General Hospital – Acute Unit Historic District is eligible for listing in the National Register, California Register, and under the Los Angeles County Historic Preservation Ordinance as a historic district under Criteria A/1/1 and C/3/3.

The historic district's period of significance under Criterion A/1/1 is 1933-1978, which begins with the date the new hospital complex opened and formally began serving patients, and ends with the landmark civil rights case, *Madrigal v. Quilligan*, which was filed against the County in response to the more than 200 women, primarily from the Mexican American community, who

¹⁵¹ National Park Service, National Register Bulletin 15: *How to Apply the National Register Criteria for Evaluation* (Washington, D.C.: U.S. Department of the Interior, National Park Service, 1990, rev. 1997), 46.

¹⁵² National Park Service, National Register Bulletin 15: *How to Apply the National Register Criteria for Evaluation*, 46.

¹⁵³ The following statement of significance is adapted from the National Register nomination form prepared by Chattel, Inc. Chattel, Inc. “Los Angeles County General Hospital – Acute Unit.” National Register of Historic Places Nomination Form, December 16, 2025.

were forcibly sterilized at General Hospital (then known as LAC + USC Medical Center) in the 1960s and 1970s. This civil rights case led to several changes in how the hospital system in California operated and coincided with a rise in Latina activism in the city and more broadly.

The period of significance under Criterion C/3/3 is 1933, when construction of the Acute Unit and its related resources were finished and the hospital formally began serving patients in the new facilities.

In addition to the Acute Unit Building, which is also individually eligible (see evaluation below), buildings, structures and site features that contribute to the historic district include: North State Street, Marengo Street and Zonal Avenue Gateways, Control House, Entrance Forecourt, Patient's Building, Visitor's Building, Vehicular/Pedestrian Tunnel, and Retaining Walls, all built in 1933.

Following is an evaluation of the historic district under National Register, California Register, and Los Angeles County criteria.

National Register, California Register, Los Angeles County Criterion A/1/1: associated with events that have made a significant contribution to the broad patterns of history.

The General Hospital – Acute Unit Historic District is associated with the large-scale institutional expansion of County medical services in Los Angeles to address a significant increase in population following World War I. With the population more than doubling in the eight years leading up to the passing of the 1923 bond that funded the expansion project, the new hospital was intended to replace many of the older facilities on the campus to the west that could no longer manage the amount of care necessary for the fast-growing region. Representatives from the County and Allied Architects toured hospital buildings across the United States to ensure that General Hospital could feature the best ideas and practices from each and represent the most modern embodiment of a public health institution serving the community.

The historic district is also associated with landmark civil rights legislation related to the forced sterilization of women at General Hospital in the 1960s and 1970s. Between 1968 and 1974, more than 200 women, primarily from the Mexican American community, were sterilized at General Hospital. The women were often pressured to sign County consent forms for sterilization while under duress or without understanding the extent of the procedure. Language barriers exacerbated the confusion as the forms were generally presented in English only. In response to these forced sterilization practices, Dr. Bernard Rosenfeld, a physician and researcher at the hospital, requested the legal services of Model Cities Center for Law and Justice to look into the case. The Model Cities Center subsequently collaborated with the Chicana rights organization Comisión Femenil Mexicana Nacional to reach out to affected women in the community and ultimately filed a lawsuit against the County. The court case was filed in 1975 and would come to be known as *Madrigal v. Quilligan*. On June 7, 1978, Judge Jesse W. Curtis ruled that there was no deliberate intent by the hospital staff to hurt the women and that “sterilizations were the result of miscommunication and language barriers between the patients and the doctors.”¹⁵⁴ Nevertheless, the landmark civil rights case led to several changes in how the hospital system in

¹⁵⁴ Library of Congress, “1978: Madrigal v. Quilligan – A Latinx Resource Guide: Civil Rights Cases and Events in the United States,” <https://guides.loc.gov/latinx-civil-rights/madrigal-v-quilligan> accessed August 5, 2025.

California operated, and ultimately resulted in the State of California revoking their sterilization law.

For these reasons, the Los Angeles General Hospital – Acute Unit Historic District is eligible for listing under Criterion A/1/1.

National Register, California Register, Los Angeles County Criterion B/2/2: associated with the lives of persons significant in our past.

The historic district does not appear to be eligible under Criterion B/2/2. The hospital has had numerous administrators over the decades, including Dr. Phoebus Berman who was the head physician and administrator of the hospital from 1920 to 1956, overseeing a period of expansion that included the construction of the 1933 hospital complex. However, there is insufficient evidence to demonstrate that Berman or any of these other administrators was historically significant within the broader context of the field of health and medicine. While there have been notable medical practitioners associated with General Hospital, research did not indicate that any persons significant to the practice of medicine are directly and individually associated with the historic district in a way that would warrant consideration under Criterion B/2/2.

National Register, California Register, Los Angeles County Criterion C/3/3: embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction.

The General Hospital – Acute Unit Historic District is a prominent Art Deco-style hospital designed by the Allied Architects Association. The Acute Unit was designed beginning in the mid-1920s, consistent with when Art Deco was at its height of popularity as an architectural style in the United States, particularly in Los Angeles. The Acute Unit exhibits several character-defining features of the style including vertical forms, complex setbacks, clean lines, and geometric massing. Its design was understated to reflect its construction during the Great Depression while still having a high level of decoration at its primary west elevation entrance. Allied Architects – most notably master architects Edwin Bergstrom, Myron Hunt, Sumner Hunt, Pierpont Davis, and William Richards – was an important partnership in Los Angeles who designed the Acute Unit as part of a larger campaign to make the civic and institutional landscape of Los Angeles more beautiful. The Acute Unit continues to be a prominent visual feature in northeast Los Angeles with its massing and siting on a raised promontory. Furthermore, the majority of buildings in the historic district (11 out of 17, see Table 9) retain sufficient integrity to contribute to the significance of the district. Thus, the historic district is eligible for listing under Criterion C/3/3.

National Register, California Register, Los Angeles County Criterion D/4/4: has yielded or may likely yield information important in prehistory or history.

An archeological assessment was not within the scope of this study. Refer to Envicom Corporation's *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village* for an evaluation of archeological resources on the Project Site.

Table 9. Los Angeles General Hospital – Acute Unit Historic District Contributors and Non-Contributors

SEIR Building Number ¹⁵⁵	Building Name	Contributor/Non-Contributor
101	Los Angeles General Hospital – Acute Unit Building	Contributor
136, 137	Marengo Street and Zonal Avenue Gateways	Contributors (4 gateways)
N/A	North State Street	Contributor
N/A	Entrance Forecourt	Contributor
102	Patient's Building	Contributor
103	Visitor's Building	Contributor
N/A	Vehicular/Pedestrian Tunnel	Contributor
N/A	Retaining Walls	Contributor
104	Barracks D	Non-Contributor
105	Barracks G	Non-Contributor
308	Telephone Exchange Building	Non-Contributor
120	Mini-Warehouse Building (Supply Chain Operations Receiving)	Non-Contributor
N/A	Sub-Station	Non-Contributor
002	Childcare Center	Non-Contributor

Integrity Evaluation

Although the surrounding area has changed, with some new infill construction and demolition over time, the Los Angeles General Hospital – Acute Unit Historic District remains the visual centerpiece of the surrounding medical complex and thus retains its integrity of **location** and **setting**. The overall relationship between buildings, centered around an east-west axis with the Acute Unit Building as the focal point, is intact, as are the location, massing, scale, and Art Deco design of its contributing components. Furthermore, the majority of buildings in the hospital complex retain sufficient integrity to contribute to the significance of the historic district. Thus, the district retains integrity of **design**, **materials**, and **workmanship**, which in turn convey its **feeling** as an early 20th century hospital complex and **association** with the development of health and medicine in Los Angeles. In summary, the historic district retains all seven aspects of integrity.

¹⁵⁵ SEIR building numbers were only assigned to above-ground built environment resources. Below-ground structures and landscape/hardscape features, and circulation features were not assigned numbers.

Character-Defining Features

- Elevated promontory site and site plan features
- Spatial relationship of contributing features including Acute Unit, Patient’s Building, and Visitor’s Building set around a central Entrance Forecourt

Existing Conditions Photographs



Acute Unit Building, view east (ARG, 2025).



Control House at Zonal Avenue, view southeast (ARG, 2025).



Gates at Zonal and State, view north (ARG, 2025).



State Street from forecourt, view west (ARG, 2025).



Entry Forecourt, view west (ARG, 2025).



Patient’s Building, view southwest (ARG, 2025).



Visitor's Building, view northeast (ARG, 2025).



Tunnel (Chattel, 2025).



Retaining Walls (Chattel, 2025).



Barracks D, view west (ARG, 2025).



Barracks G, view southeast (ARG, 2025).



Telephone Exchange Building, view south (ARG, 2025).



Mini-Warehouse and Sub-Station, view northwest (ARG, 2025).



Childcare Center, view west (ARG, 2025).

College of Osteopathic Physicians and Surgeons Campus Historic District

The original College of Osteopathic Physicians and Surgeons campus (Area 2) appears to be eligible for listing in the National Register, California Register, and under the Los Angeles County Historic Preservation Ordinance as a historic district under Criterion A/1/1 and under National/California Register Criterion C/3.

The period of significance for the potential College of Osteopathic Physicians and Surgeon Historic District begins in 1921, when the college purchased the property on Griffin Avenue and relocated their existing building to the site (now known as North Hall), and ends in 1968, when the college relocated to the University California, Irvine campus.

Following is an evaluation of the college campus under National Register, California Register, and Los Angeles County criteria.

National Register, California Register, Los Angeles County Criterion A/1/1: associated with events that have made a significant contribution to the broad patterns of history.

The College of Osteopathic Physicians and Surgeons campus is associated with the early 20th century development of osteopathic health and medicine in Southern California. Osteopathy was originally introduced in America in the 1870s as a comprehensive therapeutic approach for promoting health and fighting disease. The study of osteopathy emerged in Southern California at the turn of the century, coinciding with the region's increased recognition as a haven for health seekers. While labeled as charlatanry by the traditional medical practitioners in the early 1900s, osteopathic medicine was increasingly accepted in the years following World War II, in part due to higher standards in osteopathic education and more available federal funding for improving osteopathic institutions.

The College of Osteopathic Physicians and Surgeons was formed by the 1914 merger of the two oldest osteopathic colleges in Southern California, and the purpose-built campus on Griffin Avenue was developed over a period in the 20th century when the attitudes of the public and medical establishment evolved from skepticism to broader acceptance of the medical practice.

For these reasons, the college campus appears eligible for listing as a historic district under Criterion A/1/1.

National Register, California Register, Los Angeles County Criterion B/2/2: associated with the lives of persons significant in our past.

Numerous individuals worked at College of Osteopathic Physicians and Surgeons, conducting research and providing education to students and care to patients. However, no singular significant individuals were found to be directly associated with the campus in a way that would warrant consideration under Criterion B/2/2. Rather, the broad significance of the campus is associated with the college as a research and educational institution.

National Register, California Register, Los Angeles County Criterion C/3/3: embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction.¹⁵⁶

The former osteopathic college campus represents a significant and distinguishable entity whose components lack individual distinction. While the campus has undergone some changes over time, including the addition of new landscaping and hardscaping along Griffin Avenue and the addition of new buildings after its period of significance (ending 1968), the property retains its overall character and appearance from when it was developed as a medical college campus in the 1920s through the mid-1950s. Its location at the intersection and Griffin Avenue and North Mission Road, across from the General Hospital main campus, and its overall relationship between buildings, clustered on the east half of the campus, is intact, as are the location, massing, scale, and overall design of its contributing components. Furthermore, the majority of buildings on the property (six out of 10, see Table 10) retain sufficient integrity to contribute to the significance of the campus. For these reasons, the property represents a significant and distinguishable entity as an early 20th century institutional campus and thus appears eligible as a historic district under National/California Register Criterion C/3.

County of Los Angeles Criterion 3 only relates to a property's architectural style and architect, and does not include language referencing a "significant and distinguishing entity whose components may lack individual distinction." Thus, the campus does not appear eligible under local Criterion 3.

National Register, California Register, Los Angeles County Criterion D/4/4: has yielded or may likely yield information important in prehistory or history.

An archeological assessment was not within the scope of this study. Refer to Envicom Corporation's *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village* for an evaluation of archeological resources on the Project Site.

¹⁵⁶ The last component of this criterion related to a "significant and distinguishing entity whose components may lack individual distinction" is excluded from Los Angeles County Criterion 3.

Table 10. College of Osteopathic Physicians and Surgeons Historic District Contributors and Non-Contributors

SEIR Building Number	Building Name	Contributor/Non-Contributor
701	Tower Hall (Building 30/B)	Contributor
702	Library Building (Building C)	Contributor
703	Phinney Hall (Building 40)	Contributor
704	Science Building	Contributor
705	Pediatrics Clinic (Building A),	Contributor
706	Pediatric Outpatient Building (Building 10/E)	Contributor
700	North Hall (Leonard Hill Hope Center)	Non-Contributor
707	Building 120	Non-Contributor
708	T-60 Building (Building 60)	Non-Contributor
709	Carlson Trailer (Building D)	Non-Contributor

Integrity Evaluation

The College of Osteopathic Physicians and Surgeons Historic District’s **location** at the intersection and Griffin Avenue and North Mission Road is intact. While its **setting** has somewhat changed through the demolition of institutional buildings to the north and on the General Hospital main campus to the east, as well as the addition of new buildings in the 1970s, 1980s, and 1990s on the campus itself, the campus is still primarily composed of early to mid-20th century institutional buildings generally surrounded by a mix of low-scale institutional, residential, and commercial development. Thus, its integrity of setting has been compromised but not lost altogether. While the campus has undergone some changes over time, including new landscaping and hardscaping and the addition of new buildings as noted above, and the buildings within the property have experienced some alterations (replacement of fenestration, infill of windows on secondary elevations, side/rear additions), the property retains its overall character and appearance from its period of significance (1921-1968). Its overall relationship between buildings, clustered on the east half of the campus, is intact, as are the location, massing, scale, and design of its contributing components. Furthermore, the majority of buildings on the property retain sufficient integrity to contribute to the significance of the campus. Thus, the district retains integrity of **design, materials, and workmanship**, which in turn convey its **feeling** as an early 20th century medical college and **association** with the early development of osteopathic medicine in Los Angeles. In summary, the district retains integrity of location, design, materials, workmanship, feeling, and association, while its integrity of setting has been somewhat compromised.

Character-Defining Features

- Siting at the northwest corner of Griffin Avenue and North Mission Road, across the street from the Los Angeles General Hospital main campus
- Cluster of early campus buildings at the east half of the site, arranged around a central quad (quad has since been altered with addition of the 1994 T-60 Building)
- Arcaded walkway that surrounds the south and west sides of the central quad wraps around to the front (east) side of Tower Hall

Existing Conditions Photographs



Tower Hall, view east (ARG, 2025).



Library Building, view east (ARG, 2025).



Phinney Hall, view east (ARG, 2025).



Science Building, view east (ARG, 2025).



Pediatrics Clinic, view southwest (ARG, 2025).



Pediatric Outpatient Building, view northeast (ARG, 2025).



North Hall, view northeast (ARG, 2025).



Building 120, view north (ARG, 2025).



T-60 Building, view west (ARG, 2025).



Carlson Trailer, view northwest (ARG, 2025).

6.3 Evaluations of Significance: Individual Buildings

All buildings, structures, and sites on the Project Site that are 45 years old or older¹⁵⁷ were evaluated for listing in the National and California Registers and as a Los Angeles County

¹⁵⁷ A property must typically be at least 50 years old to be considered potentially eligible as a historical resource. As development projects often have long lead times to construction, a property currently 45 years old will qualify for evaluation as it could become 50 years old by the time a project is completed.

Landmark and were documented on Department and Parks and Recreation inventory forms (DPR 523A and 523B). Please refer to Table 11 below for a list of the buildings by name and to *Appendix C* at the end of this report for a complete set of inventory forms with descriptions and evaluations of each building.

Of the 28 resources that are 45 years old or older on the Project Site, ARG identified the following four resources as individually eligible for listing in the National and California Registers and as a Los Angeles County Landmark.

- Los Angeles General Hospital – Acute Unit Building (101)
- Old Administration Building (508)
- Tower Hall (701)
- Phinney Hall (703)

An evaluation of each of these buildings follows Table 11. The buildings were also documented on DPR forms included in *Appendix C*.

As described in the “Historic District Eligibility” section above, two resources—the Pharmacy Building and Viaduct—had previously been identified as contributors to a potential historic district known as the “Support Services Site.” However, as described above, the Support Services Site was largely demolished in the 1990s and 2000s such that the previously identified historic district no longer retains sufficient integrity to convey its historic significance. Thus, the Pharmacy Building and Viaduct are no longer eligible as contributors to a historic district. However, given this previous finding, ARG has evaluated the Pharmacy Building and Viaduct for eligibility as individual historical resources below.

Table 11. Project Site, Age-Eligible Buildings

	SEIR Building Number	Building Name	Construction Date	Architect and Style	Source	Address	Status/Previous Finding	SEIR Finding
Area 1	101	Los Angeles General Hospital – Acute Unit Building	1933	Allied Architects; Art Deco	Drawings	1200 N. State St	Assigned 2B in 1994	Appears eligible individually and as a contributor to an eligible historic district under NR/CR ¹⁵⁸ /local Criterion A/1/1 and C/3/3
	102	Patient’s Building	1933	Allied Architects; Art Deco	Drawings	1200 N. State Street	Assigned 2D2 in 1994	Appears eligible as a contributor to an eligible historic district under NR/CR/local Criterion A/1/1 and C/3/3
	103	Visitor’s Building	1933	Allied Architects; Art Deco	Drawings	1200 N. State Street	Assigned 2D2 in 1994	Appears eligible as a contributor to an eligible historic district under NR/CR/local Criterion A/1/1 and C/3/3
	136, 137	Control House; Marengo Street and Zonal Avenue Gateways (4 structures)	1933	Allied Architects; Art Deco	Drawings	1200 N. State Street	Found eligible in 2014 Master Plan EIR	Appear eligible as contributors to an eligible historic district under NR/CR/local Criterion A/1/1 and C/3/3

¹⁵⁸ “NR” stands for “National Register” and “CR” stands for “California Register.”

104	Barracks D Building	1940s/50s	Unknown; Vernacular	Sanborn maps	1200 N. State St	Found ineligible in 2014 Master Plan EIR	Appears ineligible for listing under NR, CR, and local criteria
105	Barracks G Building/Thrift Shop	1940s/50s	Unknown; Vernacular	Sanborn maps	1200 N. State St	Found ineligible in 2014 Master Plan EIR	Appears ineligible for listing under NR, CR, and local criteria
121	Outpatient Building (OPD)/Bldg B	1963	Douglas Honnold, John Rex and Arthur Froehlich; Mid-Century Modern	Martin, p. 242	2010 Zonal Ave	Found ineligible in 2014 Master Plan EIR	Appears ineligible for listing under NR, CR, and local criteria
122	Intern's & Resident's Dormitory Building (IRD)	1965	Arthur Froehlich; Mid-Century Modern	Martin, p. 244	2020 Zonal Ave	Found ineligible in 2014 Master Plan EIR	Appears ineligible for listing under NR, CR, and local criteria
124	Parking Lot 12	1968-1971	Unknown; Late Modern	Aerials	2020 Zonal Ave	Not previously evaluated	Appears ineligible for listing under NR, CR, and local criteria
302	General Laboratories Building	1967	Douglas Honnold and John Rex; Late Modern	Martin, p. 245	1801 N. Marengo St	Found ineligible in 2014 EIR	Appears ineligible for listing under NR, CR, and local criteria
308	Telephone Exchange Building	1958	Orr, Strange & Inslee; Mid-Century Modern	Building permit, drawings	1200 N. State St	Found ineligible in 2014 Master Plan EIR	Appears ineligible for listing under NR, CR, and local criteria
410	Parking Lot 10	1972	Unknown; Late Modern	Aerials	1242 N. Mission Rd	Not previously evaluated	Appears ineligible for listing under NR, CR, and local criteria
502	Pharmacy Building	1917	LA County Mechanical Department; Vernacular	Drawings	1100 N. Mission Rd	Assigned 2D2 as component of Support Services Site in 1994	Appears ineligible for listing under NR, CR, and local criteria

506	Trash Compactor	1951	Unknown; Vernacular	Drawings	1200 N. State St	Found ineligible in 2014 Master Plan EIR	Appears ineligible for listing under NR, CR, and local criteria
508	Old Administration Building	1910	Hudson and Munsell; Italian Renaissance Revival	Martin, p. 94	1100 N. Mission Rd	Assigned 2D2 in 1994	Appears individually eligible for listing under NR/CR/local Criteria A/1/1 and C/3/3
509	Gatehouse/Angel Interfaith Network	1912	Unknown; Vernacular	Martin, p. 94	1100 N. Mission Rd	Found ineligible in 2014 Master Plan EIR	Appears ineligible for listing under NR, CR, and local criteria
516	West Central Power Plant	1964-65	M.A. Nishkian; Vernacular	Martin, p. 246, building permit	1635 N. Marengo St	Found ineligible in 2014 Master Plan EIR	Appears ineligible for listing under NR, CR, and local criteria
517	Coroner's Administration Building	1972	Robert Kliegman; Late Modern	Drawings, Martin, p. 245	1102 N. Mission Rd	Not previously evaluated	Appears ineligible for listing under NR, CR, and local criteria
518	County of LA Department of Medical Examiner	1972	Robert Kliegman; Late Modern	Drawings, Martin, p. 245	1104 N. Mission Rd	Not previously evaluated	Appears ineligible for listing under NR, CR, and local criteria
534	Cooling Towers	1964-65	Unknown; Vernacular	Martin, p. 246	1635 N. Marengo St	Not previously evaluated	Appears ineligible for listing under NR, CR, and local criteria
604	Viaduct	1933	Allied Architects; Vernacular	Drawings	1200 N. State St	Assigned 2D2 as component of Support Services Site in 1994	Appears ineligible for listing under NR, CR, and local criteria

Area 2	700	North Hall/Leonard Hill Hope Center	1904, moved 1921/1937	Unknown; Vernacular	Martin, p. 59, building permit	1739 Griffin Ave	Found ineligible in 2014 Master Plan EIR	Appears ineligible for listing under NR, CR, and local criteria
	701	Tower Hall/Bldg 30/B	ca.1928	Unknown; Spanish Colonial Revival	Newspaper	1711 Griffin Ave	Assigned 2D2 in 1994	Appears eligible individually under CR/local Criterion 3/3 and as a contributor to an eligible historic district under NR/CR/local Criterion A/1/1
	702	Library Building/Bldg C	ca.1928	J.M. Tyler; Mission Revival	Newspaper	1237 N. Mission Rd	Assigned 2D2 in 1994; found ineligible in 2014 Master Plan EIR	Appears eligible as a contributor to an eligible historic district under NR/CR/local Criterion A/1/1
	703	Phinney Hall/Bldg 40	1937	Louis L. Dorr; Mediterranean Revival	Building permit, newspaper	1721 Griffin Ave	Found eligible in 2014 Master Plan EIR	Appears eligible individually under NR/CR/local Criterion C/3/3 and as a contributor to an eligible historic district under NR/CR/local Criterion A/1/1
	704	Science Building	1946	Unknown; Spanish Colonial Revival	Building permit, newspaper	1733 Griffin Ave	Assigned 2D2 in 1994	Appears eligible as a contributor to an eligible historic district under NR/CR/local Criterion A/1/1

	705	Pediatrics Clinic/Bldg A	1951	W.C. Ponnell; Mid-Century Modern	Building permit	1237 N. Mission Rd	Assigned 2D2 in 1994	Appears eligible as a contributor to an eligible historic district under NR/CR/local Criterion A/1/1
	706	Pediatric Outpatient Building/Bldg 10/E	1957	Donald S. Gill and Vincent Palmer; Mid-Century Modern	1956 Soils Report, newspaper	1237 N. Mission Rd	Assigned 2D2 in 1994	Appears eligible as a contributor to an eligible historic district under NR/CR/local Criterion A/1/1
	707	Building 120	1968-1972	Unknown; Vernacular	Aerials, historic site maps	1237 N. Mission Rd	Not previously evaluated	Appears ineligible for listing under NR, CR, and local criteria
	800	1201 N. Mission Rd	1953	Unknown; Vernacular	Building permit, Sanborn maps	1201 N. Mission Rd	Not previously evaluated	Appears ineligible for listing under NR, CR, and local criteria
Area 3	900	Facilities Management Building	1956	E.C.N. Brett; Vernacular	Building permit	1358 Eastlake Ave	Not previously evaluated	Appears ineligible for listing under NR, CR, and local criteria

Los Angeles General Hospital – Acute Unit Building¹⁵⁹

The Los Angeles General Hospital – Acute Unit Building is eligible for listing in the National and California Registers and as a Los Angeles County Landmark under Criteria A/1/1 and C/3/3.

The period of significance under Criterion A/1/1 is 1933-1978, which begins with the date the new hospital building opened and formally began serving patients, and ends with the landmark civil rights case, *Madrigal v. Quilligan*, which was filed against the County in response to the more than 200 women, primarily from the Mexican American community, who were forcibly sterilized at General Hospital in the 1960s and 1970s. This civil rights case led to several changes in how the hospital system in California operated and coincided with a rise in Latina activism in the city and more broadly.

The period of significance under Criterion C/3/3 is 1933, when construction of the Acute Unit Building was finished and the hospital formally began serving patients in the new facilities.

Following is an evaluation of the building under National Register, California Register, and Los Angeles County criteria.

National Register, California Register, Los Angeles County Criterion A/1/1: associated with events that have made a significant contribution to the broad patterns of history.

The General Hospital – Acute Unit Building is associated with the large-scale institutional expansion of County medical services in Los Angeles to address a significant increase in population following World War I. With the population more than doubling in the eight years leading up to the passing of the 1923 bond that funded the expansion project, the new hospital building was intended to replace many of the older facilities on the campus to the west that could no longer manage the amount of care necessary for the fast-growing region. Representatives from the County and Allied Architects toured hospital buildings across the United States to ensure that the Acute Unit could feature the best ideas and practices from each and represent the most modern embodiment of a public health institution serving the community. Upon completion, General Hospital was praised as the largest single unit hospital in the world.

The building is also associated with landmark civil rights legislation related to the forced sterilization of women at General Hospital in the 1960s and 1970s. Between 1968 and 1974, more than 200 women, primarily from the Mexican American community, were sterilized at the Acute Unit Building. The women were often pressured to sign County consent forms for sterilization while under duress or without understanding the extent of the procedure. Language barriers exacerbated the confusion as the forms were generally presented in English only. In response to these forced sterilization practices, Dr. Bernard Rosenfeld, a physician and researcher at the hospital, requested the legal services of Model Cities Center for Law and Justice to look into the case. The Model Cities Center subsequently collaborated with the Chicana rights

¹⁵⁹ The following statement of significance is adapted from the National Register nomination form prepared by Chattel. Chattel, Inc. “Los Angeles County General Hospital – Acute Unit.” National Register of Historic Places Nomination Form. December 16, 2025.

organization Comisión Femenil Mexicana Nacional to reach out to affected women in the community and ultimately filed a lawsuit against the County. The court case was filed in 1975 and would come to be known as *Madrigal v. Quilligan*. On June 7, 1978, Judge Jesse W. Curtis ruled that there was no deliberate intent by the hospital staff to hurt the women and that “sterilizations were the result of miscommunication and language barriers between the patients and the doctors.”¹⁶⁰ Nevertheless, the landmark civil rights case led to several changes in how the hospital system in California operated, and ultimately resulted in the State of California revoking their sterilization law.

For these reasons, the Los Angeles General Hospital – Acute Unit Building is eligible for listing under Criterion A/1/1.

National Register, California Register, Los Angeles County Criterion B/2/2: associated with the lives of persons significant in our past.

The Acute Unit Building does not appear to be eligible under Criterion B/2/2. The hospital has had numerous administrators over the decades, including Dr. Phoebus Berman who was the head physician and administrator of the hospital from 1920 to 1956, overseeing a period of expansion that included the construction of the building. However, there is insufficient evidence to demonstrate that Berman or any of these other administrators was historically significant within the broader context of the field of health and medicine. While there have been notable medical practitioners associated with General Hospital, research did not indicate that any persons significant to the practice of medicine are directly and individually associated with the subject building in a way that would warrant consideration under Criterion B/2/2.

National Register, California Register, Los Angeles County Criterion C/3/3: embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction.

The General Hospital – Acute Unit Building is a prominent Art Deco-style hospital building designed by the Allied Architects Association. The building was designed beginning in the mid-1920s, consistent with when Art Deco was at its height of popularity as an architectural style in the United States, particularly in Los Angeles. The building exhibits several character-defining features of the style including vertical forms, complex setbacks, clean lines, and geometric massing. The design of the building was understated to reflect its construction during the Great Depression while still having a high level of decoration at its primary west elevation entrance. Allied Architects – most notably master architects Edwin Bergstrom, Myron Hunt, Sumner Hunt, Pierpont Davis, and William Richards – was an important partnership in Los Angeles who designed the Acute Unit as part of a larger campaign to make the civic and institutional landscape of Los Angeles more beautiful. The Acute Unit continues to be a prominent visual feature in northeast Los Angeles with its massing and siting on a raised promontory. Thus, the building is eligible for listing under Criterion C/3/3.

¹⁶⁰ Library of Congress, “1978: *Madrigal v. Quilligan* – A Latinx Resource Guide: Civil Rights Cases and Events in the United States,” <https://guides.loc.gov/latinx-civil-rights/madrigal-v-quilligan> accessed August 5, 2025.

National Register, California Register, Los Angeles County Criterion D/4/4: has yielded or may likely yield information important in prehistory or history.

An archeological assessment was not within the scope of this study. Refer to Envicom Corporation's *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village* for an evaluation of archeological resources on the Project Site.

Integrity Evaluation

Although the surrounding area has changed, with some new infill construction and demolition over time, the subject building remains the visual focal point of the surrounding medical complex and thus retains its integrity of **location** and **setting**. Original, significant spaces and character-defining features are largely intact on both the interior and exterior, and the Acute Unit remains an expressive example of monumental, Art Deco-style institutional architecture in Los Angeles. The property thus retains its integrity of **design, materials, and workmanship**. Through its intact institutional setting as well as its original materials and design features, the property retains its integrity of **feeling** and **association** as an early 20th century acute-care hospital and teaching institution. Thus, the property retain all aspects of integrity.

Character-Defining Features: Exterior

- Stepped mass and roughly H-shaped floorplan
- Flat roof with no overhanging eaves
- Art Deco style, with its emphasis on verticality and a decorative program focused on geometric patterns and foliate ornament, dentil courses, zig-zag reeding, and applied pendants, concentrated near transitions between floors, wall and window openings, and spandrel panels
- Board-formed concrete walls
- Rhythmic pattern of steel-framed windows, in a variety of configurations, on each elevation
- West elevation entrance, and its elaborate ornamentation and materials (including limestone sheathing and sculptural program)
- Arched window and wall openings, in particular, through upper stories and the west-elevation entrance

Character-Defining Features: Interior

- West elevation entrance, high-volume one-story foyer, with ashlar pattern limestone wall cladding, tripartite vaulted plaster ceiling with murals by Los Angeles artist Hugo Ballin, geometric-patterned polychrome stone and terrazzo floors, etched engraving in limestone above entrance to lobby, cast aluminum and bronze door frames with angled glass walls with Art Deco-style detailing

- West elevation entrance, double-height lobby, with terrazzo wainscoting, full-height black marble columns, geometric-patterned polychrome stone and terrazzo floors, ceiling with elaborate decorative detailing, and large steel-framed windows with decorative glass
- Circulation spaces, including wide, double-loaded corridors lined with terrazzo wainscoting and radius curved floor and wall edges
- Metallic and ceramic tile floors in surgical spaces, ceramic tile on floors and walls
- Original hospital features, including wards with nurses' stations, multiple patient rooms, built-in cabinetry, lockers, and ceiling- and wall-mounted clocks
- Specialized interior spaces, including (but not limited to) the industrial kitchen, auditorium, rehabilitation pool (capped in situ), and pharmacy on the 1st floor; library and morgue on the 2nd floor; and a surgical auditorium with steeply raked seating and arched wall of multi-light steel-framed windows on the 15th-18th floors

Existing Conditions Photograph



Acute Unit Building, view east (ARG, 2025).

Old Administration Building

The Old Administration Building appears eligible for listing in the National and California Registers and as a Los Angeles County Landmark under Criteria A/1/1 and C/3/3.

The period of significance under Criterion A/1/1 spans from 1910, when the building was completed, to 1933, when the completion of the new Acute Unit marked a new era of development for the hospital campus, and many administrative functions moved into the new complex.

The period of significance for individual eligibility under Criterion C/3/3 has been identified as 1910, which corresponds to the building's original construction date.

Following is an evaluation of the building against National Register, California Register, and Los Angeles County criteria.

National Register, California Register, Los Angeles County Criterion A/1/1: associated with events that have made a significant contribution to the broad patterns of history.

Constructed in 1910 as the main administrative building for Los Angeles County Hospital (later the Los Angeles County General Hospital/Los Angeles General Hospital), the building appears to be eligible under Criterion A/1/1 for its association with early institutional development in health and medicine. It is the oldest extant building associated with the development of the hospital. The building is associated with the second wave of development on the hospital campus, and was built at the beginning of a period from the 1910s to the 1930s, during which the hospital grew rapidly to accommodate the region's growing population.

National Register, California Register, Los Angeles County Criterion B/2/2: associated with the lives of persons significant in our past.

The building is not associated with the lives of persons significant in our past. Numerous individuals worked in the building, providing administrative services to the hospital. However, no singular significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2.

National Register, California Register, Los Angeles County Criterion C/3/3: embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction.

The Old Administration Building appears to be significant under Criterion C/3/3 as an excellent example of Italian Renaissance Revival institutional architecture and as an example of the work of master architects Hudson & Munsell. The Italian Renaissance Revival style was based upon the classically inspired architecture developed in Italy during the artistic, architectural, and literary movement of the 14th through 16th centuries that was spurred by the rebirth of interest in the ideals and achievements of imperial Rome. Italian Renaissance architecture was familiar to late 19th-century American architects who were trained at the École des Beaux Arts, an architecture

school based in Paris. In the United States, the style was first interpreted for monumental, elaborately decorated public buildings at the turn of the 20th century. Throughout the 1920s and 1930s, the style was frequently used for imposing civic buildings, institutional buildings, and banks, and in some cases for grand private residences. The Old Administration Building exhibits the distinctive features of the Italian Renaissance Revival style including a symmetrical façade, formal composition, low-pitched hipped roof, overhanging eaves with decorative brackets, brick walls, elaborate primary entrance, and decorative cast stone. The building was designed by the prominent local architecture firm Hudson & Munsell, a firm that has been recognized as masters in their field for their significant contributions to Los Angeles's built environment. Among other buildings by Hudson & Munsell are the National Register-listed Natural History Museum (1913) and several local Historic-Cultural Monuments, including the Charles I.D. Moore Residence (1905), Secondo Guasti House (1910), Fire Station #1 (1910), Dr. Grandville MacGowan Home (1912), and Briggs Residence (1912). The Old Administration Building demonstrates the firm's command of revival style architecture and is a notable example of their institutional work. Built in 1910, the building exhibits a high quality of design and distinctive characteristics of the Italian Renaissance Revival style institutional architecture.

National Register, California Register, Los Angeles County Criterion D/4/4: has yielded or may likely yield information important in prehistory or history.

An archeological assessment was not within the scope of this study. Refer to Envicom Corporation's *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village* for an evaluation of archeological resources on the Project Site.

Integrity Evaluation

The building remains in its original **location** on the General Hospital main campus. Exterior alterations have been limited to a sensitive rear addition that was compatibly designed to minimize removal of character-defining features and is not visible from the primary façade. Almost all of the building's original architectural materials and features are intact, and thus the building retains integrity of **design, materials, and workmanship**. While the building's **setting** has been compromised with the demolition of nearly all early 20th century buildings on the west half of the hospital's main campus and the construction of new buildings, the building retains its original siting on North Mission Road and its general institutional surroundings. Thus, the property retains its integrity of **feeling and association** as an early 20th century administration building on a hospital campus. In summary, the building retains integrity of location, design, materials, workmanship, feeling and association. Its integrity of setting has been compromised.

Character-Defining Features

- Siting along North Mission Road, at the west end of the General Hospital main campus
- Rectangular form and massing
- Hipped roof with overhanging eaves and decorative wood brackets
- Octagonal cupola

- Prominent stepped parapet at primary façade
- Brick cladding
- Fenestration pattern, including one-over-one double-hung wood windows
- Recessed entry vestibule, including square columns, marble panels, and wood doors, sidelights, and transoms
- Wide entrance steps and side walls
- Cast stone ornamentation including quoining, dentils, shields, corbels, and window surrounds

Existing Conditions Photograph



Old Administration Building, view southeast (ARG, 2025).

Tower Hall

Tower Hall appears to be individually eligible for listing in the California Register and as a Los Angeles County Landmark under Criterion 3/3. It also appears to be eligible as a contributor to the eligible College of Osteopathic Physicians and Surgeons Historic District under Criterion A/1/1.

The period of significance for individual eligibility under Criterion 3/3 has been identified as circa 1928, which corresponds to the building's approximate construction date.

Following is an evaluation of the building under National Register, California Register, and Los Angeles County criteria.

National Register, California Register, Los Angeles County Criterion A/1/1: associated with events that have made a significant contribution to the broad patterns of history.

Tower Hall is a one-story building with a prominent tower constructed by the College of Osteopathic Physicians and Surgeons circa 1928 as an auditorium. While Tower Hall contributes to the significance of the College of Osteopathic Physicians and Surgeons Historic District as an early example of institutional development in health and medicine in Southern California, the building does not appear to be individually significant under Criterion A/1/1. There is no evidence that the building is associated with any singular event. It is one of multiple early purpose-built buildings on the campus and is not singularly significant for its association with the research or educational functions of the college such that it would have individual distinction under Criterion A/1/1. The broad significance of research and education in osteopathy associated with the College of Osteopathic Physicians and Surgeons is best conveyed by the institutional campus as a whole.

National Register, California Register, Los Angeles County Criterion B/2/2: associated with the lives of persons significant in our past.

As an assembly building, no singular significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. Thus, it does not appear to be eligible under this criterion.

National Register, California Register, Los Angeles County Criterion C/3/3: embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction.

Tower Hall appears to be significant under Criterion 3/3 as an excellent local example of Spanish Colonial Revival institutional architecture. Spanish Colonial Revival architecture gained widespread popularity throughout Southern California after the 1915 Panama-California Exposition in San Diego, and coinciding with a population boom in Southern California in the 1920s. The Spanish Colonial Revival style was an attempt to create a "native" California architectural style that drew upon and romanticized the state's colonial past. The style's adaptability also lent its application to a variety of building types, including single- and multi-family residences, commercial properties, and institutional buildings.

Tower Hall exhibits the distinctive features of the Spanish Colonial Revival style including an asymmetrical façade, stucco cladding, gabled roof with clay tile roofing, prominent tower, arched window openings, and cast stone ornamentation. Reflecting the eclectic influences often incorporated into Spanish Colonial Revival architecture, the walkway that surrounds Tower Hall has a Mission Revival style arcade. While the architect or builder is unknown, Tower Hall exhibits

a high quality of design and distinctive characteristics of Spanish Colonial Revival design as applied to an institutional auditorium, and is the visual and aesthetic anchor of the campus.

For the above reasons, Tower Hall appears eligible for listing in the California Register and as a Los Angeles County Landmark under Criterion 3/3. However, as described in its evaluation of integrity below, the building has undergone multiple alterations such that it does not retain sufficient integrity to be individually eligible under National Register Criterion C.

National Register, California Register, Los Angeles County Criterion D/4/4: has yielded or may likely yield information important in prehistory or history.

An archeological assessment was not within the scope of this study. Refer to Envicom Corporation's *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village* for an evaluation of archeological resources on the Project Site.

Integrity Evaluation

Tower Hall retains its original **location** along Griffin Avenue on the historic College of Osteopathic Physicians and Surgeons campus. While its **setting** has somewhat changed through the re-grading of Griffin Avenue and the addition of new buildings on the campus in the 1970s, 1980s, and 1990s, Tower Hall is still primarily surrounded by early 20th century buildings comprising the osteopathic college campus. Thus, its integrity of setting has been compromised but not lost altogether. The building retains its original Spanish Colonial Revival **design**, as evidenced through its rectangular massing, prominent entry tower, gabled clay tile roof, cast stone decorative detailing, and arched fenestration. The building has experienced a number of material alterations, including several infilled and replaced windows on side elevations, replacement primary entrance door, and re-stuccoing with a more textured stucco, which have somewhat compromised its integrity of **materials**. However, because the overall design of the building is intact and it retains some of its original materials, including clay tile roofing, cast stone detailing, and some multi-light wood windows, Tower Hall retains its overall integrity of **workmanship** from its historical period. Because the building retains its original location, design and workmanship, and its integrity of setting and materials has not been altogether lost, Tower Hall is still able to convey its historic **feeling** as a 1920s Spanish Colonial Revival institutional building and **association** with the early development of the osteopathic college.

Given the alterations described above, the building's integrity has been diminished such that it is not eligible for listing in the National Register. However, based on the greater flexibility for assessing the integrity of a historical resource for state and local designation as compared to potential listing in the National Register, the building retains sufficient integrity to qualify for individual listing in the California Register and as a Los Angeles County Landmark.

Character-Defining Features

- Siting and orientation along Griffin Avenue, on the east half of the historic osteopathic campus
- Rectangular form and massing

- Gabled roof with clay tile roofing
- Square tower with hipped roof, clay tile cladding, and cast stone ornamentation around arched openings and round balconettes
- Stucco cladding
- Cast stone entrance surround and other decorative ornamentation
- Fenestration pattern, including arched window openings, original wood windows with arched transoms, and original multi-light casement windows
- Mission Revival style arcaded walkway that fronts the building to the east

Existing Conditions Photograph



Tower Hall, view west (ARG, 2025).

Phinney Hall

Phinney Hall appears to be individually eligible for listing in the National and California Registers and as a Los Angeles County Landmark under Criterion C/3/3. It also appears eligible as a contributor to the eligible College of Osteopathic Physicians and Surgeons Historic District under Criterion A/1/1.

The period of significance for individual eligibility under Criterion C/3/3 has been identified as 1937, which corresponds to the building's construction date.

Following is an evaluation of the building under National Register, California Register, and Los Angeles County criteria.

National Register, California Register, Los Angeles County Criterion A/1/1: associated with events that have made a significant contribution to the broad patterns of history.

Phinney Hall is a two-story building constructed by the College of Osteopathic Physicians and Surgeons in 1937. The building was constructed to house various laboratories, classrooms, and assembly uses. While Phinney Hall contributes to the significance of the College of Osteopathic Physicians and Surgeons Historic District as an early example of institutional development in health and medicine in Southern California, the building does not appear to be individually significant under Criterion A/1/1. There is no evidence that the building is associated with any singular event, and it is not the oldest or primary building associated with the college such that it would have individual distinction under Criterion A/1/1. The broad significance of research and education in osteopathy associated with the College of Osteopathic Physicians and Surgeons is best conveyed by the institutional campus as a district.

National Register, California Register, Los Angeles County Criterion B/2/2: associated with the lives of persons significant in our past.

Numerous individuals worked in the building, providing education to students and care to patients. However, no singular significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. Thus, it does not appear eligible under this criterion.

National Register, California Register, Los Angeles County Criterion C/3/3: embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction.

Phinney Hall appears to be significant under Criterion C/3/3 as an excellent example of Mediterranean Revival institutional architecture, with unique Art Deco influences. Mediterranean Revival architecture became increasingly prevalent in Southern California during the 1920s, largely because of California's identification with the region as having a similar climate, and the popularity of Mediterranean-inspired resorts along the Southern California coast. Loosely based on 16th century Italian villas, the style is formal in massing, with symmetrical façades and grand accentuated entrances. Art Deco originated in France in the 1910s as an experimental movement in architecture and the decorative arts that rejected the rigid organizational methods and classical ornamentation of the Beaux Arts style. It emphasized a soaring verticality through the use of stepped towers, spires, and fluted or reeded piers, and embraced highly stylized geometric, floral and figurative motifs as decorative elements on both the exterior and interior.

Phinney Hall exhibits the distinctive features of the Mediterranean Revival style including a symmetrical façade, stucco cladding, low-pitched hipped roof with clay tile roofing, and an

elaborate, decorative entrance. It is further distinguished by the more geometric quality of the ornamentation around the primary entrance, which borrows influences from the Art Deco style. Art Deco style zigzag and geometric motifs are also utilized at several of the windows. Phinney Hall was designed by architect Louis L. Dorr, who worked on a number of notable projects in Los Angeles, including the Biltmore Hotel (1922), while working for the New York-based firm Schultz and Weaver, as well as for the Art Deco style Westward Ho Hotel in Phoenix, Arizona in collaboration with the firm Fisher, Lake, and Traver. However, Dorr has not been individually recognized as a master in the field of architecture. Built in 1937, Phinney Hall exhibits a high quality of design and distinctive characteristics of Mediterranean Revival design that responds to the existing context of the earlier Spanish Colonial and Mission Revival style buildings on the campus, while incorporating more modern Art Deco influences.

National Register, California Register, Los Angeles County Criterion D/4/4: has yielded or may likely yield information important in prehistory or history.

An archeological assessment was not within the scope of this study. Refer to Envicom Corporation's *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village* for an evaluation of archeological resources on the Project Site.

Integrity Evaluation

Phinney Hall retains its original **location** along Griffin Avenue on the historic College of Osteopathic Physicians and Surgeons campus. While its **setting** has somewhat changed through the re-grading of Griffin Avenue and the addition of new buildings on the campus in the 1970s, 1980s, and 1990s, Phinney Hall is still primarily surrounded by early 20th century buildings comprising the osteopathic college campus. Thus, its integrity of setting has been compromised but not lost altogether. Exterior alterations to the building have been limited to very minor changes such as the addition of an accessible ramp and window security bars, and door replacements. The majority of its distinctive materials, features, and ornamentation associated with its Mediterranean Revival style have been retained. The building thus retains its integrity of **design, materials, and workmanship**. Through its intact original materials and design features, the property retains its integrity of **feeling** and **association** as an early 20th century institutional building associated with the early development of the osteopathic college.

Character-Defining Features

- Siting and orientation along Griffin Avenue, on the east half of the historic osteopathic campus
- Rectangular form and massing
- Low-pitched hipped roof forms with clay tile roofing and central flat roof
- Front-facing gabled parapet with sculptural, geometric finials
- Stucco cladding
- Stringcourses

- Fenestration pattern, including original multi-light steel windows
- Ornamental cast stone surround at primary entrance
- Art Deco style zigzag decorative motifs at the building corners

Existing Conditions Photograph



Phinney Hall, view west (ARG, 2025).

Pharmacy Building

The Pharmacy Building does not appear individually eligible under any local, state, or federal registration criteria.

National Register, California Register, Los Angeles County Criterion A/1/1: associated with events that have made a significant contribution to the broad patterns of history.

The Pharmacy Building is generally associated with the institutional expansion of County medical services in Los Angeles in the late 1910s to address the region’s significant population increase leading up to and immediately following World War I. Constructed in 1917, it was originally known as the “service building” and was used for patient and employee dining. The building was historically part of a larger complex of support services buildings, including a carpenter shop, electric shop, repair shop, sheet metal shop, laundry, and powerhouse. The Support Services Site was identified as eligible for listing in the National Register as a historic district through the Section 106 process following the 1994 Northridge earthquake (see *Section 6.1*). Fourteen buildings were identified as “contributors” to the Support Services Sites at that time. However, nearly all the support services buildings were demolished in the late 1990s and 2000s such that the site, which historically comprised the west half of the General Hospital main campus, no longer retains a significant concentration of contributing buildings to be eligible for National Register listing. Specifically, of the 14 identified contributors, only two—the Pharmacy Building and Viaduct—remain (see Table 6).

While associated with the General Hospital’s early 20th century development, according to National Register Bulletin 15, “Mere association with historic events or trends is not enough, in and of itself, to qualify under Criterion A: the property’s specific association must be considered important as well.”¹⁶¹ The building was historically and continues to be used as a support building (originally used as a dining facility and converted for pharmacy and storage use in the 1950s). As a support building that did not hold any significant or unique medical-related functions, the building is not singularly important or illustrative of General Hospital’s 1910s development and expansion as a significant medical institution. Rather, the Acute Unit itself, which is still extant, better conveys this notable pattern of history. For these reasons, the Pharmacy Building does not appear individually eligible for listing under Criterion A/1/1.

National Register, California Register, Los Angeles County Criterion B/2/2: associated with the lives of persons significant in our past.

The Pharmacy Building does not appear to be individually eligible under Criterion B/2/2. The building is not associated with the lives of persons significant in our past. Originally a dining facility for General Hospital employees and patients and later used as a pharmacy and storage, numerous individuals have dined in and worked at the building since its construction. However, no significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2.

¹⁶¹ National Park Service, National Register Bulletin 15, 12.

National Register, California Register, Los Angeles County Criterion C/3/3: embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction.

According to National Register Bulletin 15, a property is eligible for representing the distinctive characteristics of a type, period or method of construction “if it is an important example (within its context) of building practices of a particular time in history” that “was an important phase of the architectural development of the area or community.”¹⁶² As a modest, vernacular building, the Pharmacy Building is not an important example of a particular architectural type, period, or method of construction and does not possess high artistic value. It was built using typical materials (brick and concrete) and methods of construction common of the period. It is one of several dozens of extant early 20th century vernacular brick and concrete buildings located near downtown Los Angeles. Furthermore, the building has undergone multiple alterations, including infill of two bays at the second and third stories of the west elevation in 1997; demolition of an adjoining building to the north and infill of lower bays and windows around 1995; infill of some window openings with glass block; replacement of doors; and the addition of air conditioning units, canopies, metal security bars at windows, and metal reinforcing ties at the parapet. These changes have compromised the building’s ability to convey its original design intent. While the specific architect at the Los Angeles County Mechanical Department who designed the building is unknown, given its modest, altered appearance, it cannot be said that the building represents the work of a master.

As described above, the Pharmacy Building was once part of a larger complex of support services buildings on the west half of the General Hospital main campus. The Support Services Site was identified as eligible for National Register listing by HRG in 1994, presumably for representing a significant and distinguishable entity whose components lacked individual distinction. However, 12 out of the 14 buildings/structures that were identified by HRG and comprised the Support Services Site were demolished in the late 1990s and 2000s (see Table 6). Since the vast majority of buildings and structures that historically comprised the site have been demolished, the site no longer contains a significant concentration of buildings or structures to be eligible for designation.

For the above-stated reasons, the Pharmacy Building does not appear eligible for listing under Criterion C/3/3.

National Register, California Register, Los Angeles County Criterion D/4/4: has yielded or may likely yield information important in prehistory or history.

An archeological assessment was not within the scope of this study. Refer to Envicom Corporation’s *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village* for an evaluation of archeological resources on the Project Site.

¹⁶² National Park Service, National Register Bulletin 15, 18.

Existing Conditions Photograph



Pharmacy Building, view northwest (ARG, 2025).

Viaduct

The Viaduct does not appear individually eligible under any local, state, or federal registration criteria.

National Register, California Register, Los Angeles County Criterion A/1/1: associated with events that have made a significant contribution to the broad patterns of history.

The Viaduct is generally associated with the institutional expansion of County medical services in Los Angeles in the 1930s to address the region’s significant population increase during the interwar years. Constructed in 1933, the structure originally served as a means of transporting hospital employees and supplies to and from the newly built General Hospital – Acute Unit, connecting it with support buildings to the west. It was part of an above- and below-ground circulation network connecting various buildings and structures throughout the expansive hospital campus. The structure was historically part of a larger complex of support services buildings known as the Support Services Site and described above.

While associated with the General Hospital’s 1930s development, according to National Register Bulletin 15, “Mere association with historic events or trends is not enough, in and of itself, to qualify under Criterion A: the property’s specific association must be considered important as

well.”¹⁶³ The Viaduct was historically and continues to be used as a support structure as part of a much larger complex of medical buildings that support the hospital complex, many of which no longer exist. As a support structure, it is inherently not singularly important or illustrative of General Hospital’s 1930s development and expansion as a significant medical institution. For these reasons, the Viaduct does not appear individually eligible for listing under Criterion A/1/1.

National Register, California Register, Los Angeles County Criterion B/2/2: associated with the lives of persons significant in our past.

The Viaduct does not appear to be individually eligible under Criterion B/2/2. Properties that are eligible under Criterion B/2/2 are typically habitable buildings where an important person worked or resided and that have a direct association with the person’s reason(s) for significance. As a non-inhabitable structure, it cannot be said that the Viaduct has any direct or meaningful connection to the productive life of an individual.

National Register, California Register, Los Angeles County Criterion C/3/3: embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction.

According to National Register Bulletin 15, a property is eligible for representing the distinctive characteristics of a type, period or method of construction “if it is an important example (within its context) of building practices of a particular time in history” that “was an important phase of the architectural development of the area or community.”¹⁶⁴ As a utilitarian, vernacular structure, the Viaduct does not represent an important example of a type, period, or method of construction and does not possess high artistic value. While it embodies the typical characteristics of the property type (elevated linear structure supported by a series of consecutive arches), it was built using common materials and methods of construction of the period (poured-in-place, board-formed concrete with steel reinforcement). Furthermore, the viaduct has been altered since its original construction, including the demolition of an elevated branch that ran perpendicular to the main section and connected to a laundry building (also demolished); infill of most support arches with wood and corrugated metal cladding and doors; and replacement of windows at grouped openings along the elevated enclosed corridor. These alterations have compromised the Viaduct’s ability to convey its original design intent. The structure was designed by the Allied Architects Association of Los Angeles, who concurrently designed the General Hospital – Acute Unit and are considered to be master architects. However, given its utilitarian construction and altered appearance, it cannot be said that the Viaduct is singularly or notably representative of their work as masters in their field.

As described above, the Viaduct was once part of a larger complex of support services buildings on the west half of the General Hospital main campus. The Support Services Site was identified as eligible for National Register listing, presumably for representing a significant and distinguishable entity whose components lacked individual distinction. However, the vast majority of buildings

¹⁶³ National Park Service, National Register Bulletin 15, 12.

¹⁶⁴ National Park Service, National Register Bulletin 15, 18.

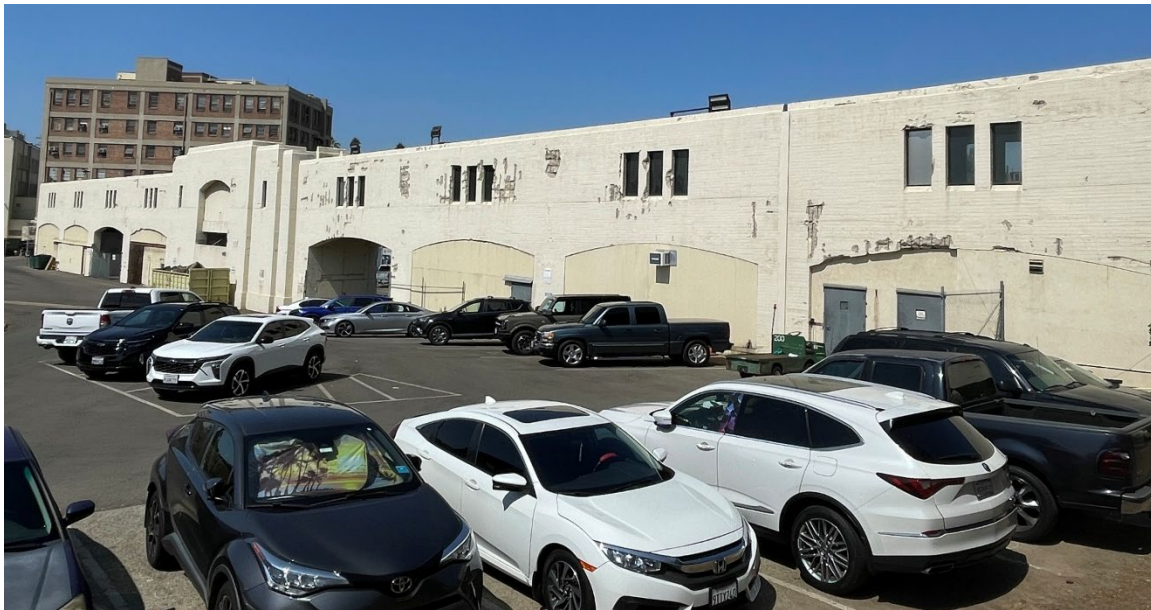
and structures that historically comprised the site were demolished in the late 1990s and 2000s such that the site no longer contains a significant concentration of buildings or structures to be eligible for designation.

For the above reasons, the Viaduct does not appear eligible under Criterion C/3/3.

National Register, California Register, Los Angeles County Criterion D/4/4: has yielded or may likely yield information important in prehistory or history.

An archeological assessment was not within the scope of this study. Refer to Envicom Corporation's *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village* for an evaluation of archeological resources on the Project Site.

Existing Conditions Photograph



Viaduct, view north (ARG, 2025).

7. Impacts Analysis

7.1 Summary of Historical Resource Findings

Pursuant to Section 15064.5(a)(2) of the State CEQA Guidelines (CEQA Guidelines), the term "historical resource" includes a resource listed in, or determined to be eligible by the State Historical Resources Commission, for listing in the California Register of Historical Resources; a resource included in a local register of historical resources, as defined in section 5020.1(k) of the Public Resources Code; or any resource which a lead agency determines to be historically significant, provided the lead agency's determination is supported by substantial evidence in light of the whole record.

Historical Resources on the Project Site

This Technical Report identifies six historical resources—including two eligible historic districts and four individually eligible buildings—on the Project Site:

- Los Angeles General Hospital – Acute Unit Historic District
- Los Angeles General Hospital – Acute Unit Building
- Old Administration Building
- College of Osteopathic Physicians and Surgeons Historic District
- Tower Hall
- Phinney Hall

The above properties have been determined eligible for listing in the National and California Registers and under the Los Angeles County Historic Preservation Ordinance. They are thus considered historical resources for the purposes of CEQA. There are no other historical resources on the Project Site.

Historical Resources in the Vicinity of the Project Site

In addition to the historical resources identified on the Project Site, the following resources are within the vicinity of the Site. For the purposes of this study, "vicinity" means properties within one block of the boundaries of the Site (see Figure 3 and *Appendix A*). These resources were identified through a search in California's Built Environment Resource Directory (BERD) and the City of Los Angeles's HistoricPlacesLA (HPLA) historic resources inventory database. No additional historical resources were identified through Envicom Corporation's search through the South Central Coastal Information Center (SCCIC).

1. Raulston Medical Research Building (2025 Zonal Avenue)
2. Seely Wintersmith Mudd/McKibben Hall (1333 San Pablo Street)
3. Mixed-use commercial building (1143 N. Mission Road)

4. Neighborhood market (1000 N. Clement Street)

7.2 Significance Threshold

According to California CEQA Guidelines, a project has the potential to impact a historical resource when the project involves a “substantial adverse change” in the resource’s significance. Substantial adverse change is defined as “physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the significance of an historical resource would be materially impaired.”¹⁶⁵

The significance of an historical resource is materially impaired when a project:

- a) Demolishes or materially alters in an adverse manner those physical characteristics of an historical resource that convey its historical significance and that justify its inclusion in, or eligibility for, the California Register of Historical Resources; or
- b) Demolishes or materially alters in an adverse manner those physical characteristics that account for its inclusion in a local register of historical resources pursuant to Section 5020.1(k) of the Public Resources Code or its identification in an historical resources survey meeting the requirements of Section 5024.1(g) of the Public Resources Code, unless the public agency reviewing the effects of the project by a preponderance of evidence that the resource is not historically or culturally significant; or
- c) Demolishes or materially alters in an adverse manner those physical characteristics of a historical resource that convey its historical significance and that justify its eligibility for inclusion in the California Register of Historical Resources as determined by a lead agency for the purposes of CEQA.¹⁶⁶

7.3 Additional Guidance

In addition to thresholds established by CEQA, the NPS provides standards and guidance for the appropriate treatment of historical resources that can be helpful in evaluating impacts. These standards and guidelines are also applied by the OHP and the NPS in the review of projects being considered for federal historic preservation tax credits. Because the County is pursuing federal historic preservation tax incentives for the Acute Unit’s proposed rehabilitation, all work within the Acute Unit Historic District will be required to undergo a rigorous review process conducted by the NPS and OHP for compliance with the Secretary of the Interior’s Standards.

Secretary of the Interior’s Standards

The Secretary of the Interior’s Standards for the Treatment of Historic Properties (“the Standards”) offer guidance for evaluating proposed projects that may affect historical resources. The purpose of the Standards is to support the long-term preservation of a property’s historic

¹⁶⁵ CEQA Guidelines, Section 15064.5.

¹⁶⁶ CEQA Guidelines, Section 15064.5

significance by maintaining, preserving, and rehabilitating its historic materials and character-defining features. They apply to historic buildings of all construction types, materials, sizes, and uses, and cover both the exterior and interior. The Standards also address related landscape features, the building's site and setting, and any new construction that is attached, adjacent, or otherwise associated with the historic property.

In practice, the Standards have helped agencies (local, state, and federal) carry out their historic preservation duties when reviewing projects that could impact historical resources.

The Standards are used as a tool to evaluate potential effects on historical resources. However, they are not themselves part of the CEQA process. CEQA requires an assessment of physical environmental impacts, and the only connection between the Standards and CEQA appears in CEQA Guidelines Section 15064.5(b)(3):

Generally, a project that follows the Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring, and Reconstructing Historic Buildings or the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings (1995), Weeks and Grimmer, shall be considered as mitigated to a level of less than a significant impact on the historical resource.

The Standards were developed by the National Park Service and are paired with Guidelines for four possible "treatments" of historical resources: (1) preservation, (2) rehabilitation, (3) restoration, and (4) reconstruction. For this Project, the applicable treatment is rehabilitation.

Rehabilitation Standards¹⁶⁷

The Secretary of the Interior's Standards for Rehabilitation ("the Rehabilitation Standards") cover the treatment that is most commonly applied to historic properties. "Rehabilitation" is defined as "the process of returning a property to a state of utility, through repair or alteration, which makes possible an efficient contemporary use while preserving those portions and features of the property which are significant to its historic, architectural, and cultural values." This definition recognizes that repairs or modifications to a historical resource may be necessary to support modern use, but it also requires that the materials, features, and finishes that express the property's historic character be retained.

The Rehabilitation Standards further address additions to historic structures as well as new construction—or "infill"—located next to historic buildings, whether on the same property or within a historic district. As with most design and planning considerations, what is appropriate depends on the specific scale, context, and conditions of the project.

¹⁶⁷ Kay D. Weeks and Anne E. Grimmer, *The Secretary of the Interior's Standards for the Treatment of Historic Properties: with Guidelines for Preserving, Rehabilitating, Restoring & Reconstructing Historic Buildings* (Washington D.C.: National Park Service, United States Department of the Interior, 1995), pp. 63-115.

Guidance for Related New Construction¹⁶⁸

The Rehabilitation Standards provide guidance for new construction that is related to (or, adjacent to) historic buildings or located within sensitive historic settings or historic districts. In general, new construction in historic settings (and districts) is allowed but must be compatible yet differentiated from the adjacent or related historic buildings so that it does not create a false sense of historical development. Compatibility is evaluated through scale and massing, proportion and height, materials and textures, architectural features, and site placement and setbacks.

The Secretary of the Interior’s Guidelines provide the following recommendations for the construction of new buildings within a historic setting/district or adjacent to historic buildings:¹⁶⁹

- Identifying, retaining, and preserving building and landscape features that are important in defining the overall historic character of the setting. Such features can include circulation systems, such as roads and streets; furnishings and fixtures, such as light posts or benches; vegetation, gardens and yards; adjacent open space, such as fields, parks, commons, or woodlands; and important views or visual relationships.
- Retaining the historic relationship between buildings and landscape features in the setting. For example: preserving the relationship between a town common or urban plaza and the adjacent houses, municipal buildings, roads, and landscape and streetscape features.
- Adding a new building to a historic site or property only if the requirements for a new or continuing use cannot be accommodated within the existing structure or structures.
- Locating new construction far enough away from the historic building, when possible, where it will be minimally visible and will not negatively affect the building’s character, the site, or setting.
- Designing new construction on a historic site or in a historic setting that it is compatible but differentiated from the historic building or buildings.
- Considering the design for related new construction in terms of its relationship to the historic building as well as the historic district and setting.
- Ensuring that new construction is secondary to the historic building and does not detract from its significance.
- Using site features or land formations, such as trees or sloping terrain, to help minimize the new construction and its impact on the historic building and property.

¹⁶⁸ As used in *Section 7* of this Technical Report, “new construction” is defined as the construction of new ground-up buildings or structures.

¹⁶⁹ Weeks and Grimmer, 143-146; 161-162.

Finally, the Rehabilitation Standards suggest that adjacent or related new construction will be undertaken in such a manner that, if removed in the future, the essential form and integrity of the historic property and its environment would be unimpaired.¹⁷⁰

7.4 Summary of Potential Impacts

The Los Angeles County General Hospital Campus Master Plan (“Proposed Project”) will serve as the principal planning document that will guide General Hospital’s physical campus development over the next decade and beyond. The Proposed Project is structured around four implementation strategies: renovation of existing buildings (renovation), demolition of existing buildings, or portions thereof (demolition), construction of new buildings (new construction), and leaving buildings in their existing location and configuration (no change).

Three of these four strategies—renovation, demolition, and new construction—have the potential to impact historical resources in the following ways:

- **Renovation** projects may result in alterations to historical resources.
- **Demolition** projects may result in the demolition of historical resources, in part or in whole.
- **New construction** projects may result in construction of new buildings and facilities adjacent to historical resources or within historic district boundaries.

The fourth strategy – no change – would not result in impacts to historical resources as in this scenario, historical resources would remain intact and in situ, with no material change to their historic character.

The sections below include an analysis of potential impacts posed by the Proposed Project. First is a general discussion of potential impacts related to new construction projects that may occur upon implementation of the Proposed Project. Because those new construction projects are not yet fully defined, this section is intended to provide broad, programmatic guidance applicable to all projects that may be undertaken to achieve the objectives of the Proposed Project.

Next is an analysis of potential impacts resulting from specific projects that are defined under the Proposed Project.

Lastly is an evaluation of potential indirect impacts of proposed new construction to historical resources in the vicinity of the Project Site.

7.5 Programmatic Guidance for Indirect Project Impacts

This section provides broad guidance that is applicable to all new construction projects outside of the General Hospital – Acute Unit Historic District boundary that may occur under the phased implementation of the Proposed Project and have the potential to impact historical resources.

¹⁷⁰ Weeks and Grimmer, 76.

Aside from the specific projects occurring within the General Hospital – Acute Unit Historic District boundaries, discussed in *Section 2.1*, all potential construction activities under the Proposed Project are new construction projects that may be adjacent to historical resources. They would not include the renovation or demolition of any historical resources and would thus have no direct impacts to historical resources. The guidance that follows is to avoid any potential indirect impacts to historical resources caused by adjacent new construction.

New Construction Projects

There are multiple potential new construction projects that may be undertaken through the implementation of the Proposed Project. As described in *Section 7.1*, there are six historical resources on the Project Site:

- Old Administration Building
- Los Angeles General Hospital – Acute Unit Building
- Los Angeles General Hospital – Acute Unit Historic District
- College of Osteopathic Physicians and Surgeons Historic District
- Tower Hall
- Phinney Hall

Of these, some have the potential to be adjacent to new construction as part of the Proposed Project, and some do not. For the purposes of this analysis, “adjacent” is defined as directly next to without any physical or visual separation. Physical or visual separation may be topographic changes, such as a change in grade of more than 10 feet, or elements of the built environment, such as streets or other buildings.

There are no specific redevelopment projects currently planned that would result in indirect impacts on the College of Osteopathic Physicians and Surgeons Historic District (Osteopathic College Historic District), Tower Hall, or Phinney Hall, which are located across North Mission Road from, and not directly adjacent to, the potential new construction sites on the General Hospital main campus. Tower Hall and Phinney Hall face north on Griffin Avenue and are oriented away from the potential new construction sites. Given the orientation of these resources and their location from the main campus, which is where construction would occur, no historically important views of or from Tower Hall or Phinney Hall, or of or from within the Osteopathic College Historic District, would be blocked by new construction associated with the Proposed Project. Additionally, the setting of Tower Hall, Phinney Hall, and the Osteopathic College Historic District has already been compromised through the demolition of institutional buildings to the north and on the General Hospital main campus to the east, the addition of new buildings in the 1970s, 1980s, and 1990s within the historic district, and the re-grading of Griffin Avenue, which now largely blocks views of Phinney Hall from the public right-of-way. Thus, the potential new construction projects on the main campus, which would remain visually separate and oriented away from these buildings, would not further alter their settings. For these reasons, the Osteopathic College Historic District, Tower Hall, and Phinney Hall would continue to convey all

of their important historic and physical characteristics that make them eligible for designation. These historical resources would retain all aspects of integrity they currently have after the new construction projects associated with the Proposed Project are completed. Therefore, the Proposed Project would not have any indirect impacts on the historic district or these two buildings.

The new construction projects have the potential to impact the following historical resources, which may be located adjacent to potential new construction sites.

- Old Administration Building
- Los Angeles General Hospital – Acute Unit Building
- Los Angeles General Hospital – Acute Unit Historic District

Potential impacts to historical resources resulting from adjacent new construction may include, but are not necessarily limited to, the following:

- Introduction of new buildings under the Proposed Project may be incompatible with adjacent historical resources in terms of scale, massing, height, and/or style, resulting in diminished integrity of setting and/or feeling.
- Construction activities associated with the Proposed Project may result in vibration impacts that could result in physical impacts to adjacent historical resources.

If the extent of new construction has the potential to “materially impair” the historical resource, per 15064.5(b)(2) of the CEQA Guidelines, the following mitigation is recommended.

Mitigation Program for Adjacent New Construction

If a new construction project is proposed for a site within 50 feet of a historical resource, then the Applicant shall apply Mitigation Measure CUL-1a (Secretary Standards Compliance) and engage a qualified Architectural Historian or Historic Architect meeting the Secretary of the Interior’s Professional Qualifications Standards to determine whether the project is adjacent to the resource (taking into account the scale of the project, any physical or visual separation, and existing baseline conditions). If the new construction is determined not to be adjacent to the identified historical resource, the Architectural Historian/Historic Architect shall prepare a statement to that effect, and no further analysis shall be required. If the new construction is found to be adjacent to the identified resource, the Architectural Historian/Historic Architect shall assess the project, focusing on the application of Standards No. 9 and 10, both of which relate to adjacent new construction.

If the Architectural Historian concludes that the new construction project meets the Standards, then the project is presumed to not have an impact on historical resources. During implementation of the project, the Applicant shall apply Mitigation Measure CUL-1b (Project Review During Design and Construction) and engage a qualified Architectural Historian or Historic Architect meeting the Secretary of the Interior’s Professional Qualifications Standards to review milestone drawings and generally be available to the design team, as needed.

If the proximity of new construction to historical resources is such that vibration during construction may cause them physical damage, the Applicant shall also apply Mitigation Measure CUL-1c (Protection During Construction) and engage a qualified Historic Architect and Structural Engineer to prepare a Conditions Assessment Report and Construction Monitoring Plan.

7.6 Mitigation Measures

Section 15064.5(b)(4) of the California Code of Regulations states that “a lead agency shall identify potentially feasible measures to mitigate significant adverse changes in the significance of an historical resource. The lead agency shall ensure that any adopted measures to mitigate or avoid significant adverse changes are fully enforceable through permit conditions, agreements, or other measures.”¹⁷¹

The following mitigation measures have been developed to mitigate impacts to historical resources associated with implementation of the Proposed Project.

- Mitigation Measure CUL-1a. Secretary Standards Compliance. For all instances in which a project is implementing activities under the Proposed Project within 50 feet of a historical resource identified in this Draft SEIR, the Project Applicant shall engage the services of a qualified Architectural Historian or Historic Architect meeting the Secretary of the Interior’s Professional Qualifications Standards to determine whether the future implementing project activity is adjacent to the identified historical resource (taking into account the scale of the project, any physical or visual separation, and existing baseline conditions). If the future implementing project activity is determined not to be adjacent to the identified historical resource, the Architectural Historian/Historic Architect shall prepare a statement to that effect, and no further analysis shall be required. If the future implementing project activity is determined to be adjacent to the identified historical resource, the Architectural Historian/Historic Architect shall conduct an assessment of whether the proposed treatment of the historical resource complies with the Secretary of the Interior’s Standards for Rehabilitation (“the Rehabilitation Standards”). If the future implementing project activity is found to not be in compliance with the Rehabilitation Standards, then the Architectural Historian/Historic Architect shall provide recommendations for how to modify the design, siting, scale, massing, or architectural treatment of the future implementing development project to the extent feasible to bring it into compliance, or as close to compliance as feasible, which shall be integrated into the design of the Proposed Project. The professional shall prepare a memorandum or equivalent level of documentation conveying the findings of the assessment.
- Mitigation Measure CUL-1b. Project Review During Design and Construction. For all instances in which a project is undertaken under implementing activities under the Proposed Project and involves adjacency to a historical resource (as determined under Mitigation Measure CUL-1a), the Project Applicant shall engage the services of a qualified Architectural Historian or Historic Architect meeting the Secretary of the Interior’s

¹⁷¹ California Code of Regulations, Section 15064.5(b)(4).

Professional Qualifications Standards to review milestone drawing sets and generally be available to the design team during design and construction. The Architectural Historian/Historic Architect shall review Design Development (DD) and Construction Documentation (CD) drawing sets at 50% and 100% completion and provide a brief memo regarding ongoing project compliance with the Standards. Project review during construction shall occur quarterly and reporting in memo format.

- Mitigation Measure CUL-1c. Protection During Construction. Prior to the commencement of construction activities within proximity to¹⁷² ahistorical resource, a Conditions Assessment Report will be completed by a Historic Architect meeting the Secretary of the Interior’s Professional Qualifications Standards to identify baseline conditions (cracks, deterioration, etc.). As part of this process, a Structural Engineer shall be consulted to determine whether any shoring or protection should be installed prior to commencement of construction activities.

In addition, the Applicant shall engage a Civil Engineer to prepare an Adjacent Building Construction Monitoring Plan (“Monitoring Plan”). The Monitoring Plan shall establish survey monuments, and document and record the positions of adjacent buildings, structures, sidewalks, utilities, façades, and surface features to form a baseline for determining settlement or deformation. The Monitoring Plan shall include the following provisions: (1) shored excavation and adjacent buildings, structures, sidewalks, utilities, façades, and cracks shall be visually inspected at a minimum of one time per month; (2) survey monuments shall be measured at critical stages of excavation, shoring, dewatering, and construction but should not occur less frequently than once every thirty days; (3) monitoring reports shall be prepared by an appropriate technical professional California Professional Land Surveyor documenting the movement monitoring results and distributed to all appropriate parties, including the shoring engineer. The County shall be notified if movement exceeds predetermined thresholds and calculated amounts as required.

7.7 Level of Significance After Mitigation

The mitigation measures listed above, implemented in various combinations and tailored on a case-by-case basis to address specific impacts, may reduce project impacts to a level of less-than-significant. This applies to new construction projects outside of the Los Angeles General Hospital – Acute Unit Historic District boundary and that are identified in the Los Angeles County General Hospital Campus Master Plan Project. However, given designs for future projects are not known at this time, construction impacts are considered to be significant and unavoidable.

¹⁷² “Proximity” is defined in Mitigation Measure NOI-4 of the Los Angeles County General Hospital Campus Master Plan Project Draft SEIR (2026).

7.8 Analysis of Potential Specific Project Impacts to the Los Angeles General Hospital – Acute Unit

This section includes an analysis of potential direct impacts to the Los Angeles General Hospital – Acute Unit Historic District and Los Angeles General Hospital – Acute Unit Building.

Work within the Acute Unit Historic District would include:

- Renovation of the Acute Unit Building and other contributing buildings, structures, and site features within the historic district
- Demolition activities to make way for programmatic changes
- New construction

See *Section 2.1* for a more detailed description of the work within the Acute Unit Historic District proposed under the Proposed Project.

At this time, some project components within the historic district boundary are well defined, while others may change during the Proposed Project’s implementation (within the Proposed Project’s stated parameters). The Proposed Project would retain and rehabilitate the Acute Unit Building and all contributing buildings, structures, and site features within the historic district, as part of their proposed retention and adaptive reuse. While the Proposed Project may result in the limited demolition of portions of historic materials or features, implementation of the Project Design Features (PDFs) delineated in *Section 2.2* would require that the vast majority of exterior and interior character-defining features would be retained under the Proposed Project, and the historic character of the Acute Unit Building and Acute Unit Historic District would be preserved. Any new construction within the historic district would be compatible with the size, scale, massing, and design of the Acute Unit Building and district contributors. Thus, implementation of the PDFs requires that all work proposed within the Acute Unit Historic District meets the Standards. As described in *Section 7.3*, CEQA states that activities that comply with the Standards shall be considered as mitigated to a level of less-than-significant. Thus, proposed construction within the General Hospital Acute Unit Building and Acute Unit Historic District would be less than significant.

7.9 Potential Indirect Impacts to Historical Resources in the Vicinity

The Proposed Project would not have any indirect impacts on any historical resources located in the vicinity of the Project Site. For the purposes of this study, “vicinity” means properties within one block of the boundaries of the Project Site. As described in *Section 7.1*, there are four identified historical resources (or potential historical resources) located in the vicinity of the Site (see also Figure 3 and *Appendix A*):

1. Raulston Medical Research Building (2025 Zonal Avenue). 1952 Late Modern medical building designed by Raimond Johnson and Albert C. Martin & Associates and located on

the USC School of Medicine campus. Identified as potentially eligible through the Adelante Eastside Redevelopment Project Area Historic Resources Survey.

2. Seely Wintersmith Mudd/McKibben Hall (1333 San Pablo Street). 1961 Corporate Modern medical building designed by Flewelling & Moody and located on the USC School of Medicine campus. Identified as potentially eligible through the Adelante Eastside Redevelopment Project Area Historic Resources Survey.
3. Mixed-use commercial building (1143 N. Mission Road). Vernacular mixed-use commercial building constructed in 1926. Identified as potentially eligible through the Adelante Eastside Redevelopment Project Area Historic Resources Survey.
4. Neighborhood market (1000 N. Clement Street). Vernacular commercial building constructed in 1930. Identified as potentially eligible through the SurveyLA survey.

As stated above, ARG did not conduct an independent analysis of eligibility of any of these four resources. Rather, for the purposes of this Technical Report, the properties are presumed to be historical resources for a conservative analysis of potential indirect impacts.

ARG's analysis of the Project's potential to have an indirect impact on each of these resources is described below.

1. Raulston Medical Research Building (2025 Zonal Avenue)
2. Seely Wintersmith Mudd/McKibben Hall (1333 San Pablo Street)

The Raulston Medical Research Building and Seely Wintersmith Mudd/McKibben Hall are located to the north of and across Zonal Avenue from the Project Site. Because these buildings face Zonal Avenue and San Pablo Street, important views of the historical resources are from the two streets. While across the street from the Project Site, no new construction projects are proposed immediately across from the two buildings. Thus, future development associated with the Proposed Project would block any of important views of these buildings. The potential new construction projects would remain visually separate and oriented away from these buildings and would not adversely impact their settings. For these reasons, the Raulston Medical Research Building and Seely Wintersmith Mudd/McKibben Hall would continue to convey all of their important historic and physical characteristics that make them eligible for designation. They would retain all aspects of integrity they currently have after the development associated with the Proposed Project is completed. Therefore, the Proposed Project would not have any indirect impacts on either of the buildings.

3. Mixed-use commercial building (1143 N. Mission Road)

The mixed-use commercial building at 1143 N. Mission Road is located to the west of and across North Mission Road from the Project Site. The building faces North Mission Road and thus important views of the building are from North Mission Road. No new construction projects under the Proposed Project would block important views of the building. The building's setting has changed significantly since its 1920s construction, including the demolition and redevelopment of the General Hospital main campus to the east of the building and the demolition of commercial buildings to make way for parking lots directly north and south of the

building. Thus, the potential new development under the Proposed Project, which would remain visually separate from the building, would not further alter its settings. For these reasons, the historical resource would continue to convey all of its important historic and physical characteristics that make it eligible for designation. The building would retain all aspects of integrity it currently has after development associated with the Proposed Project is completed. Therefore, the Proposed Project would not have any indirect impacts on the building.

4. Neighborhood market (1000 N. Clement Street)

The neighborhood market at 1000 N. Clement Street is located one block south of the Project Site. The commercial building faces North Clement Street and thus important views of the building are from the street. Further, the building is physically and visually separated from the Project Site by several buildings on North Clement Street to the north. Thus, future development associated with the Proposed Project would not block any views of or change any of the development currently surrounding the building. Thus, future development associated with the Proposed Project would not alter the current setting of the historical resource. For these reasons, the historical resource would continue to convey all of its important historic and physical characteristics that make it eligible for designation. The building would retain all aspects of integrity it currently has after development associated with the Proposed Project is completed. Therefore, the Proposed Project would not have any indirect impacts on the building.

8. Conclusion

The specific projects related to work within the Los Angeles General Hospital – Acute Unit Building and Acute Unit Historic District would not result in a substantial adverse change in the significance of the historical resources. The Proposed Project would retain and rehabilitate the Acute Unit Building and all contributing buildings, structures, and site features within the Acute Unit Historic District. Implementation of the PDFs delineated in *Section 2.2* would require that the vast majority of exterior and interior character-defining features be retained under the Proposed Project, and the overall historic character of the Acute Unit Building and Acute Unit Historic District would be preserved as a requirement under the federal historic preservation tax credit review process. Any new construction within the Acute Unit Historic District would be compatible with the size, scale, massing, height, and design of the Acute Unit Building and district contributors. Thus, implementation of the PDFs would also require that all work proposed within the Acute Unit Historic District meets the Standards. For these reasons, proposed construction within the Acute Unit Building and Acute Unit Historic District would not materially impair the historic significance and integrity of these historical resources, and impacts would be less than significant.

The Proposed Project has the potential to impact adjacent historical resources through future development outside the Acute Unit Historic District boundary. New construction projects may impact adjacent historical resources if the new buildings are incompatible with the scale, massing, height, or style of adjacent resources, resulting in diminished integrity of setting and/or feeling, or if they result physical damage due to vibration impacts to adjacent resources during construction. The mitigation measures listed above, implemented in various combinations and tailored on a case-by-case basis to address specific impacts, may reduce project impacts to a level of less-than-significant. However, given designs for future projects are not known at this time, construction impacts are considered to be significant and unavoidable.

Lastly, this report finds that the Proposed Project would not result in any impacts to historical resources in the vicinity of the Project Site.

9. References

- “2632 E Washington Blvd, St. Luke’s Medical Center.” Resource Summary, California Historical Resource Inventory Database (CHRID). City of Pasadena. Accessed October 2025. https://pasadena.cfwebtools.com/search.cfm?display=resource&res_id=4265.
- Alesch, Daniel J., Lucy A. Arendt and William J. Petak. “Seismic Safety in California Hospitals: Assessing an Attempt to Accelerate the Replacement or Seismic Retrofit of Older Hospital Facilities.” June 6, 2005. Accessed October 2025. <https://www.eng.buffalo.edu/mceer-reports/05/05-0006.pdf>.
- American Osteopathic Association. “Timeline: A breakdown of the history of osteopathic medicine.” Accessed October 2025. https://thedo.osteopathic.org/2024/06/timeline-a-breakdown-of-the-history-of-osteopathic-medicine/?_gl=1*1cjbaig*_ga*MjI5OTUxODluMTc2MTYwMTMzOA..*_ga_Z1NR3MSC4E*cZ3NjE2MDEzMzckbzEkZzAkdDE3NjE2MDEzMzckajYwJGwwJGgw.
- Barragan, Blanca. “The Lost Architecture of the San Fernando Valley.” Curbed Los Angeles. Accessed October 2025. <https://la.curbed.com/2017/8/9/16111438/lost-architecture-san-fernando-valley#:~:text=United%20States%20Veterans%20Administration%20Hospital,97%2Dacre%20Veterans%20Memorial%20Park>.
- Bauer, John E. *The Health Seekers of Southern California, 1870-1900*. San Marino, CA: Henry E. Huntington Library and Art Gallery, 1959, second ed. 2010.
- Billings, John Shaw. “The Plans and Purposes of the Johns Hopkins Hospital: An Address Delivered at the Opening of the Hospital, May 7, 1889.” *The Medical News*. May 11, 1889. Accessed via the National Library of Medicine Digital Collections. October 2025. <https://collections.nlm.nih.gov/bookviewer?PID.nlm:nlmuid-101503786-bk>.
- California Code of Regulations (Title 14, Division 6, Chapter 3, Sections 15000-15387).
- California Office of Historic Preservation. *Technical Assistance Series #5: California Register of Historical Resources, The Listing Process*. Sacramento, CA: California Department of Parks and Recreation, n.d.
- California Office of Historic Preservation. *Technical Assistance Series #6: California Register and National Register: A Comparison*. Sacramento, CA: California Department of Parks and Recreation, 2001.
- California Public Resource Code (Section 21000-21177).
- Chattel, Inc. “Los Angeles County General Hospital – Acute Unit.” National Register of Historic Places Nomination Form. December 16, 2025.

- City of Los Angeles Department of Building and Safety. Building Permits. Various dates.
- City of Los Angeles, SurveyLA. "Latino Los Angeles Historic Context Statement." September 15, 2015.
- County of Los Angeles Code of Ordinances (Title 22 – Planning and Zoning, Division 6 – Development Standards, Chapter 22.124 – Historic Preservation).
- Cousineau, Michael R., and Robert E. Tranquada. "Crisis & Commitment: 150 Years of Service by Los Angeles County Public Hospitals." *American Journal of Public Health* 97, no. 4 (2007): 606-15. Accessed October 2025. <https://doi.org/10.2105%2FAJPH.2006.091637>.
- Department of the County Engineer, Architectural Division. "Los Angeles County General Hospital Development Plan." Site plan, 1961.
- Department of the County Engineer, Division of Architecture. "Los Angeles General Hospital Master Plan Revision." Site plan, 1957.
- Emerton, Bruce, and Chris Nichols (ed.). "Built By Becket: 100 Centennial Celebration." The Los Angeles Conservancy Modern Committee, 2003.
- Environmental Science Associates. "Los Angeles County+University of Southern California (LAC+USC) Medical Center Replacement Project Environmental Assessment/Environmental Impact Report." September 1999.
- "Existing Building Identification And [illegible]." Site plan, ca. 1970s.
- "First Hospital in Los Angeles." *The Los Angeles Almanac*. Accessed October 2025. <https://www.laalmanac.com/health/he03.php>.
- Frank, Jr., Robert G. "Introduction to the Second Printing." In Bauer, John E. *The Health Seekers of Southern California, 1870-1900*. San Marino, CA: Henry E. Huntington Library and Art Gallery, 1959, second ed. 2010.
- "Frame Finder." Special Research Collections, UCSB Library, University of California Santa Barbara. Accessed October 2025. https://mil.library.ucsb.edu/ap_indexes/FrameFinder/.
- Gebhard, David, and Robert Winter. *An Architectural Guidebook to Los Angeles*. Salt Lake City: Gibbs Smith, 2003.
- Grimmer, Anne E. *The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring & Reconstructing Historic Buildings* (Revisions to Kay D. Weeks and Anne E. Grimmer, 1995). Washington, D.C.: U.S. Department of the Interior, National Park Service, Technical Preservation Services, 2017. <https://www.nps.gov/tps/standards/treatment-guidelines-2017.pdf>.

Gunnell, Kristine. "Archival Research and the Daughters of Charity." UCLA: Center for the Study of Women. Accessed October 2025. <https://escholarship.org/uc/item/09n0k4t4>.

"Historic Aerials." NETRONLINE. Accessed October 2025. <https://www.historicaerials.com/>.

"How the Johns Hopkins Hospital Was Built." Johns Hopkins Medicine. Accessed October 2025. <https://www.hopkinsmedicine.org/about/history/history-of-jhh/how-jhh-was-built>.

ICF. "LAC+USC Medical Center Campus Master Plan, Final Environmental Impact Report." Prepared for the County of Los Angeles, 2014.

LA Weekly, various dates (as noted in footnotes).

Lank, Barry. "A reckoning over sterilization at a Boyle Heights hospital." *The Eastsider*. July 14, 2021. https://www.theeastsiderla.com/neighborhoods/boyle_heights/a-reckoning-over-sterilizations-at-a-boyle-heights-hospital/article_a6952446-e36a-11eb-9424-43fce028cb61.html. Accessed August 5, 2025.

Library of Congress. "1978: Madrigal v. Quilligan – A Latinx Resource Guide: Civil Rights Cases and Events in the United States." <https://guides.loc.gov/latinx-civil-rights/madrigal-v-quilligan>. Accessed August 5, 2025.

Los Angeles Times, various dates (as noted in footnotes).

"Los Angeles County Assessor Portal." Los Angeles County Assessor. Accessed October 2025. <https://portal.assessor.lacounty.gov/mapsearch?c=-118.2475364868144,34.05893544510384,11>.

"Los Angeles General Medical Center." The Los Angeles Conservancy. Accessed October 2025. <https://www.laconservancy.org/learn/historic-places/los-angeles-countyusc-medical-center/>.

Martin, Helen Eastman. *The History of the Los Angeles County Hospital (1878-1968) and the Los Angeles County-University of Southern California Medical Center (1968-1978)*. Los Angeles: University of Southern California Press, 1979.

Martinez, Rudy. "The Kaspere Cohn Hospital and the Mt. Sinai Hospital and Clinic, Parts 1-5." Boyle Heights Historical Society. October 2020. Accessed October 2025. <https://bhhs-la.com/the-kaspere-cohn-hospital-and-mt-sinai-hospital-and-clinic-part-one/>.

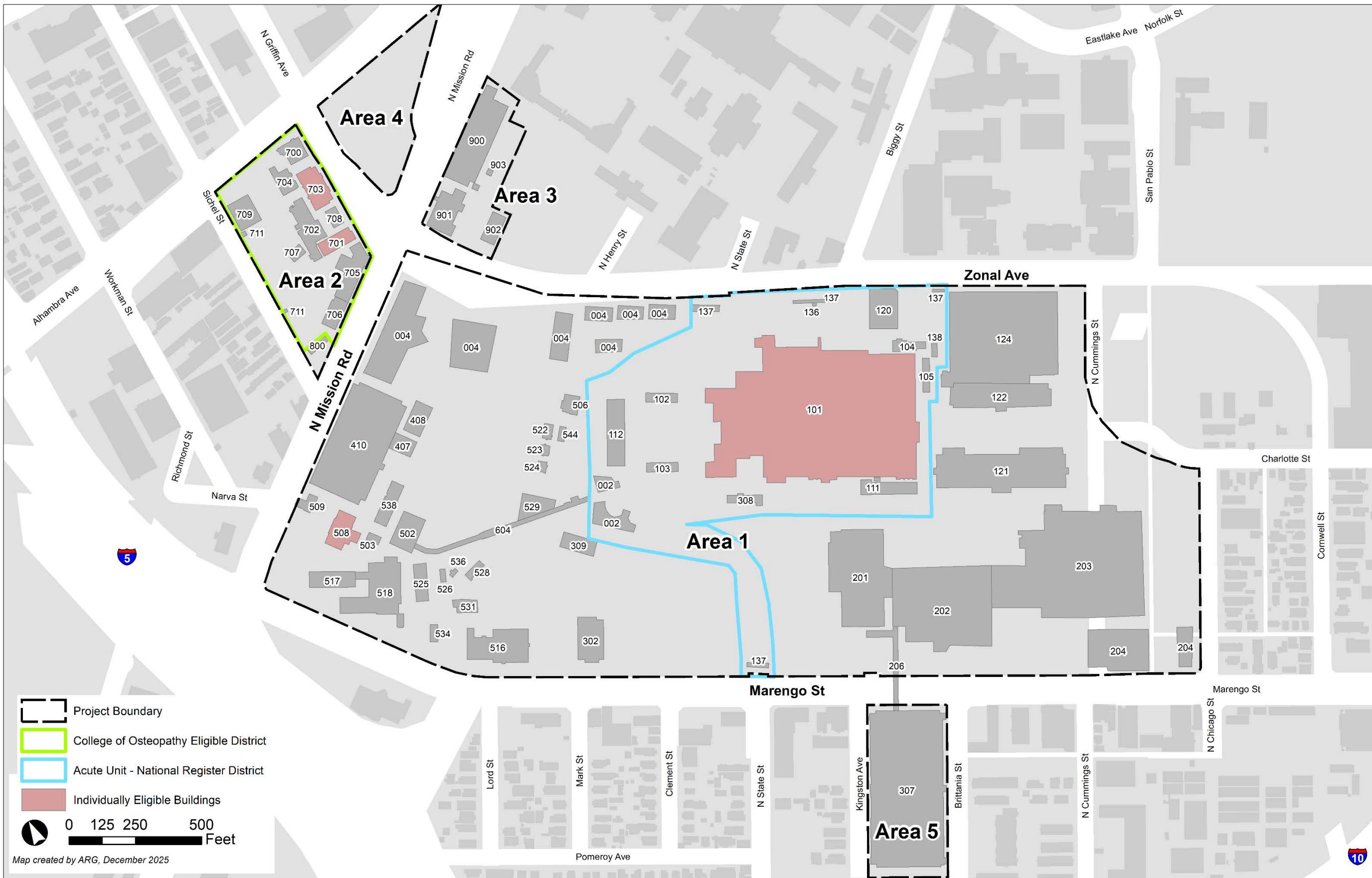
McAlester, Virginia, and Lee McAlester. *A Field Guide to American Houses*. New York: Alfred A. Knopf, 1984.

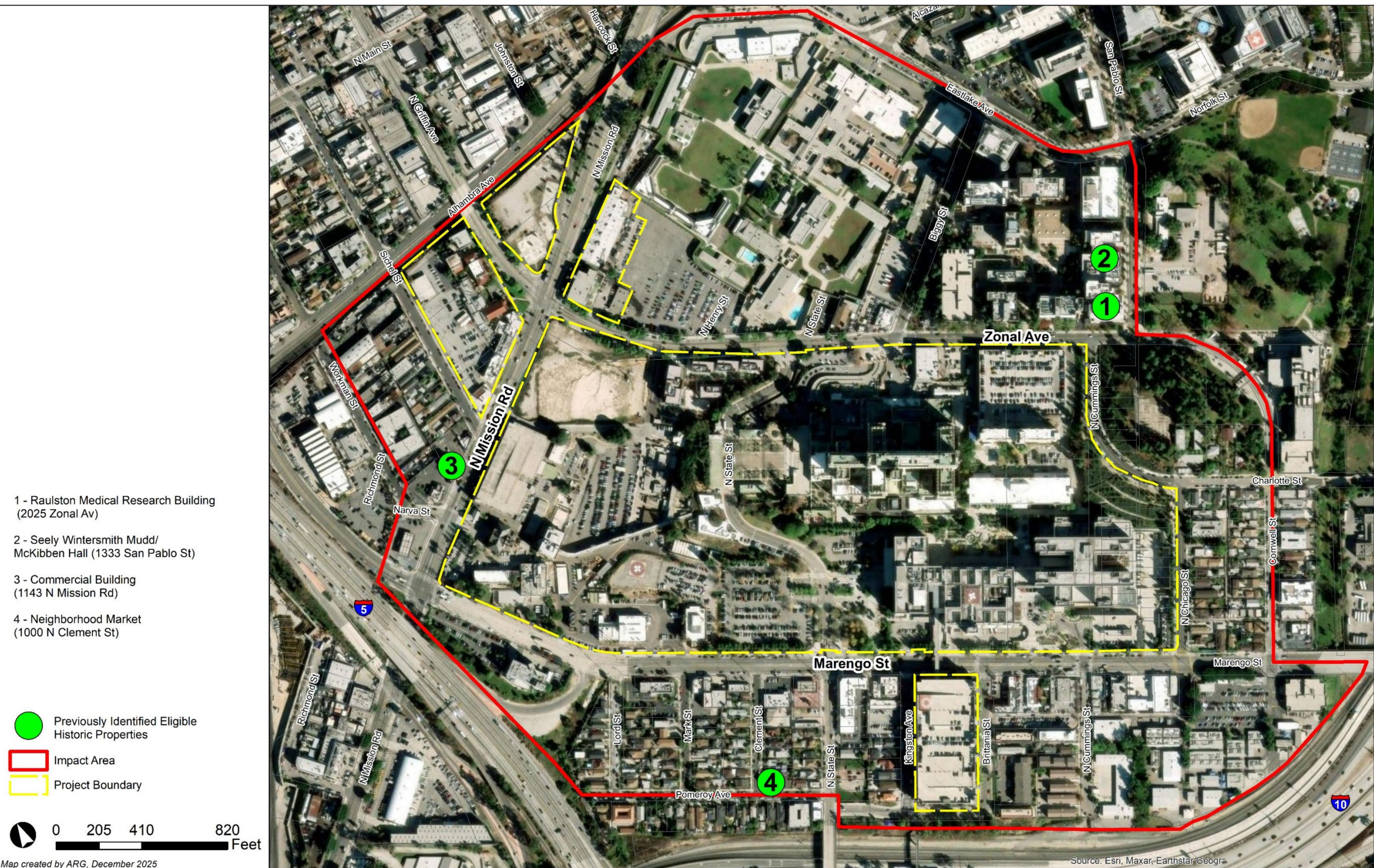
- McGill Office for Science and Society. "Osteopathy Needs Science to Lend a Hand." Accessed October 2025. <https://www.mcgill.ca/oss/article/medical-health-and-nutrition/osteopathy-needs-science-lend-hand>.
- National Park Service. National Register Bulletin 15: *How to Apply the National Register Criteria for Evaluation*. Washington, D.C.: U.S. Department of the Interior, National Park Service, 1990, revised 1997.
- PCR Services Corporation. "Intensive Historic Resources Survey: Adelante Eastside Redevelopment Area, Los Angeles, California." Prepared for the City of Los Angeles Community Redevelopment Agency. June 2008.
- Reitherman, Robert. *Earthquakes and Engineers: An International History*. Reston, VA: American Society of Civil Engineers (ASCE) Press, 2012.
- Risley, Mary. *House of Healing: The Story of the Hospital*. Garden City, NY: Doubleday & Company, 1961.
- Risse, Guenter B. *Mending Bodies, Saving Souls: A History of Hospitals*. New York: Oxford University Press, 1999.
- Robbins, Jeff. "Scenic hospital." 1966 aerial photograph and written historical data. Valley Times Collection, Digital Collections of the Los Angeles Public Library. Accessed October 2025. <https://tessa2.lapl.org/digital/collection/photos/id/50918/rec/13>.
- Rosenberg, Charles E. *The Care of Strangers*. Baltimore: Johns Hopkins University Press, 1995).
- Rosenfield, Isadore. *Hospital Architecture and Beyond*. New York: Van Nostrand Reinhold Co., 1969.
- Sanborn Fire Insurance Maps. Various dates.
- Silver, Shawn A. "Thanks, But No Thanks: How Denial of Osteopathic Service in World War I and World War II Shaped the Profession." *Journal of Osteopathic Medicine* no. 112, 2 (2012): 93-97.
- Sloane, David. "Landscapes of Health and Rejuvenation." In *A Companion to Los Angeles*. Edited by William Devereil and Greg Hise. Malden, MA: Wiley Blackwell, 2014.
- Smith, Dennis, and Tom Sitton, Natural History Museum. "Coroner's Building, County of Los Angeles (Administration Building, Los Angeles County Hospital)." Department of Parks and Recreation (DPR), Historic Resources Inventory, September 1976.
- Smith, Dennis, and Tom Sitton, Natural History Museum. "General Hospital – Acute Unit." Department of Parks and Recreation (DPR), Historic Resources Inventory, September 1976.

- Social Security Administration. "Hospital Survey and Construction Act, The Hill-Burton Act." *Social Security Bulletin* 9, no. 10 (October 1946): 15-17. Accessed October 2025. <https://www.ssa.gov/policy/docs/ssb/v9n10/v9n10p15.pdf>.
- Stevens, Rosemary A. "Times Past, Times Present." in *The American General Hospital: Communities and Social Contexts*. Edited by Diana Elizabeth Long and Janet Golden. Ithaca, NY: Cornell University Press, 1989.
- Stevens, Rosemary. *In Sickness and In Wealth: American Hospitals in the Twentieth Century*. Baltimore: The Johns Hopkins University Press, 1989.
- "The First Kaspare Cohn Hospital-1902." Jewish Museum of the American West. Accessed October 2025. <https://www.jmaw.org/cedars-sinai-jewish-los-angeles/>.
- "The Story of City of Hope." City of Hope Comprehensive Cancer Center. February 23, 2021. Accessed October 2025. <https://cancerhistoryproject.com/institutions/the-story-of-city-of-hope/>.
- Thompson, John D., and Grace Goldin. *The Hospital: A Social and Architectural History*. New Haven, CT: Yale University Press, 1975.
- Tuscano, Silvia Clara, Jason Haxton, Antonio Ciardo, Luigi Ciullo, and Rafael Zegarra-Parodi. Edited by Philippe Gorce. "The Revisions of the First Autobiography of AT Still, the Founder of Osteopathy, as a Step towards Integration in the American Healthcare System: A Comparative and Historiographic Review." *Healthcare* no. 12 (2024): 1-22. Accessed November 2025. <https://www.mdpi.com/2227-9032/12/2/130>.
- University of California, Online Archive of California. "ACT UP/ Los Angeles records, 1987-1999 – OAC." <https://oac.cdlib.org/findaid/ark:%2F13030%2Fc8k64ghw>. Accessed August 5, 2025.
- Verderber, Stephen, and David J. Fine. *Healthcare Architecture in an Era of Radical Transformation*. New Haven: Yale University Press, 2000.

Appendix A. Project Site Maps





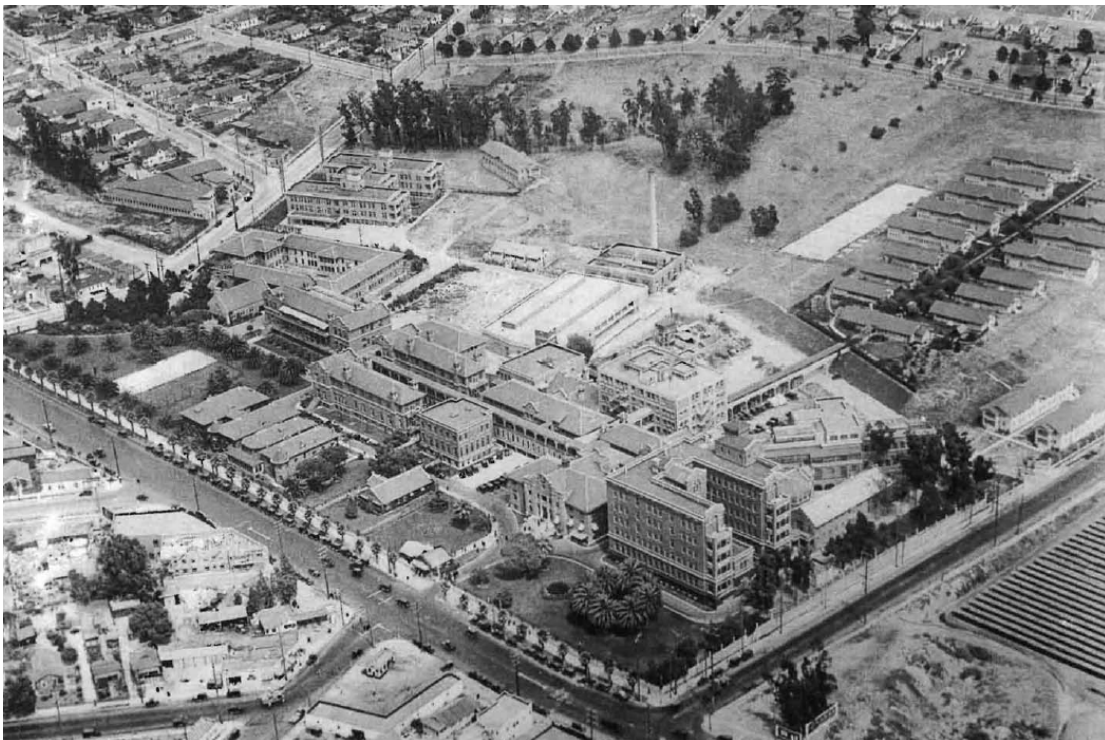


- 1 - Raulston Medical Research Building (2025 Zonal Av)
- 2 - Seely Wintersmith Mudd/ McKibben Hall (1333 San Pablo St)
- 3 - Commercial Building (1143 N Mission Rd)
- 4 - Neighborhood Market (1000 N Clement St)

Appendix B. Select Historic Photographs



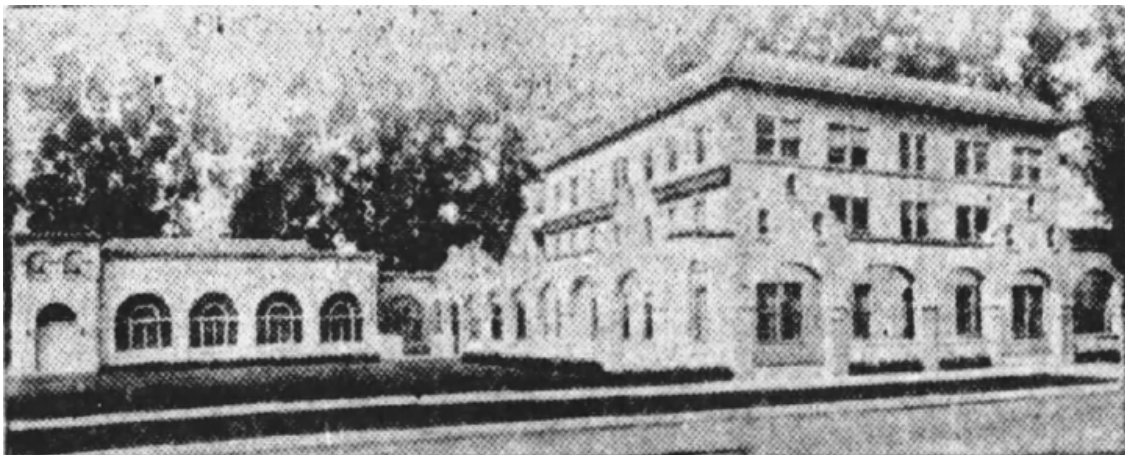
View of the General Hospital Campus looking north, 1924 (Courtesy of Los Angeles Public Library)



View of the General Hospital Campus looking northeast, 1926 (Courtesy of Los Angeles Public Library)



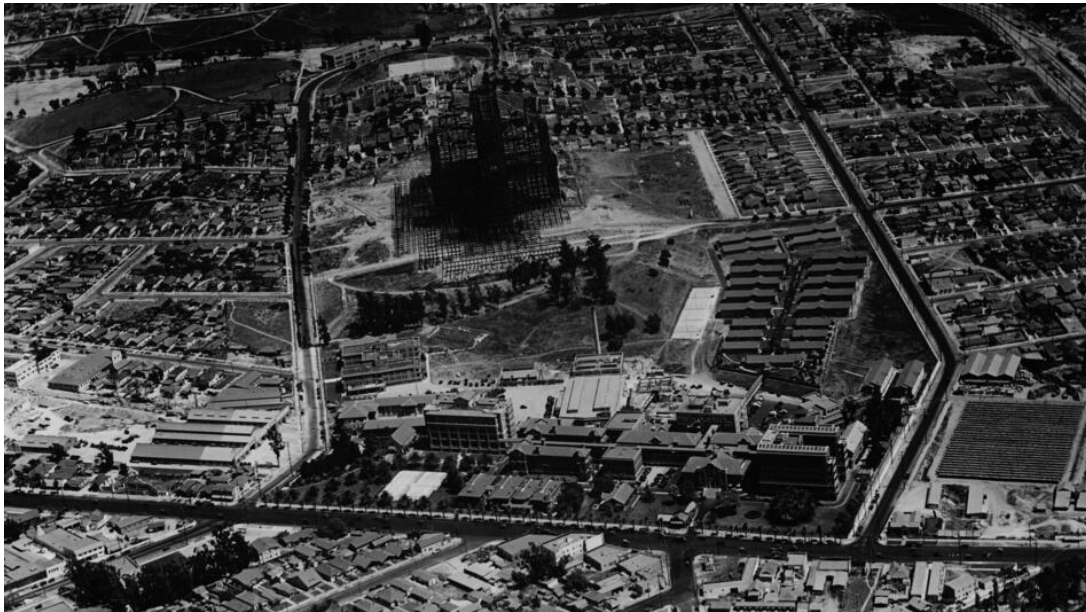
Aerial photograph of the General Hospital Campus, 1927 (Courtesy of University of California, Santa Barbara Frame Finder)



North Hall and the Library Building on the College of Osteopathic Physicians and Surgeons campus, 1928
(*Los Angeles Times*, March 4, 1928)



Tower Hall and North Hall on the College of Osteopathic Physicians and Surgeons campus, 1932 (*Los Angeles Times*, September 28, 1932)



Aerial view of the General Hospital Campus during the construction of the Acute Unit Building looking southeast, circa 1930 (Courtesy of USC Digital Library)



The General Hospital Campus after the completion of the Acute Unit Building looking southeast, 1932
(Courtesy of Los Angeles Public Library)



Aerial photograph of the General Hospital Campus, 1956 (Courtesy of University of California, Santa Barbara Frame Finder)



The General Hospital Campus looking east, 1957 (Courtesy of Los Angeles Public Library)



The General Hospital Campus looking southeast, 1959 (*Los Angeles Times*, August 23, 1959)



Aerial photograph of the General Hospital Campus, 1962 (Courtesy of University of California, Santa Barbara Frame Finder)



View of the General Hospital Campus looking northeast, circa 1965 (Courtesy of LAC+USC)



View looking north of the General Hospital Campus, circa 1972 (Courtesy of LAC+USC)



Aerial photograph of the General Hospital Campus, 1976 (Courtesy of University of California, Santa Barbara Frame Finder)



Aerial photograph of the General Hospital Campus, 1989 (Courtesy of University of California, Santa Barbara Frame Finder)

Appendix C. DPR Forms

State of California The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____
 HRI # _____
 Trinomial _____
 NRHP Status Code 3S, 3CS, 5S3

Other Listings _____
 Review Code _____ Reviewer _____ Date _____

Page 1 of 6 *Resource Name or #: (Assigned by recorder) Los Angeles General Hospital - Acute Unit Historic District
 P1. Other Identifier: Los Angeles County General Hospital; Los Angeles Medical Center

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Los Angeles General Hospital - Acute Unit Historic District is a grouping of six buildings (three contributing; three non-contributing), nine structures (six contributing; three non-contributing) and two landscape site features (both contributing) within the larger 42-acre parcel occupied by the Los Angeles County General Hospital main campus complex in the Boyle Heights neighborhood of the City of Los Angeles. The historic district is located immediately south of Zonal Avenue, and generally east of and including North State Street. The Art Deco-style Acute Unit Building, which is also individually eligible, was designed by the Allied Architects Association of Los Angeles and completed in 1933. Contributing site features dating to the original construction by the same architects include entry gates and related features at Marengo Street and Zonal Avenue; the configuration of North State Street; the entrance forecourt, with its decorative hardscaping, landscaping, and support buildings; curved, concrete retaining walls; and a board-formed concrete-lined tunnel linking the Acute Unit with the west campus facilities below the promontory.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View east, 4/11/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1933 (original architectural drawings)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
DISTRICT RECORD

Primary #
HRI #
Trinomial

Page 2 of 6

*NRHP Status Code 3S, 3CS, 5S3

*Resource Name or # (Assigned by recorder)

LA County General Hospital; LA Medical

D1. Historic Name: Los Angeles General Hospital - Acute Unit Historic District

D2. Common Name: Center

*D3. **Detailed Description** (Discuss overall coherence of the district, its setting, visual characteristics, and minor features. List all elements of district.):

The following detailed description of the historic district site and setting is adapted from the National Register nomination form prepared by Chattel (Draft September 2025).

The Acute Unit is situated on an elevated, terraced site within a densely developed area of the Boyle Heights neighborhood of the City of Los Angeles, on an approximately 42-acre parcel occupied by the Los Angeles General Medical Center campus. The National Register boundary itself focuses on roughly 19.5 acres associated with the 1933 expansion of the campus to the east with construction of the Acute Unit. The Acute Unit is oriented along a roughly east-west axis, with north-south cross-wings forming a formal, largely symmetrical footprint. Adjacent to the Acute Unit and outside of the National Register boundary are more recent campus additions: to the south, the Inpatient Tower, Diagnostic & Treatment Building, and Clinic Tower (replacement hospital), constructed in 2008; to the east, the Interns & Residents Dormitory and Outpatient Building, added in the 1960s; and to the west, remnants of the earlier hospital campus that was first established in 1878. (See Continuation Sheet)

*D4. **Boundary Description** (Describe limits of district and attach map showing boundary and district elements.):

The property is bounded by Zonal Avenue to the north, Marengo Street to the south, and is inclusive of State Street at the west. Portions of the west and south boundaries are delineated by historic perimeter/retaining walls. The east boundary follows a pedestrian walkway separating the 1933 expansion from later 1960s buildings.

*D5. **Boundary Justification:**

The boundary corresponds to historic boundaries for the project site described in historic newspaper articles and is visually distinct from the rest of the larger General Hospital campus due to its location on a promontory. Historic perimeter/retaining walls also help provide a clear separation between the 1933 expansion and later construction on the campus outside of the period of significance.

D6. **Significance: Theme** Health and Medicine in Southern California; Art Deco Architecture **Area** Los Angeles
Period of Significance 1933-1978 **Applicable Criteria** A/1/1; C/3/3
(Discuss district's importance in terms of its historical context as defined by theme, period of significance, and geographic scope. Also address the integrity of the district as a whole.)

The following discussion of eligibility is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). The Los Angeles General Hospital - Acute Unit Historic District is eligible for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance under Criterion A/1/1 in the area of Health/Medicine, and Criterion C/3/3 in the area of Architecture as a prominent Art Deco hospital building designed by the Allied Architects Association of Los Angeles. The Los Angeles General Hospital - Acute Unit Historic District retains all seven aspects of integrity. (See Continuation Sheet)

*D7. **References** (Give full citations including the names and addresses of any informants, where possible.):

Chattel, Inc., "Los Angeles General Hospital - Acute Unit," National Register of Historic Places Nomination Form, September 2025 (Draft).

*D8. **Evaluator:** Evanne St. Charles & Hannah Simonson **Date:** 10/31/2025

Affiliation and Address: Architectural Resources Group, 360 E 2nd Street #225 Los Angeles, CA 90012

CONTINUATION SHEET

Property Name: Los Angeles General Hospital - Acute Unit Historic District

Page 3 of 6

D3. Detailed Description (Continued):

The Acute Unit is accessed via a curved private driveway forming North State Street, rising from Marengo Street to the south and Zonal Avenue to the north. This roadway configuration dates to the Acute Unit's original design. Entry points at Marengo and Zonal are marked by decorative gateways composed of board-formed concrete piers with slightly recessed caps and decorative wrought-iron gates. These gateways, along with the sweeping drive and entrance forecourt, create a formal, processional approach that contributes to the site's historic character. Sweeping board-formed concrete retaining walls with slightly recessed caps define the terraces surrounding the hospital. The setting is further enhanced by mature trees—such as olive and cypress—including throughout the entrance court on the west elevation.

North of the Acute Unit, the site slopes steeply down toward Zonal Avenue and the surrounding commercial, institutional, and residential development in adjacent neighborhoods. South of the Acute Unit, the site slopes down toward Marengo and the 2008 replacement hospital. A similar grade change occurs to the west, where the West Campus facilities occupy a relatively flat area downhill from the Acute Unit's promontory.

The surrounding area includes a mix of land uses: county/public, residential, commercial, industrial, medical, and institutional. Residential neighborhoods lie to the east (along Chicago Street and near Alhambra Avenue) and southwest (south of Marengo Street, east and west of State Street). Directly north across Zonal Avenue is the University of Southern California (USC) Health Sciences Campus, which includes medical facilities such as Keck Hospital, along with commercial uses, the St. Camillus Catholic Center, and the County Juvenile Court.

Due to its size, massing, and location on a raised promontory, the Acute Unit is a prominent visual feature of northeast Los Angeles and the Boyle Heights neighborhood in particular. The Acute Unit, along with the similarly scaled Art Deco-style and National Register-listed Sears, Roebuck & Company Mail Order Building, serve as north and south bookends to Boyle Heights and anchors in the community.

In addition to the Acute Unit, contributing site features dating to the original construction by the same architects include entry gates and related features at Marengo Street and Zonal Avenue; the configuration of North State Street; the entrance forecourt, with its decorative hardscaping, landscaping, and support buildings; curved, concrete retaining walls; and a board-formed concrete-lined tunnel linking the Acute Unit with the West Campus facilities below the promontory.

Alterations

Exterior alterations to the Acute Unit include the addition of a tower elevator on the south elevation in 1969, overpainted board-formed concrete wall surfaces, some window replacements, and infilled arched entries on the west elevation entrance with aluminum-framed sliding glass doors and transoms. Interior alterations to the Acute Unit have included additions of walls within circulation spaces, installation of suspended ceilings, overpainted transom lights above doors, and some floor plan reconfiguration, including limited changes to 1st floor spaces including the rehabilitation pool, pharmacy and new exterior doorway to accommodate a 2014 Wellness Center along the southwest portion of the building.

The board-formed concrete Gateways, Control House, Patient's Building, and Visitor's Building have been overpainted. The Marengo Street Gateway was relocated approximately five feet further out from the center to accommodate a minor increase in roadway width as part of the 2008 replacement hospital. Pent standing-seam metal awnings were added over the northern doors on each the east and west facades of the Control House. MEP equipment has been added to the rooftops of the Patient's Building and Visitor's Building.

CONTINUATION SHEET

Property Name: Los Angeles General Hospital - Acute Unit Historic District

Page 4 of 6

D6. Significance (Continued):

Under Criterion A/1/1 in the area of Health/Medicine, the Los Angeles General Hospital - Acute Unit Historic District is associated with the large-scale institutional expansion of County medical services in Los Angeles to address a significant increase in population following World War I. With the population more than doubling in the eight years leading up to the passing of the 1923 bond that funded the expansion project, the new hospital building was intended to replace many of the older facilities on the campus to the west that could no longer manage the amount of care necessary for the fast-growing region. Representatives from the County and Allied Architects toured hospital buildings across the United States to ensure that the Acute Unit could feature the best ideas and practices from each and represent the most modern embodiment of a public health institution serving the community.

The historic district is also significant under Criterion A/1/1 for its association with landmark civil rights legislation related to the forced sterilization of women at General Hospital in the 1960s and 1970s. Between 1968 and 1974, more than 200 women, primarily from the Mexican American community, were sterilized at General Hospital. The women were often pressured to sign County consent forms for sterilization while under duress or without understanding the extent of the procedure. Language barriers exacerbated the confusion as the forms were generally presented in English only. In response to these forced sterilization practices, Dr. Bernard Rosenfeld, a physician and researcher at the hospital, requested the legal services of Model Cities Center for Law and Justice to look into the case. The Model Cities Center subsequently collaborated with the Chicana rights organization Comisión Femenil Mexicana Nacional to reach out to affected women in the community and ultimately filed a lawsuit against the County. The court case was filed in 1975 and would come to be known as *Madrigal v. Quilligan*. On June 7, 1978, Judge Jesse W. Curtis ruled that there was no deliberate intent by the hospital staff to hurt the women and that "sterilizations were the result of miscommunication and language barriers between the patients and the doctors." Nevertheless, the landmark civil rights case led to several changes in how the hospital system in California operated, and ultimately resulted in the State of California revoking their sterilization law.

The Los Angeles General Hospital - Acute Unit Historic District does not appear to be eligible under Criterion B/2/2. The hospital has had numerous administrators over the decades, including Dr. Phoebus Berman who was the head physician and administrator of the hospital from 1920 to 1956, overseeing a period of expansion that included the construction of the Acute Unit. However, there is insufficient evidence to demonstrate that Berman or any of these other administrators was historically significant within the broader context of the field of health and medicine. While there have been notable medical practitioners associated with Los Angeles County General Hospital, research did not indicate that any persons significant to the practice of medicine are directly and individually associated with the district in a way that would warrant consideration under Criterion B/2/2.

Under Criterion C/3/3 in the area of Architecture, the Los Angeles General Hospital - Acute Unit Historic District is a prominent Art Deco-style hospital building designed by the Allied Architects Association. The hospital was designed beginning in the mid-1920s, consistent with when Art Deco was at its height as an architectural style in the United States, particularly in Los Angeles. The Acute Unit exhibits several character-defining features of the style including vertical forms, complex setbacks, clean lines, and geometric massing. The design of the building was understated to reflect its construction during the Great Depression while still having a high level of decoration at its primary west elevation entrance. Allied Architects – most notably master architects Edwin Bergstrom, Myron Hunt, Sumner Hunt, Pierpont Davis, and William Richards – was an important partnership in Los Angeles who designed the Acute Unit the surrounding support buildings and landscape features as part of a larger campaign to make the civic and institutional landscape of Los Angeles more beautiful. The Acute Unit continues to be a prominent visual feature in northeast Los Angeles with its massing and siting on a raised promontory.

(See Continuation Sheet)

CONTINUATION SHEET

Property Name: Los Angeles General Hospital - Acute Unit Historic District

Page 5 of 6

B10. Significance (Continued):

The historic district's period of significance under Criterion A/1/1 is 1933-1978, which begins with the date the new hospital complex opened and formally began serving patients, and ends with the landmark civil rights case, *Madrigal v. Quilligan*, which was filed against the County in response to the more than 200 women, primarily from the Mexican American community, who were forcibly sterilized at General Hospital in the 1960s and 1970s. This civil rights case led to several changes in how the hospital system in California operated and coincided with a rise in Latina activism in the city and more broadly.

The period of significance under Criterion C/3/3 is 1933, when construction of the Acute Unit and its related resources were finished and the hospital formally began serving patients in the new facilities. In addition to the Acute Unit, buildings, structures and site features that contribute to the historic district include: North State Street, Marengo Street and Zonal Avenue Gateways, Control House, Entrance Forecourt, Patient's Building, Visitor's Building, Vehicular/Pedestrian Tunnel, and Retaining Walls, all built in 1933.

ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown.

To be eligible for federal, state, and local listing, a resource must first have significance under one (or more) of the four eligibility categories. It must then retain sufficient integrity to convey its significance. The Los Angeles General Hospital - Acute Unit Historic District retains all seven aspects of integrity. Alterations to the Acute Unit have been relatively minor and have not significantly impacted its historic integrity. Original, significant spaces and character-defining features are largely intact on both the interior and exterior, and the Acute Unit remains an expressive example of monumental, Art Deco-style institutional architecture in Los Angeles. Contributing buildings and features have also remained relatively unchanged, and newer buildings constructed within the district area and the immediate vicinity have not diminished the Acute Unit's visual prominence or spatial organization.

The Los Angeles General Hospital - Acute Unit building also been identified as individually significant under Criteria A/1/1 and C/3/3. None of the other buildings, structures, or site features within the historic district are individually eligible under any federal, state, or local registration criteria.

Contributors

- Acute Unit (1933, One Contributing Building)
- Marengo Street and Zonal Avenue Gateways (1933, Four Contributing Structures)
- North State Street (1933, One Contributing Site)
- Entrance Forecourt (1933, One Contributing Site)
- Patient's Building (1933, One Contributing Building)
- Visitor's Building (1933, One Contributing Building)
- Vehicular/Pedestrian Tunnel (1933, One Contributing Structure)
- Retaining Walls (1933, One Contributing Structure)

Non-Contributors

- Barracks D (c. 1950, One Non-Contributing Structure)
- Barracks G (c. 1950, One Non-Contributing Structure)
- Telephone Exchange Building/Building 308 (1959, One Non-Contributing Building)
- Warehouse (c. 1985, One Non-Contributing Building)
- Sub-Station (c. 1985, One Non-Contributing Structure)
- Childcare Center (2023, One Non-Contributing Building)

Acute Unit Exterior Character-Defining Features

- Elevated promontory site and site plan features



**Los Angeles
General Hospital - Acute Unit**
1200 N. State Street,
Los Angeles, CA

— 100 ft —
Property Boundary



 **Contributors**

 **Non-Contributors**

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3B, 3CB, 5B

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Los Angeles General Hospital - Acute Unit Building
P1. Other Identifier: Los Angeles County General Hospital; Los Angeles Medical Center

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ; R ; of of Sec ; B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone , mE/ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The following exterior architectural description is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). The Los Angeles General Hospital - Acute Unit Building is situated on an elevated, terraced site within a densely developed area of the Boyle Heights neighborhood of the City of Los Angeles, on an approximately 42-acre parcel occupied by the Los Angeles General Medical Center. With its relatively austere Art Deco style, the main Acute Unit Building displays a stepped, attenuated massing with a vertical emphasis. This stepped massing, along with a roughly H-shaped building footprint, maximizes natural light within the interior. The building climbs 19 stories at its highest point, with the H-shaped footprint formed by a principal east-west axis, transected by two north-south cross-wings. These cross-wings are located near the center and eastern portions of the main east-west axis. One smaller, lower cross-wing marks the western portion of the main axis. The Acute Unit has flat roofs with no overhanging eaves. The building also includes one basement level.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View east, 4/11/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1933 (original architectural drawings)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____
 HRI # _____
 Trinomial _____
 NRHP Status Code 3D, 3CD, 5D3

Other Listings _____
 Review Code _____ Reviewer _____ Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Patient's Building
 P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The following exterior architectural description is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). The Patient's Building was constructed at the northwest corner of the Entrance Forecourt. It consists of a rectangular, one-story building of board-formed concrete capped with a flat roof with no eaves. Fenestration consists of large, multi-light steel-framed windows in arched wall openings. Access to the building is provided via arched door openings with decorative metal grilles on the east and west elevations.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View north, 4/11/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1933 (original architectural drawings)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

**State of California The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____
HRI # _____
Trinomial _____
NRHP Status Code 3D, 3CD, 5D3

Other Listings _____
Review Code _____ Reviewer _____ Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Visitor's Building
P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The following exterior architectural description is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). The Visitor's Building was constructed at the southwest corner of the Entrance Forecourt. It also consists of a rectangular, one-story building of board-formed concrete capped with a flat roof with no eaves. Fenestration consists of large, multi-light steel-framed windows in arched wall openings. Access to the building is provided via arched door openings with decorative metal grilles on the east and west elevations.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View south, 4/11/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1933 (original architectural drawings)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3D, 3CD, 5D3

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 1

*Resource Name or #: (Assigned by recorder) Entrance Forecourt

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The following exterior architectural description is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). Symmetrical in design, the Entrance Forecourt consists of a central expanse of seeded aggregate concrete hardscaping, with geometric patterning, flanked by planters with trees. The decorative paving starts at the pedestrian viewpoint on the west and then extends to the east across the roadway bed into the Entrance Forecourt. The geometric patterning exhibits a forced perspective narrowing at a distance to make the entrance wing of the Acute Unit at the east, raised a full story above the Entrance Forecourt, appear farther away and thus more grand. At the base of the stairs, the Entrance Forecourt expands north and south with two walled board-formed concrete semicircular recesses lined with original cypress trees. The broad walkway leads to a concrete staircase, accented with bullnose stair treads and a metal railing. The concrete staircase culminates in a broad entrance terrace at the west elevation entrance to the building.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP29. Landscape arch.

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
 (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, July 2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1933 (original architectural drawings)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3D, 3CD, 5D3

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 1

*Resource Name or #: (Assigned by recorder) North State Street

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The following exterior architectural description is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). North State Street was reconfigured to serve as a private driveway, the formal vehicular entrance to the Acute Unit along the west, primary elevation. The curved alignment ascends toward the Acute Unit from both north and south, creating an approach that emphasizes the site's prominence. Designed as part of the Acute Unit's original construction, it contributes to the campus's spatial organization and visual character.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP11. Engineering Structure

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west from forecourt, July 2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1933 (original architectural drawings)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3D, 3CD, 5D3

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 1

*Resource Name or #: (Assigned by recorder) Retaining Walls

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The following exterior architectural description is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). Board-formed concrete Retaining Walls line the raised promontory and largely follow the National Register boundary. The Retaining Walls vary in height, with some serving as low walls two-to-three feet in height and some rising upwards of eight feet. Other Retaining Walls on the property tend to align and curve with North State Street and other paved driveways adjacent to the Acute Unit.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP46. Walls/gates/fences

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View southwest from Zonal, 07/25

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1933 (original architectural drawings)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3D, 3CD, 5D3

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 1

*Resource Name or #: (Assigned by recorder) Vehicular/Pedestrian Tunnel

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The following exterior architectural description is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). Connecting the basement of the Acute Unit with the remnant facilities of the west campus is a long, reinforced concrete Vehicular/Pedestrian Tunnel. Small skylights pierce the ground, offering natural light into the tunnel to the west outside the building footprint. The tunnel curves downward toward the west.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP11. Engineering Structure

*P4. Resources Present: Building Structure Object Site District Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) Interior view, July 2025

*P6. Date Constructed/Age and Source: Historic Prehistoric Both

1933 (original architectural drawings)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

State of California The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____
 HRI # _____
 Trinomial _____
 NRHP Status Code 3D, 3CD, 5D3

Other Listings _____
 Review Code _____ Reviewer _____ Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Marengo Street and Zonal Avenue Gateways
 P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address Marengo St and Zonal Avenue at N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The following exterior architectural description is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). Located along Marengo Street and Zonal Avenue, these entry gates serve as a formal entrance to and echo the style of the General Hospital complex. Built as part of the 1933 redesign of North State Street, they contribute to the hospital's cohesive site plan and mark the beginning of the formal approach to the hospital's raised Entrance Forecourt and main entrance from Marengo Street on the south and Zonal Avenue on the north. At Marengo Street, the gateway consists of two reinforced concrete pier structures. This entry feature consists of poured-in-place concrete piers, originally intended to showcase exposed board-formed finishes, though now overpainted. The piers retain their original form and are accented with decorative wrought iron gates and lamps. The structure contributes to the cohesive visual identity of the hospital complex. The pedestrian gate posts were relocated approximately five feet further out from the center to accommodate a minor increase in roadway width as part of the 2008 replacement hospital. The Zonal Avenue style and configuration are similar, with three sets of board-formed concrete piers, marking the west, central, and east entrance to the hospital campus from the north. In each case, the concrete piers support decorative wrought-iron gates and lamps. Between the two central gates is a small one-story concrete support building, the Control House.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP46. Walls/gates/fences

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
 (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View north from Marengo St, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1933 (Drawings)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 1

*Resource Name or #: (Assigned by recorder) _____ Sub-Station _____

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1900 Zonal Avenue City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

This underground structure is located northeast of the Acute Unit Building and east of the Warehouse. The rectangular concrete pad covering the substation is flush with the level of the surrounding surface parking lot.

The structure does not contribute to the Los Angeles General Hospital - Acute Unit Historic District's reasons for significance.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes:

HP4. Ancillary Building

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
 (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, July 2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1984 (Los Angeles County Assessor)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)

360 E 2nd Street #225

Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 1

*Resource Name or #: (Assigned by recorder) Childcare Center

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N. State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Childcare Center is a one-story contemporary building constructed in 2023 by SVA Architects, located west of North State Street and the Acute Unit Building, above terminus of the Vehicular/Pedestrian Tunnel and Viaduct. The Childcare Center is composed of two irregular plan buildings, organized around an oval courtyard. The buildings have flat roofs, stucco cladding, and a mix of rectangular, circular, and arched metal windows. The main entrance to the center is located in the souther building, within an covered arched walkway that wraps around the courtyard.

The building does not contribute to the Los Angeles General Hospital - Acute Unit Historic District's reasons for significance.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes:

HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
(Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 09/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

2023 (Los Angeles County Health Services)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)

360 E 2nd Street #225

Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

State of California The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____
 HRI # _____
 Trinomial _____
 NRHP Status Code 6Z

Other Listings _____
 Review Code _____ Reviewer _____ Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Barracks D Building
 P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted
 *a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)
 *b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.
 c. Address 1200 N State Street City Los Angeles Zip 90033
 d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN
 e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Barracks D is a one-story vernacular building, which appears to have been constructed sometime between the 1940s and 1950s for classroom use based on historic Sanborn maps and aerial photographs. It is located along the northern half of the Los Angeles County General Hospital main campus, south of Zonal Avenue, and is directly north of the General Hospital – Acute Unit Building. The building has a roughly rectangular footprint and its exterior walls and gable roof are clad in corrugated metal. Fenestration includes slab doors and aluminum sliding windows enclosed by security bars. The building is currently vacant.

The building does not contribute to the Los Angeles General Hospital - Acute Unit Historic District's reasons for significance.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Building

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
c.1940-50s (Sanborn maps; historic aerials)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

**State of California The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____
HRI # _____
Trinomial _____
NRHP Status Code 6Z

Other Listings _____
Review Code _____ Reviewer _____ Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Barracks G Building
P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Barracks G is a one-story vernacular building, which appears to have been constructed sometime between the 1940s and 1950s for classroom use based on historic Sanborn maps. It is located along the northern half of the Los Angeles County General Hospital main campus, south of Zonal Avenue and is directly east of the General Hospital – Acute Unit Building. The building has a rectangular footprint and is clad in smooth stucco. It is capped by a gable roof clad in metal. Fenestration includes metal slab doors and aluminum sliding windows. The building currently functions as a thrift shop.

The building does not contribute to the Los Angeles General Hospital - Acute Unit Historic District's reasons for significance.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View southeast, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
c.1940-50s (Sanborn maps; historic aerials)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____
 HRI # _____
 Trinomial _____
 NRHP Status Code 6Z

Other Listings _____
 Review Code _____ Reviewer _____ Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Warehouse
 P1. Other Identifier: Mini-Warehouse Building/Supply Chain Operations Receiving

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1900 Zonal Avenue City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Warehouse is a two-and-a-half story concrete building located northeast of Acute Unit, adjacent the sidewalk along Zonal Avenue. The generally rectangular building has a chamfered northeast corner and a flat roof with a flat parapet. The walls are exposed concrete masonry units with expressed concrete block pilasters along the east and west sides, and a band of striated concrete along the parapet. The building is generally unfenestrated with a loading dock along the west facades, and a covered exterior second-story walkway accessed by a ramp and stair along the south facade. The east elevation includes several metal slab doors, metal vents, and metal windows covered by standing seam metal awnings.

The building does not contribute to the Los Angeles General Hospital - Acute Unit Historic District's reasons for significance.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes:

HP4. Ancillary Building

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
 (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, July 2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1984 (Los Angeles County Assessor)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/3/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

*Required information

State of California The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____
 HRI # _____
 Trinomial _____
 NRHP Status Code 6Z

Other Listings _____
 Review Code _____ Reviewer _____ Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Telephone Exchange Building
 P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Telephone Exchange Building is a two-story Mid-Century Modern building designed by Orr, Strange & Inslee and constructed in 1957. It is located west of North State Street and immediately abutting the southwest corner of the General Hospital – Acute Unit. The rectangular building has smooth concrete walls with vertical scoring on the north façade, and a flat roof with a flat parapet. The main entrance on the north façade, accessed via a courtyard shared with the General Hospital – Acute Unit, has a fully glazed aluminum door set in an aluminum storefront window system with a pebble-aggregate concrete accent panel. The entrance is covered by a C-shaped cantilevered concrete canopy. A metal slab door, accessed via a walkway over an areawell, is located at the east end of the north façade. The building has no fenestration on the east, south, and west facades, except for several metal vents. The building is now used for information systems, offices, conference rooms, and staff services.

The building does not contribute to the Los Angeles General Hospital - Acute Unit Historic District's reasons for significance.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1958 (Building Permit; Original Drawings)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3B, 3CB, 5B

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 4 *Resource Name or #: (Assigned by recorder) Los Angeles General Hospital - Acute Unit Building
P1. Other Identifier: Los Angeles County General Hospital; Los Angeles Medical Center

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The following exterior architectural description is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). The Los Angeles General Hospital - Acute Unit Building is situated on an elevated, terraced site within a densely developed area of the Boyle Heights neighborhood of the City of Los Angeles, on an approximately 42-acre parcel occupied by the Los Angeles General Medical Center. With its relatively austere Art Deco style, the main Acute Unit Building displays a stepped, attenuated massing with a vertical emphasis. This stepped massing, along with a roughly H-shaped building footprint, maximizes natural light within the interior. The building climbs 19 stories at its highest point, with the H-shaped footprint formed by a principal east-west axis, transected by two north-south cross-wings. These cross-wings are located near the center and eastern portions of the main east-west axis. One smaller, lower cross-wing marks the western portion of the main axis. The Acute Unit has flat roofs with no overhanging eaves. The building also includes one basement level.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View east, 4/11/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1933 (original architectural drawings)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 12/03/2025

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California The Resources Agency Primary #
 DEPARTMENT OF PARKS AND RECREATION HRI# _____
BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Los Angeles General Hospital - Acute Unit Bldg *NRHP Status Code 3B, 3CB, 5B
 Page 2 of 4

B1. Historic Name: Los Angeles General Hospital - Acute Unit
 B2. Common Name: Los Angeles County General Hospital; Los Angeles Medical Center
 B3. Original Use: Hospital B4. Present Use: Wellness center, facilities support, offices

*B5. Architectural Style: Art Deco

*B6. Construction History: (Construction date, alterations, and date of alterations)
 Built in 1933. Exterior alterations to the Acute Unit include the addition of a tower elevator on the south elevation in 1969, overpainted board-formed concrete wall surfaces, some window replacements, and infilled arched entries on the west elevation entrance with aluminum-framed sliding glass doors and transoms. (See Continuation Sheet)

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
 Contributing buildings, structures, and sites associated the 1933 development of the Acute Unit: Marengo Street and Zonal Avenue Gateways, North State Street, Entrance Forecourt, Patient's Building, Visitor's Building, Vehicular/Pedestrian Tunnel, Retaining Walls

B9a. Architect: Allied Architects Association of Los Angeles b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California; Art Deco Architecture Area Los Angeles

Period of Significance 1933-1978 Property Type Institutional Applicable Criteria A/1/1; C/3/3
 (Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The following discussion of eligibility is adapted from the National Register nomination form prepared by Chattel (Draft September 2025). The Los Angeles General Hospital - Acute Unit building is eligible for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance under Criterion A/1/1 in the area of Health/Medicine, and Criterion C/3/3 in the area of Architecture as a prominent Art Deco hospital building designed by the Allied Architects Association of Los Angeles. The Los Angeles General Hospital - Acute Unit Building retains all seven aspects of integrity.

Under Criterion A/1/1 in the area of Health/Medicine, the Los Angeles General Hospital - Acute Unit Building is associated with the large-scale institutional expansion of County medical services in Los Angeles to address a significant increase in population following World War I. With the population more than doubling in the eight years leading up to the passing of the 1923 bond that funded the expansion project, the new hospital building was intended to replace many of the older facilities on the campus to the west that could no longer manage the amount of care necessary for the fast-growing region. Representatives from the County and Allied Architects toured hospital buildings across the United States to ensure that the Acute Unit could feature the best ideas and practices from each and represent the most modern embodiment of a public health institution serving the community. (See Continuation Sheet)

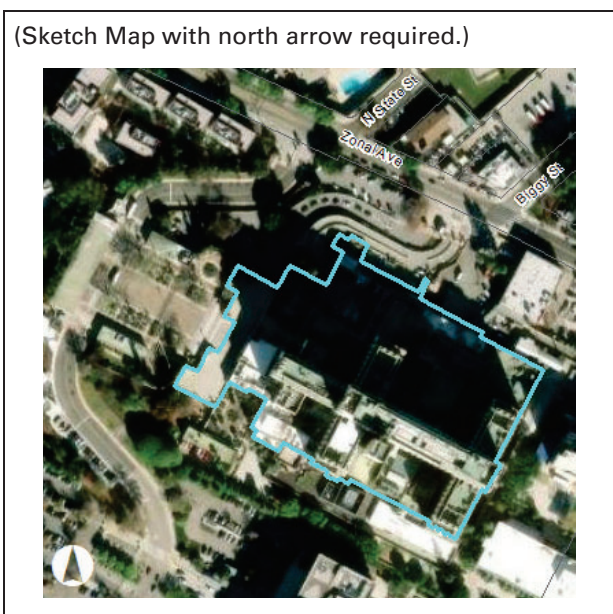
B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
 Chattel, Inc., "Los Angeles General Hospital - Acute Unit," National Register of Historic Places Nomination Form, September 2025 (Draft).

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
 *Date of Evaluation: 10/31/2025

(This space reserved for official comments.)



CONTINUATION SHEET

Property Name: Los Angeles General Hospital - Acute Unit Building

Page 3 of 4

B6. Construction History (Continued):

Interior alterations to the Acute Unit have included additions of walls within circulation spaces, installation of suspended ceilings, overpainted transom lights above doors, and some floor plan reconfiguration, including limited changes to 1st floor spaces including the rehabilitation pool, pharmacy and new exterior doorway to accommodate a 2014 Wellness Center along the southwest portion of the building.

B10. Significance (Continued):

The building is also significant under Criterion A/1/1 for its association with landmark civil rights legislation related to the forced sterilization of women at General Hospital in the 1960s and 1970s. Between 1968 and 1974, more than 200 women, primarily from the Mexican American community, were sterilized at the Acute Unit Building. The women were often pressured to sign County consent forms for sterilization while under duress or without understanding the extent of the procedure. Language barriers exacerbated the confusion as the forms were generally presented in English only. In response to these forced sterilization practices, Dr. Bernard Rosenfeld, a physician and researcher at the hospital, requested the legal services of Model Cities Center for Law and Justice to look into the case. The Model Cities Center subsequently collaborated with the Chicana rights organization Comisión Femenil Mexicana Nacional to reach out to affected women in the community and ultimately filed a lawsuit against the County. The court case was filed in 1975 and would come to be known as *Madrigal v. Quilligan*. On June 7, 1978, Judge Jesse W. Curtis ruled that there was no deliberate intent by the hospital staff to hurt the women and that "sterilizations were the result of miscommunication and language barriers between the patients and the doctors." Nevertheless, the landmark civil rights case led to several changes in how the hospital system in California operated, and ultimately resulted in the State of California revoking their sterilization law.

The Acute Unit Building does not appear to be eligible under Criterion B/2/2. The hospital has had numerous administrators over the decades, including Dr. Phoebus Berman who was the head physician and administrator of the hospital from 1920 to 1956, overseeing a period of expansion that included the construction of the Acute Unit. However, there is insufficient evidence to demonstrate that Berman or any of these other administrators was historically significant within the broader context of the field of health and medicine. While there have been notable medical practitioners associated with Los Angeles County General Hospital, research did not indicate that any persons significant to the practice of medicine are directly and individually associated with the subject building in a way that would warrant consideration under Criterion B/2/2.

Under Criterion C/3/3 in the area of Architecture, the Acute Unit is a prominent Art Deco-style hospital building designed by the Allied Architects Association. The Acute Unit was designed beginning in the mid-1920s, consistent with when Art Deco was at its height as an architectural style in the United States, particularly in Los Angeles. The building exhibits several character-defining features of the style including vertical forms, complex setbacks, clean lines, and geometric massing. The design of the building was understated to reflect its construction during the Great Depression while still having a high level of decoration at its primary west elevation entrance. Allied Architects – most notably master architects Edwin Bergstrom, Myron Hunt, Sumner Hunt, Pierpont Davis, and William Richards – was an important partnership in Los Angeles who designed the Acute Unit as part of a larger campaign to make the civic and institutional landscape of Los Angeles more beautiful. The Acute Unit continues to be a prominent visual feature in northeast Los Angeles with its massing and siting on a raised promontory.

ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown.

CONTINUATION SHEET

Property Name: Los Angeles General Hospital - Acute Unit Building

Page 4 of 4

B10. Significance (Continued):

The building's period of significance under Criterion A/1/1 is 1933-1978, which begins with the date the new hospital building opened and formally began serving patients, and ends with the landmark civil rights case, *Madrigal v. Quilligan*, which was filed against the County in response to the more than 200 women, primarily from the Mexican American community, who were forcibly sterilized at General Hospital in the 1960s and 1970s. This civil rights case led to several changes in how the hospital system in California operated and coincided with a rise in Latina activism in the city and more broadly.

The period of significance under Criterion C/3/3 is 1933, when construction of the Acute Unit Building was finished and the hospital formally began serving patients in the new facilities.

To be eligible for listing in the National Register or California Registers or as a Los Angeles County Landmark, a resource must first have significance under one (or more) of the four eligibility categories. It must then retain sufficient integrity to convey its significance. Although the surrounding area has changed, with some new infill construction and demolition over time, the subject building remains the visual focal point of the surrounding medical complex and thus retains its integrity of location and setting. Original, significant spaces and character-defining features are largely intact on both the interior and exterior, and the Acute Unit remains an expressive example of monumental, Art Deco-style institutional architecture in Los Angeles. The property thus retains its integrity of design, materials, and workmanship. Through its intact institutional setting as well as its original materials and design features, the property retains its integrity of feeling and association as an early 20th century acute-care hospital and teaching institution. Thus, the property retain all aspects of integrity.

Acute Unit Building Exterior Character-Defining Features

- Elevated promontory site and site plan features
- Stepped mass and roughly H-shaped floorplan
- Flat roof with no overhanging eaves
- Art Deco style, with its emphasis on verticality and a decorative program focused on geometric patterns and foliate ornament, dentil courses, zig-zag reeding, and applied pendants, concentrated near transitions between floors, wall and window openings, and spandrel panels
 - Board-formed concrete walls
 - Rhythmic pattern of steel-framed windows, in a variety of configurations, on each elevation
 - West elevation entrance, and its elaborate ornamentation and materials (including limestone sheathing and sculptural program)
 - Arched window and wall openings, in particular through upper stories and the west-elevation entrance.

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 2

*Resource Name or #: (Assigned by recorder) Barracks D Building

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Barracks D is a one-story vernacular building, which appears to have been constructed sometime between the 1940s and 1950s for classroom use based on historic Sanborn maps and aerial photographs. It is located along the northern half of the Los Angeles County General Hospital main campus, south of Zonal Avenue, and is directly north of the General Hospital – Acute Unit. The building has a roughly rectangular footprint and its exterior walls and gable roof are clad in corrugated metal. Fenestration includes slab doors and aluminum sliding windows enclosed by security bars. The building is currently vacant.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Building

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

c.1940-50s (Sanborn maps; historic aerials)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)

360 E 2nd Street #225

Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Barracks D Building *NRHP Status Code 6Z
Page 2 of 2

B1. Historic Name: _____

B2. Common Name: _____

B3. Original Use: Classrooms B4. Present Use: Vacant

*B5. Architectural Style: Vernacular

*B6. Construction History: (Construction date, alterations, and date of alterations)

Built sometime between the 1940s and 1950s. Observed alterations include: security bars added, and MEP systems attached to exterior.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
None

B9a. Architect: Unknown b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Institutional Applicable Criteria None

(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. Barracks D is a one-story building constructed by Los Angeles County General Hospital sometime between the 1940s and 1950s, likely as a classroom. It is now vacant. There is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. No significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The building is a vernacular utilitarian building and is not a significant or distinctive example of any particular style or institutional property type. Rather, it employs typical design features and construction materials from the period, such as a gable roof, corrugated metal siding, and lack of ornamentation. The builder and/or architect (if any) are not known. However, given its utilitarian appearance and typical craftsmanship, it is not likely that it represents the work of a master. The building does not possess high artistic values. Therefore, Barracks D Building does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:

Sanborn fire insurance maps; aerial photographs via NETROnline.

B13. Remarks:

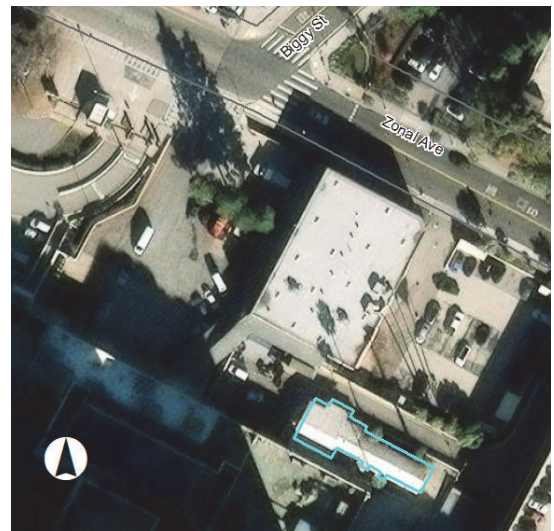
None

*B14. Evaluator: Architectural Resources Group

*Date of Evaluation: 10/31/2025

(This space reserved for official comments.)

(Sketch Map with north arrow required.)



State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 2

*Resource Name or #: (Assigned by recorder) Barracks G Building

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Barracks G is a one-story vernacular building, which appears to have been constructed sometime between the 1940s and 1950s for classroom use based on historic Sanborn maps. It is located along the northern half of the Los Angeles County General Hospital main campus, south of Zonal Avenue and is directly east of the General Hospital – Acute Unit. The building has a rectangular footprint and is clad in smooth stucco. It is capped by a gable roof clad in metal. Fenestration includes metal slab doors and aluminum sliding windows. The building currently functions as a thrift shop.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View southeast, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
c.1940-50s (Sanborn maps; historic aerials)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Barracks G Building *NRHP Status Code 6Z
Page 2 of 2

B1. Historic Name: _____
B2. Common Name: Thrift Shop
B3. Original Use: Classrooms B4. Present Use: Thrift Shop
*B5. Architectural Style: Vernacular
*B6. Construction History: (Construction date, alterations, and date of alterations)
Built sometime between the 1940s and 1950s. Observed alterations include infilled window openings.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____
*B8. Related Features:
None

B9a. Architect: Unknown b. Builder: Unknown
*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Institutional Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. Barracks G is a one-story building constructed by Los Angeles County General Hospital sometime between the 1940s and 1950s, likely as a classroom. It is now used as a thrift shop. There is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. No significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The building is a vernacular utilitarian building and is not a significant or distinctive example of any particular style or institutional property type. Rather, it employs typical design features and construction materials from the period, such as a gable roof, stucco siding, and lack of ornamentation. The builder and/or architect (if any) are not known. However, given its utilitarian appearance and typical craftsmanship, it is not likely that it represents the work of a master. Therefore, Barracks G Building does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Sanborn fire insurance maps; aerial photographs via NETROnline.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/2025

(This space reserved for official comments.)



**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 3

*Resource Name or #: (Assigned by recorder) Telephone Exchange Building

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Telephone Exchange Building is a two-story Mid-Century Modern building designed by Orr, Strange & Inslee and constructed in 1957. It is located west of North State Street and immediately abutting the southwest corner of the General Hospital – Acute Unit. The rectangular building has smooth concrete walls with vertical scoring on the north façade, and a flat roof with a flat parapet. The main entrance on the north façade, accessed via a courtyard shared with the General Hospital – Acute Unit, has a fully glazed aluminum door set in an aluminum storefront window system with a pebble-aggregate concrete accent panel. The entrance is covered by a C-shaped cantilevered concrete canopy. A metal slab door, accessed via a walkway over an areawell, is located at the east end of the north façade. The building has no fenestration on the east, south, and west facades, except for several metal vents. The building is now used for information systems, offices, conference rooms, and staff services.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
(Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1958 (Building Permit; Original Drawings)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)

360 E 2nd Street #225

Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Telephone Exchange Building *NRHP Status Code 6Z
Page 2 of 3

B1. Historic Name: Telephone Exchange Building
B2. Common Name: Telephone Exchange Building
B3. Original Use: Telephone exchange B4. Present Use: Information systems, offices, conference rooms
*B5. Architectural Style: Mid-Century Modern
*B6. Construction History: (Construction date, alterations, and date of alterations)
Built in 1957.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____
*B8. Related Features:
None

B9a. Architect: Orr, Strange & Inslee b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Institutional Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The Telephone Exchange Building is a two-story building constructed by General Hospital in 1958. There is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. The building is not associated with the lives of persons significant in our past. Numerous individuals worked in the building, providing support services to General Hospital. However, no significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The building possesses the basic characteristics of Mid-Century Modernism; however, it is not a significant or distinctive example of the Mid-Century Modern style or the telephone exchange property type. Rather, it employs typical design features and construction materials from the period, such as concrete walls, a flat roof, extremely limited fenestration, and no detailing beyond the entrance canopy. The architects of the building were Orr, Strange & Inslee. An individual or firm may be defined as a master based on scholarship recognizing their work as unique or trendsetting within the discipline. Orr, Strange & Inslee—one of several iterations of the architecture firm headed by Robert H. Orr (1873-1964)—was prolific in Southern California in the 20th century, working on projects from schools to fire stations, but the firm was best known for its church designs. The Telephone Exchange Building is not notable within the firm's prolific body of work. The building does not possess high artistic values. (See Continuation Sheet)

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Building permit, original architectural drawings; Pacific Coast Architecture Database; AIA Historical Directory.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



CONTINUATION SHEET

Property Name: Telephone Exchange Building

Page 3 of 3

B10. Significance (Continued):

Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the building is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, Telephone Exchange Building does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 3 *Resource Name or #: (Assigned by recorder) Outpatient Building (OPD)
P1. Other Identifier: Building B

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ; R ; of of Sec ; B.M.

c. Address 2010 Zonal Avenue City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone , mE/ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901 and 5201009904

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Outpatient Building (OPD) is a four-story Mid-Century Modern building with a basement, designed by Douglas Honnold, John Rex and Arthur Froehlich and built in 1963 to provide outpatient services including laboratories, examination rooms, clinical rooms, and a pharmacy. The building is located at the center of the west end of the main campus, east of the General Hospital – Acute Unit and southeast of the curve of North Cummings Street; it is accessed by a campus road immediately west of North Cummings Street. The reinforced concrete building has a rectangular footprint, concrete exterior walls, and a flat roof with a flat parapet and a central rooftop penthouse. The main entrance on the north façade is recessed below a flat, projecting concrete canopy, and the rear entrance is recessed below a cantilevered, chevron-shaped concrete canopy that angles upward. Both entrances include fully glazed metal doors set in storefront window systems. The north and south façades are otherwise unfenestrated but have a decorative, elongated hexagonal pattern stamped into the cast concrete panels between engaged structural columns. The stamped pattern is similar to the one seen on the central circulation tower of the Interns and Residents Dormitory Building. The east and west façades include partially enclosed exterior stair towers with metal grates at the exterior walkway and stairway openings. A small patio, recessed below the southwest corner of the building, is enclosed by concrete breeze blocks. The building currently houses clinical, laboratory, and conference rooms, as well as offices and a pharmacy.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View northwest, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1963 (Martin, p. 242)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Outpatient Building (OPD) *NRHP Status Code 6Z
 Page 2 of 3

B1. Historic Name: Outpatient Building
 B2. Common Name: Outpatient Building
 B3. Original Use: Outpatient services B4. Present Use: Outpatient services

*B5. Architectural Style: Mid-Century Modern
 *B6. Construction History: (Construction date, alterations, and date of alterations)

Built in 1963. Observed alterations include: primary entrance doors replaced with automated sliding doors; one-story lean-to addition at the northwest corner; and various added exterior MEP systems and enclosures.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features: None

B9a. Architect: Douglas Honnold, John Rex and Arthur Froehlich b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Institutional Applicable Criteria None
 (Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The Outpatient Building is a four-story building constructed by Los Angeles County General Hospital in 1963 to provide outpatient services including laboratories, examination rooms, clinical rooms, and a pharmacy. There is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. The building is not associated with the lives of persons significant in our past. Numerous individuals worked in the building, providing services to General Hospital patients. Thus, it does not appear eligible under Criterion B/2/2.

The building possesses the basic characteristics of Mid-Century Modernism; however, it is not a significant or distinctive example of the Mid-Century Modern style or the hospital institutional property type. Rather, it employs typical design features and construction materials from the period, such as concrete walls, a flat roof, and minimal geometric details. The architects of the building were Douglas Honnold, FAIA, John Rex and Arthur Froehlich, FAIA. An individual or firm may be defined as a master based on scholarship recognizing their work as unique or trendsetting within the discipline. As a firm, Honnold & Rex, worked on a number of commercial and institutional projects throughout Los Angeles County, and are best known for the Los Angeles Federal Savings & Loan Association (Valley Plaza Tower) building, which was the tallest building in North Hollywood upon its construction in 1960. (See Continuation Sheet)

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
 Helen Eastman Martin, *The History of the Los Angeles County Hospital ...* (1979), 242; Los Angeles Conservancy; Water and Power Associates; and Pacific Coast Architecture Database.

B13. Remarks: None

*B14. Evaluator: Architectural Resources Group
 *Date of Evaluation: 10/31/2025

(This space reserved for official comments.)



CONTINUATION SHEET

Property Name: Outpatient Building (OPD)

Page 3 of 3

B10. Significance (Continued):

Froelich, whose firm was based in Beverly Hills, was noted for his design of Hollywood Park and other horse racing tracts throughout the country, as well as the Hanna-Barbera animation studio in Hollywood, Googie and Mid-Century Modern style supermarkets. While Froehlich and Honnold & Rex have been recognized as masters in the field of architecture in Southern California, the restrained design of the Outpatient Building is not notable within their prolific bodies of work, nor is it representative of their proficiency in Mid-Century Modern design. The building does not possess high artistic values.

Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the building is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, the Outpatient Building does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 3

*Resource Name or #: (Assigned by recorder) Intern's & Resident's Dormitory Building (IRD)

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 2020 Zonal Avenue City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901 and 5201009904

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Intern's and Resident's Dormitory Building (IRD) is a ten-story Mid-Century Modern building with two sub-grade basement levels, designed by Arthur Froehlich and built in 1965 to serve as a dormitory. The building is located on the main campus, east of the General Hospital – Acute Unit. It is set back from Zonal Avenue behind a parking garage and is accessed by a campus road immediately west of North Cummings Street. The main entrance on the north façade is recessed below a flat, projecting canopy, and is at the same level as the vehicular access to the roof of the adjacent parking garage. The reinforced concrete building has a narrow rectangular footprint, concrete exterior walls, and a flat roof with a flat parapet. The building has highly regular fenestration with pairs of recessed windows set between structural bays, except at the corners where there are single windows and a recessed stair tower at each end. Typical window bays have a central concrete column, aluminum sliding windows above concrete wall panels, and a projecting concrete lintel above. A central circulation and mechanical core projects at the south façade and above the roof; the concrete wall of this core has a pattern of stamped, vertically elongated hexagons, similar to the pattern seen on the exterior of the Outpatient Building. The level at-grade on the south facades opens out to a basketball court at the west and a seating area enclosed by a concrete masonry unit wall at the east. The building is currently used for office and conference space.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View northwest, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1965 (Martin, p. 244)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Intern's & Resident's Dormitory Building (IRD) *NRHP Status Code 6Z
Page 2 of 3

B1. Historic Name: Intern's & Resident's Dormitory Building (IRD)
B2. Common Name: _____
B3. Original Use: Dormitory B4. Present Use: Offices, conference rooms

*B5. Architectural Style: Mid-Century Modern
*B6. Construction History: (Construction date, alterations, and date of alterations)

Built in 1965. Observed alterations include the replacement of the original primary entrance doors with new automated sliding glass doors.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features: None

B9a. Architect: Arthur Froehlich b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Institutional - Dormitory Applicable Criteria None

(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The IRD is a ten-story building constructed by General Hospital in 1965 to serve as a dormitory, but is now used for office and conference space. There is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. The building is not associated with the lives of persons significant in our past. Numerous individuals associated with General Hospital have lived and worked in the building. However, no significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The building possesses the basic characteristics of Mid-Century Modernism; however, it is not a significant or distinctive example of the Mid-Century Modern style or the dormitory property type. Rather, it employs typical design features and construction materials from the period, such as concrete walls, a flat roof, and minimal geometric details. The architect of the building was Arthur Froehlich, FAIA. An individual or firm may be defined as a master based on scholarship recognizing their work as unique or trendsetting within the discipline. Froelich, whose firm was based in Beverly Hills, was noted for his design of Hollywood Park and other horse racing tracts throughout the country, as well as the Hanna-Barbera animation studio in Hollywood, Googie and Mid-Century Modern style supermarkets. While Froehlich has been recognized as a master in the field of architecture in Southern California, the restrained design of the Intern's & Resident's Dormitory Building is not notable within his body of work, nor is it representative of his proficiency in Mid-Century Modern design. (See Continuation Sheet)

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References: Helen Eastman Martin, The History of the Los Angeles County Hospital ... (1979), 244; Los Angeles Conservancy; and Pacific Coast Architecture Database.

B13. Remarks: None

*B14. Evaluator: Architectural Resources Group

*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



CONTINUATION SHEET

Property Name: Intern's & Resident's Dormitory Building (IRD)

Page 3 of 3

B10. Significance (Continued):

The building does not possess high artistic values. Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the building is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, the Intern's & Resident's Dormitory Building does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 2

*Resource Name or #: (Assigned by recorder) Parking Lot 12

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 2020 Zonal Avenue City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901 and 5201009904

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Parking Lot 12 is a five-level parking structure at the northeast end of the main campus, flush with and accessed from Zonal Avenue. It sits just north of and serves the Interns and Residents Dormitory Building. The reinforced concrete structure is supported by concrete piers, and the sides of each parking level are enclosed with partial-height concrete walls clad in pebbledash.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Building

*P4. Resources Present: Building Structure Object Site District Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View southeast, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric Both
1968-1971 (Aerials)

*P7. Owner and Address: County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Parking Lot 12 *NRHP Status Code 6Z
Page 2 of 2

B1. Historic Name: _____
B2. Common Name: _____
B3. Original Use: Parking B4. Present Use: Parking
*B5. Architectural Style: Late Modern
*B6. Construction History: (Construction date, alterations, and date of alterations)
Built sometime between 1966 and 1972.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____
*B8. Related Features:
None

B9a. Architect: Unknown b. Builder: Unknown
*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Parking Structure Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The structure was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. Parking Lot 12 is a five-level parking structure built by Los Angeles County General Hospital circa 1968-1971. There is no evidence that the structure was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the structure does not appear to be significant under Criterion A/1/1. As a parking structure, no significant individuals were found to be directly associated with the structure in a way that would warrant consideration under Criterion B/2/2. The structure possesses some very modest characteristics of Late Modernism; however, it is not a significant or distinctive example of the Late Modern style or the parking structure property type. Rather, it employs typical design features and construction materials from the period, such as concrete walls and pebbledash panels. The builder and/or architect (if any) are not known. However, given its utilitarian appearance and typical craftsmanship, it is not likely that it represents the work of a master. The structure does not possess high artistic values. Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the structure is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, Parking Lot 12 does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the structure does not appear eligible for federal, state, or local listing.

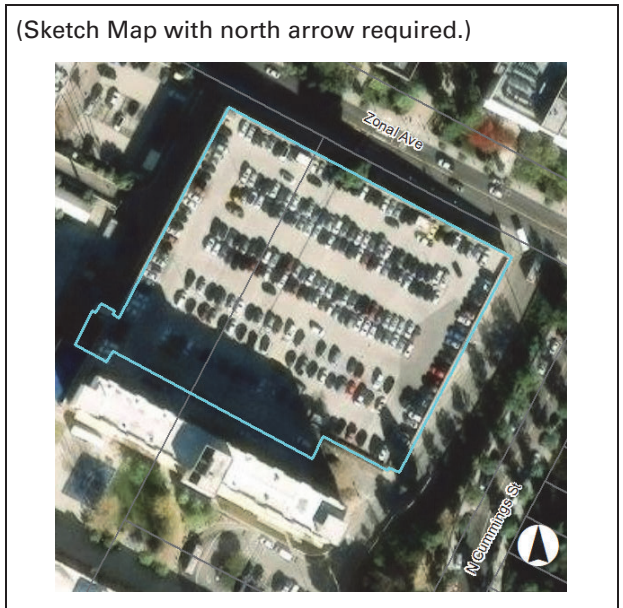
B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Historic aerial photographs via NETROnline.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 3

*Resource Name or #: (Assigned by recorder) General Laboratories Building

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1801 Marengo Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The General Laboratories Building is a two-story Late Modern building designed by Douglas Honnold and John Rex and constructed in 1967 to house laboratories used for cancer, cardiovascular, ear, nose, throat, and neurological research. It is located on the west side of the main campus, set back from Marengo Street, just north of the vehicular entrance across from the intersection with Mark Street. The reinforced concrete building is generally rectangular with projecting rectangular bays at the north and south ends; it is capped with a flat roof with a parapet and a central penthouse. The concrete walls have vertical striations at the first story and paired filleted, projecting concrete channels at the second story. The building is almost entirely unfenestrated, with just a single door and transom at the north façade and a recessed entrance on the south façade. The striated concrete wall shared with the recessed entrance continues south and east to form an L-shape around an exterior area. The building is currently vacant.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View south, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1967 (Martin, p. 245)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) General Laboratories Building *NRHP Status Code 6Z
Page 2 of 3

B1. Historic Name: _____

B2. Common Name: _____

B3. Original Use: Medical Laboratories B4. Present Use: Vacant

*B5. Architectural Style: Late Modern

*B6. Construction History: (Construction date, alterations, and date of alterations)

Built in 1967. Observed alterations include: metal security bars added at entrance door and transom; metal panel added over transom window; and accessible ramp added to north entrance from the parking lot.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
None

B9a. Architect: Douglas Honnold and John Rex b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Institutional - Laboratory Applicable Criteria None

(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The General Laboratories Building is a two-story building constructed by Los Angeles County General Hospital in 1967. There is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. The building is not associated with the lives of persons significant in our past. Numerous individuals worked in the building, conducting cancer, cardiovascular, ear, nose, throat, and neurological research in the laboratories. However, no significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The building possesses the basic characteristics of Mid-Century Modernism; however, it is not a significant or distinctive example of the Mid-Century Modern style or the hospital institutional property type. Rather, it employs typical design features and construction materials from the period, such as concrete walls, a flat roof, and minimal vertical details. The architects of the building were Douglas Honnold, FAIA, and John Rex. An individual or firm may be defined as a master based on scholarship recognizing their work as unique or trendsetting within the discipline. As a firm, Honnold & Rex, worked on a number of commercial and institutional projects throughout Los Angeles County, and are best known for the Los Angeles Federal Savings & Loan Association (Valley Plaza Tower) building, which was the tallest building in North Hollywood upon its construction in 1960. (See Continuation Sheet)

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:

Helen Eastman Martin, *The History of the Los Angeles County Hospital ...* (1979), 245; Los Angeles Conservancy; and Pacific Coast Architecture Database.

B13. Remarks:

None

*B14. Evaluator: Architectural Resources Group

*Date of Evaluation: 10/31/25

(This space reserved for official comments.)

(Sketch Map with north arrow required.)



CONTINUATION SHEET

Property Name: General Laboratories Building

Page 3 of 3

B10. Significance (Continued):

While Honnold & Rex have been recognized as masters in the field of architecture in Southern California, the restrained appearance of General Laboratories Building is not notable within their prolific body of work nor is it representative of their proficiency in Mid-Century Modern design. The building does not possess high artistic values. Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the building is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, the General Laboratories Building does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 2

*Resource Name or #: (Assigned by recorder) Parking Lot 10

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1242 N Mission Road City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Parking Lot 10 is a five-level parking structure at the west end of the main campus, flush with North Mission Road. It sits north of the Old Administration Building. The steel-framed structure has stairwells at the northeast and northwest corners that are enclosed with concrete masonry unit walls, and metal grilles screen the levels facing North Mission Road. Partial-height chain-link fencing encloses each level at the south, east and west sides.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Bldg

*P4. Resources Present: Building Structure Object Site District Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View south, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric Both

1972 (Aerial photographs)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Parking Lot 10 *NRHP Status Code 6Z
Page 2 of 2

B1. Historic Name: _____
B2. Common Name: _____
B3. Original Use: Parking B4. Present Use: Parking
*B5. Architectural Style: Late Modern
*B6. Construction History: (Construction date, alterations, and date of alterations)
Built in 1972.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____
*B8. Related Features:
None

B9a. Architect: Unknown b. Builder: Unknown
*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Parking Structure Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The structure was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. Parking Lot 10 is a five-level parking structure built by Los Angeles County General Hospital in 1972. There is no evidence that the structure was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the structure does not appear to be significant under Criterion A/1/1. As a parking structure, no significant individuals were found to be directly associated with the structure in a way that would warrant consideration under Criterion B/2/2. The structure possesses some very modest characteristics of Late Modernism; however, it is not a significant or distinctive example of the Late Modern style or the parking structure property type. Rather, it employs typical design features and construction materials from the period, such as concrete masonry unit walls and metal grilles. The builder and/or architect (if any) are not known. However, given its utilitarian appearance and typical craftsmanship, it is not likely that it represents the work of a master. The structure does not possess high artistic values. Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the structure is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, Parking Lot 10 does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the structure does not appear eligible for federal, state, or local listing.

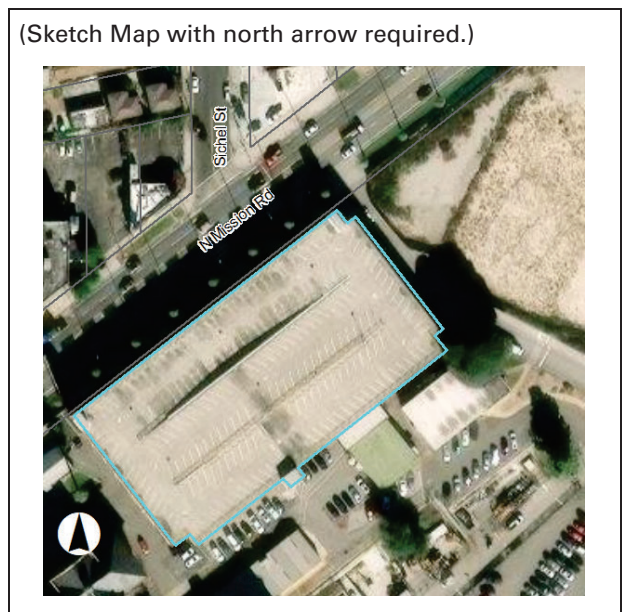
B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Historic aerial photographs via NETROnline.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 4 *Resource Name or #: (Assigned by recorder) Pharmacy Building

P1. Other Identifier: Pharmacy Building; Service Building

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1100 N Mission Road City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Pharmacy Building is a six-story vernacular building that was constructed in 1917 for patient and employee dining. The Pharmacy Building, located near the southwest corner of the main campus, is the west terminus of the 1933 viaduct that connected to the General Hospital – Acute Unit to the east. The rectangular building has red common bond brick walls slightly recessed within an exposed reinforced concrete structural frame, and a flat roof behind a flat concrete parapet. The lower level has concrete walls—except on the west façade which are brick—and metal awning transoms above the windows. Each structural bay typically has two or three punched window openings with multi-lite metal awning windows. Windows at the base have concrete sills, whereas upper-level windows have brick sills. Glass block is located within the window openings on the north half of the west façade. Doors include wood panel doors at upper levels, and metal slab doors and metal rollup doors at the first story with a variety of metal and wood canopies. The concrete viaduct connects to the second story of the west façade, and evidence of patching at a demolished elevated exterior corridor is visible at the east façade. Exterior metal fire-escape stairs are located on the south and west facades. The roof has several roof monitors and penthouses. Only the lower two floors of the Pharmacy Building are currently in use for offices, conference rooms, and support spaces.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP8. Industrial bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
(Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View (TBD), 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1917 (Original Drawings)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Pharmacy Building *NRHP Status Code 6Z
Page 2 of 4

B1. Historic Name: Service Building
B2. Common Name: Pharmacy Building
B3. Original Use: Patient and employee dining B4. Present Use: Office, conference rooms

*B5. Architectural Style: Vernacular
*B6. Construction History: (Construction date, alterations, and date of alterations)

Built in 1917. An original abutting laundry building was demolished and open bays and first story windows infilled ca. 1995 and two bays at the second and third stories were infilled with brick on the west façade in 1977. (See Continuation Sheet)

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
None

B9a. Architect: Los Angeles County Mechanical Department b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Institutional Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The Pharmacy Building does not appear individually eligible under any local, state, or federal registration criteria.

National Register, California Register, Los Angeles County Criterion A/1/1: associated with events that have made a significant contribution to the broad patterns of history.

The Pharmacy Building is generally associated with the institutional expansion of County medical services in Los Angeles in the late 1910s to address the region's significant population increase leading up to and immediately following World War I. Constructed in 1917, it was originally known as the "service building" and was used for patient and employee dining. The building was historically part of a larger complex of support services buildings, including a carpenter shop, electric shop, repair shop, sheet metal shop, laundry, and powerhouse. The "Support Services Site" was identified as eligible for listing in the National Register as a historic district through the Section 106 process following the 1994 Northridge earthquake. Fourteen buildings were identified as "contributors" to the "Support Services Sites" at that time. (See Continuation Sheet)

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Original architectural drawings; National Park Service, "National Register Bulletin 15: How to Apply the National Register Criteria for Evaluation" (1995); Envicom Corporation, *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village* (2019).

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



CONTINUATION SHEET

Property Name: Pharmacy Building

Page 3 of 4

B6. Construction History (Continued):

Other observed alterations include: a metal lean-to structure added at the northwest corner; glass block inserted within existing window openings on the west façade; exterior doors replaced; various canopies added over doorways; Air conditioning units added with several existing windows; and metal security bars added at first story windows reinforcing ties at the parapet.

B10. Significance (Continued):

However, nearly all the support services buildings were demolished in the late 1990s and 2000s such that the site, which historically comprised the west half of the General Hospital main campus, no longer retains a significant concentration of contributing buildings to be eligible for National Register listing. Specifically, of the 14 identified contributors, only two—the Pharmacy Building and Viaduct—remain.

While associated with the General Hospital's early 20th century development, according to National Register Bulletin 15, "Mere association with historic events or trends is not enough, in and of itself, to qualify under Criterion A: the property's specific association must be considered important as well." The building was historically and continues to be used as a support building (originally used as a dining facility and converted for pharmacy and storage use in the 1950s). As a support building that did not hold any significant or unique medical-related functions, the building is not singularly important or illustrative of the General Hospital's 1910s development and expansion as a significant medical institution. Rather, the acute unit itself, which is still extant, better conveys this notable pattern of history. For these reasons, the Pharmacy Building does not appear individually eligible for listing under Criterion A/1/1.

National Register, California Register, Los Angeles County Criterion B/2/2: associated with the lives of persons significant in our past.

The Pharmacy Building does not appear to be individually eligible under Criterion B/2/2. The building is not associated with the lives of persons significant in our past. Originally a dining facility for General Hospital employees and patients and later used as a pharmacy and storage, numerous individuals have dined in and worked at the building since its construction. However, no significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2.

National Register, California Register, Los Angeles County Criterion C/3/3: embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction.

The Pharmacy Building is a modest, vernacular building. It does not embody the distinctive characteristics of a particular architectural style and does not possess high artistic value. It was built using typical materials (brick and concrete) and methods of construction common of the period. It is one of several dozen of extant early 20th century vernacular brick and concrete buildings located near downtown Los Angeles. Furthermore, the building has undergone multiple alterations, including infill of two bays at the second and third stories of the west elevation in 1997; demolition of an adjoining building to the north and infill of lower bays and windows around 1995; infill of some window openings with glass block; replacement of doors; and the addition of air conditioning units, canopies, metal security bars at windows, and metal reinforcing ties at the parapet. These changes have compromised the building's ability to convey its original design intent. While the specific architect at the Los Angeles County Mechanical Department who designed the building is unknown, given its modest, altered appearance, it cannot be said that the building represents the work of a master.

(See Continuation Sheet)

CONTINUATION SHEET

Property Name: Pharmacy Building

Page 4 of 4

B10. Significance (Continued):

As described above, the Pharmacy Building was once part of a larger complex of support services buildings on the west half of the General Hospital main campus. The "Support Services Site" was identified as eligible for National Register listing by HRG in 1994, presumably for representing a significant and distinguishable entity whose components lacked individual distinction. However, 12 out of the 14 buildings/structures that were identified by HRG and comprised the "Support Services Site" were demolished in the late 1990s and 2000s. Since the vast majority of buildings and structures that historically comprised the site have been demolished, the site no longer contains a significant concentration of buildings or structures to be eligible for designation.

For the above-stated reasons, the Pharmacy Building does not appear eligible for listing under Criterion C/3/3.

National Register, California Register, Los Angeles County Criterion D/4/4: has yielded or may likely yield information important in prehistory or history.

An archeological assessment was not within the scope of this study. Refer to Envicom Corporation's *Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village* for an evaluation of archeological resources on the Proposed Project Site.

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 2

*Resource Name or #: (Assigned by recorder) Trash Compactor

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N. State St City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Trash Compactor is a two-story industrial structure constructed in 1951 for trash compaction and incineration. It is located on the main campus and accessed by Coroner Road, off of Zonal Avenue, and is immediately west of the sloped and vegetated area west of the General Hospital – Acute Unit. A paved area to the west of the Trash Compactor provides access for industrial-scale trash collection containers. An internal campus road connects to the south side of the structure at the second level. The metal frame structure has an irregular footprint, concrete block walls with metal siding and limited fenestration, and a flat roof covered in corrugated metal. Portions of the structure are not fully enclosed and include exterior metal stairs and platforms with metal railings.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Building

*P4. Resources Present: Building Structure Object Site District Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View east, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric Both
1951 (Drawings)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Trash Compactor *NRHP Status Code 6Z
Page 2 of 2

B1. Historic Name: Trash Incinerator
B2. Common Name: Trash Compactor
B3. Original Use: Trash Compactor B4. Present Use: Trash Compactor
*B5. Architectural Style: Vernacular
*B6. Construction History: (Construction date, alterations, and date of alterations)
Built in 1951. Portions of the exterior metal framing and stairs may have been added or altered.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____
*B8. Related Features:
None

B9a. Architect: Unknown b. Builder: Unknown
*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Industrial Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The structure was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The Trash Compactor is a two-story structure built by General Hospital in 1951. As a trash compactor, the structure was not the location of significant medical research, is not associated with any singular events, and did not play an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the structure does not appear to be significant under Criterion A/1/1. As a trash compactor, no significant individuals were found to be directly associated with the structure in a way that would warrant consideration under Criterion B/2/2. The vernacular industrial structure is not a significant or distinctive example of any particular style or property type. The builder and/or architect (if any) are not known. However, given its utilitarian appearance and typical craftsmanship, it is not likely that it represents the work of a master. The structure does not possess high artistic values. Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the structure is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, the Trash Compactor does not appear to be significant under Criterion C/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the structure does not appear eligible for federal, state, or local listing.

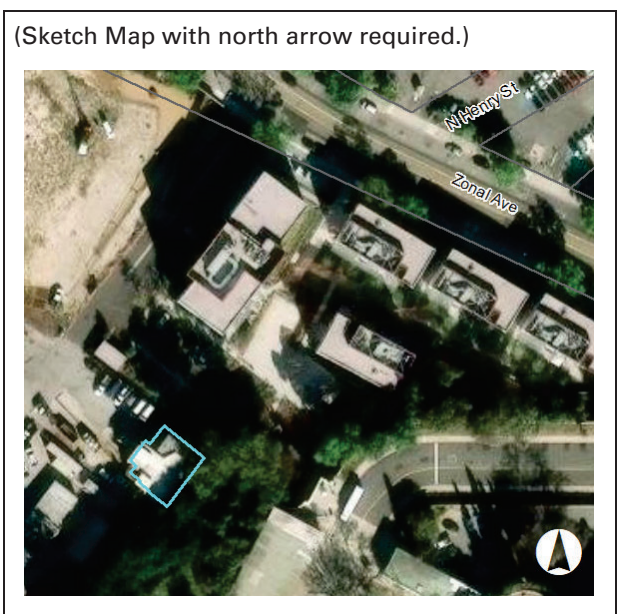
B11. Additional Resource Attributes: (List attributes and codes) None
*B12. References:

Original architectural drawings

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3S, 3CS, 5S3

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 3

*Resource Name or #: (Assigned by recorder) Old Administration Building

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ; R ; of of Sec ; B.M.

c. Address 1100 N Mission Road City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone , mE/ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Old Administration Building is a two-and-a-half story Italian Renaissance Revival style building over a partially exposed basement, designed by Hudson and Munsell and built in 1910 to serve as administrative offices. The building is located at the southwest corner of the General Hospital main campus, set back from North Mission Road and aligned with the vehicular entrance at the intersection with Workman Street. The building has a rectangular footprint with a rear projecting addition, stone base, red running bond brick cladding, and cast stone ornamentation. It is capped by a cross-hipped roof with asphalt shingles, overhanging eaves, and a central octagonal cupola. The elaborate central entrance bay projects forward and includes a stepped parapet at the third story, topped with a segmental arch with an open base and cast stone dentils, shield, and corbel. The primary entrance is recessed within a vestibule that is accessed by wide stone steps with decorative scrolls and urns on the side walls. The tripartite opening is defined by two square columns with corner brackets, and decorative cast stone panels and corbels above. The vestibule has marble panels, denticulated crown molding, and paired fully glazed wood doors, wood sidelights, and wood transoms. Brick pilasters extend up from stone columns at the entrance. Above the entrance is a fixed wood window flanked by one-over-one double-hung wood windows at the second story, and narrow slot windows on either side of a tripartite segmental arch wood window with transom at the third story. Flanking the entrance are paired brick pilasters with decorative cast stone quoining, shields, and denticulated molding. Between the pilasters is a window at each floor with cast stone surrounds, and decorative cast stone panels and corbels above. (See Continuation Sheet)

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View east, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1910 (Martin, p. 94)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Old Administration Building *NRHP Status Code 3S, 3CS, 5S3
Page 2 of 3

B1. Historic Name: Administration Building
B2. Common Name: Old Administration Building
B3. Original Use: Offices, conference rooms B4. Present Use: Offices, conference rooms

*B5. Architectural Style: Italian Renaissance Revival
*B6. Construction History: (Construction date, alterations, and date of alterations)

Built in 1910. Observed alterations include: a three-story rear addition and the construction of a new rear parapet; and the addition of an accessible ramp to entrance at the basement rear (east) façade.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
None

B9a. Architect: Hudson & Munsell b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California; Italian Renaissance Architecture Area Los Angeles

Period of Significance 1910-1933 Property Type Institutional Applicable Criteria A/1/1; C/3/3
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The Old Administration Building appears eligible for listing in the National and California Registers and as a Los Angeles County Landmark under Criteria A/1/1 and C/3/3. The period of significance under Criterion A/1/1 spans from 1910, when the building was completed, to 1933, when the completion of the new Acute Unit building marked a new era of development for the hospital campus, and many administrative functions moved into the new building. The period of significance for individual eligibility under Criterion C/3/3 has been identified as 1910, which corresponds to the building's original construction date.

Constructed in 1910 as the main administrative building for Los Angeles County Hospital (later the Los Angeles County General Hospital), the building appears to be eligible under Criterion A/1/1 for its association with early institutional development in health and medicine. It is the oldest extant building associated with the development of the hospital. The building is associated with the second wave of development on the hospital campus, and was built at the beginning of a period from the 1910s to the 1930s, during which the hospital grew rapidly to accommodate the region's growing population. (See Continuation Sheet)

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Helen Eastman Martin, *The History of the Los Angeles County Hospital ...* (1979), 94.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



CONTINUATION SHEET

Property Name: Old Administration Building (OAB)

Page 3 of 3

P3a. Description (Continued):

The building is not associated with the lives of persons significant in our past. Numerous individuals worked in the building, providing administrative services to the hospital. However, no singular significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2.

The Old Administration Building appears to be significant under Criterion C/3/3 as an excellent example of Italian Renaissance Revival institutional architecture and as an example of the work of master architects Hudson & Munsell. The Italian Renaissance Revival style was based upon the classically inspired architecture developed in Italy during the artistic, architectural, and literary movement of the 14th through 16th centuries that was spurred by the rebirth of interest in the ideals and achievements of imperial Rome. Italian Renaissance architecture was familiar to late 19th-century American architects who were trained at the École des Beaux Arts, an architecture school based in Paris. In the US, the style was first interpreted for monumental, elaborately decorated public buildings at the turn of the 20th century. Throughout the 1920s and 1930s, the style was frequently used for imposing civic buildings, institutional buildings, and banks, and in some cases for grand private residences. The Old Administration Building exhibits the distinctive features of the Italian Renaissance Revival style as noted in the below list of character-defining features. The building was designed by the prominent architecture firm Hudson & Munsell, a firm that has been recognized as masters in their field for their significant contributions to Los Angeles's built environment. Among other buildings by Hudson & Munsell are the National Register-listed Natural History Museum (1913) and several local landmarks, including the Charles I.D. Moore Residence (1905), Secondo Guasti House (1910), Fire Station #1 (1910), Dr. Grandville MacGowan Home (1912), and Briggs Residence (1912). The building demonstrates the firm's command of revival style architecture and is a notable example of their institutional work. Built in 1910, the building exhibits a high quality of design and distinctive characteristics of the Italian Renaissance Revival style institutional architecture. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown.

To be eligible for listing in the National Register or California Registers or as a Los Angeles County Landmark, a resource must first have significance under one (or more) of the four eligibility categories. It must then retain sufficient integrity to convey its significance. The building remains in its original location on the General Hospital main campus. Exterior alterations have been limited to a sensitive rear addition that was compatibly designed to minimize removal of character-defining features and is not visible from the primary façade. Almost all of the building's original architectural materials and features are intact, and thus the building retains integrity of design, materials, and workmanship. While the building's setting has been compromised with the demolition of nearly all early 20th century buildings on the west half of the hospital's main campus and the construction of new buildings, the building retains its original siting on North Mission Road and its general institutional surroundings. Thus, the property retains its integrity of feeling and association as an early 20th century administration building on a hospital campus. In summary, the building retains integrity of location, design, materials, workmanship, feeling and association. Its integrity of setting has been compromised.

Character-Defining Features

- Siting along North Mission Road, at the west end of the General Hospital main campus
- Rectangular form and massing
- Hipped roof with overhanging eaves and decorative wood brackets
- Octagonal cupola
- Prominent stepped parapet at primary façade
- Brick cladding
- Fenestration pattern, including one-over-one double-hung wood windows
- Recessed entry vestibule, including square columns, marble panels, and wood doors, sidelights, and transoms
- Wide entrance steps and side walls
- Cast stone ornamentation including quoining, dentils, shields, corbels, and window surrounds.

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 2 *Resource Name or #: (Assigned by recorder) Gatehouse

P1. Other Identifier: Angel Interfaith Network

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1100 N Mission Road City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

This a one-story vernacular building that was originally built as a gatehouse in 1912. The building was subsequently expanded by 1920, with a rear dwelling forming the current L-shape configuration. The building is located on the north side of the entrance to the General Hospital main campus off of North Mission Road, at the intersection with Workman Street. The building is flush with the sidewalk along North Mission Road and an adjacent concrete and metal perimeter fence that extends north. The L-shaped building is clad in common bond brick and capped with a gabled roof with asphalt shingles. The gables terminate in triangular brick parapets, while the side eaves have exposed wood rafter tails. The building has partially glazed wood panel doors and windows set in punched openings with concrete sills. Windows include fixed and sliding wood windows with wood transom awning windows, as well double-hung wood windows. A flat canopy with wood brackets spans over the sidewalk at the east façade and wood, sloped roof porticoes are located at the south and east entrances. The building currently houses offices, conference rooms and storage.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Building

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
(Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View north, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1912 (Martin, p. 94)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Gatehouse *NRHP Status Code 6Z
Page 2 of 2

B1. Historic Name: Gatehouse
B2. Common Name: Angel Interfaith Network
B3. Original Use: Gatehouse & Dwelling B4. Present Use: Offices

*B5. Architectural Style: Vernacular
*B6. Construction History: (Construction date, alterations, and date of alterations)

Built in 1912. Known and observed alterations include: an addition by 1920 at the northeast corner to create L-shape plan; doorway at west façade infilled with concrete; and metal security bars added over windows and doors.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
None

B9a. Architect: Unknown b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Institutional Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The Gatehouse is a one-story building constructed by Los Angeles County General Hospital in 1912. The building was constructed as a gatehouse, was later expanded, and now houses the Angle Interfaith Network offices. As an ancillary building, there is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the early development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. No significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The building possesses the basic characteristics of an early 20th century vernacular building; however, it is not a significant or distinctive example of the vernacular style. It employs typical design features and construction materials from the period, such as brick walls, a gable roof, wood windows and wood portico, and was expanded with a second wing by 1920. The builder or architect (if any) are not known. However, given its modest appearance and typical craftsmanship, it is not likely that it represents the work of a master. The building does not possess high artistic values. Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the building is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, the Gatehouse does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

B11. Additional Resource Attributes: (List attributes and codes) None

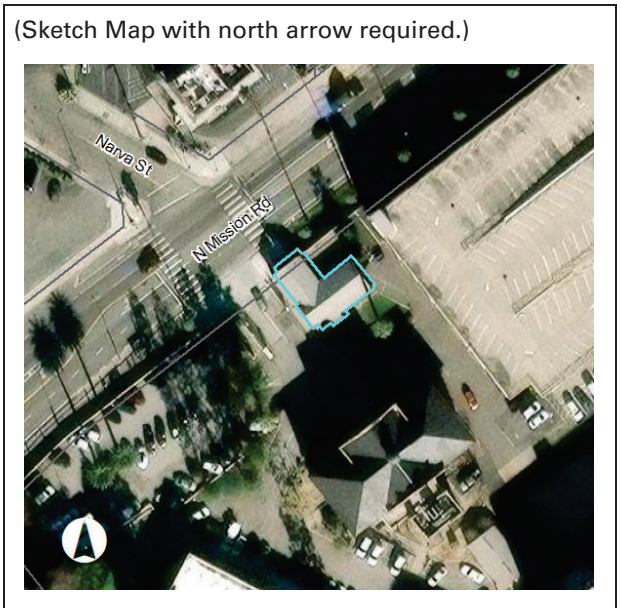
*B12. References:
Helen Eastman Martin, *The History of the Los Angeles County Hospital ...* (1979), 94.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group

*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 2

*Resource Name or #: (Assigned by recorder) West Central Power Plant

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1635 Marengo Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The West Central Power Plant is a two-story vernacular building that was designed by M.A. Nishkian and constructed between 1964 and 1965 to serve as a power plant for various buildings on the main campus. It is located on the west side of the General Hospital main campus, set back from Marengo Street, just north of the intersection with Lord Street. The concrete masonry unit building has an irregular footprint and is capped by a flat roof with a flat parapet. Standing seam metal runs along the top edge of the exterior walls, and clads a rooftop penthouse and portions of the south and west façades. The main entrance on the north has a fully glazed metal door set in a storefront window system, accessed by concrete steps, with three metal awning windows to the west. The building is otherwise unfenestrated, and façades punctuated only by large metal vents and metal slab doors accessed by metal grate stairs. Several doorways, including the main entrance, have thin, flat concrete canopies. Two double-height metal rollup garage doors are located on the north façade, and one on the west façade. The West Central Power Plant currently supplies Juvenile Hall, Interns and Residents Dormitory Building, Outpatient Building, Medical Examiner Building, and parts of the General Hospital.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP8. Industrial Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View northwest, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1964-65 (Building Permit; Martin, p. 246)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency Primary #
 DEPARTMENT OF PARKS AND RECREATION HRI#
BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) West Central Power Plant *NRHP Status Code 6Z
 Page 2 of 2

B1. Historic Name: West Central Power Plant
 B2. Common Name: West Central Power Plant
 B3. Original Use: Power Plant B4. Present Use: Power Plant

*B5. Architectural Style: Vernacular

*B6. Construction History: (Construction date, alterations, and date of alterations)
Built between 1964 and 1965. Metal structural framing appears to have been added at the exterior of the south facade.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
None

B9a. Architect: M.A. Nishkian b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Power Plant Applicable Criteria None
 (Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The West Central Power Plant is a two-story building constructed by Los Angeles County General Hospital in 1964-1965. There is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. The building is not associated with the lives of persons significant in our past. Numerous individuals worked in the building, providing support services to General Hospital. However, no significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The vernacular building is not a significant or distinctive example of any particular style or the power plant property type. Rather, it employs typical design features and construction materials from the period, such as concrete masonry unit walls, a flat roof, and minimal fenestration. The architect of the building was Martin A. Nishkian. An individual or firm may be defined as a master based on scholarship recognizing their work as unique or trendsetting within the discipline. Nishkian and his Long Beach-based engineering firm, M.A. Nishkian & Company, are best known for the design of the Queensway Twin Bridges (1970) in Long Beach. While the bridge project received a number of awards, Nishkian has not been recognized as a master in the field of engineering, and the West Central Power Plant does not have any distinctive or innovative engineering features. The building does not possess high artistic values. Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the building is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, West Central Power Plant does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Building permit; Helen Eastman Martin, *The History of the Los Angeles County Hospital ...* (1979), 246; and "Family Honors Long Beach Bridge Designer," obituary, *Press-Telegram*, 11/07/2015.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
 *Date of Evaluation: 10/31/25

(This space reserved for official comments.)



State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 3
 P1. Other Identifier: _____

*Resource Name or #: (Assigned by recorder) Coroner's Administration Building

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1102 N Mission Road City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Coroner's Administration Building is a two-story Late Modern building designed by Robert Kleigman and constructed in 1972 to serve as an administration building. Located at the southwestern corner of the General Hospital main campus, the building is set back and at an angle to the intersection of Marengo Street and North Mission Road, and is attached by a breezeway to the adjacent County of Los Angeles Department of Medical Examiner building to the east. The main entrance is at the northeast corner of the building, recessed below the breezeway with square concrete columns only along the back side, which are aligned with wide slots in the flat roof above. The rectangular, reinforced concrete building has a smooth concrete finish with vertical scoring at the exterior walls, and is capped by a flat roof with a flat parapet. The building has a regular pattern of punched aluminum pivot windows in groups of two or three; each window is surrounded at the top and sides by precast concrete fins. A pedestrian path wraps behind the south side of the building to a small outdoor seating area. The building currently houses laboratories, conference rooms, and offices.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
 (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1972 (Building Plaque; Martin, p. 245; Original Drawings)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Coroner's Administration Building *NRHP Status Code 6Z
Page 2 of 3

B1. Historic Name: Chief Medical Examiner & Hospital Administration Building
B2. Common Name: Coroner's Administration Building
B3. Original Use: Hospital administration B4. Present Use: Laboratories, classrooms, offices

*B5. Architectural Style: Late Modern
*B6. Construction History: (Construction date, alterations, and date of alterations)

Built in 1972. Observed alterations include: four doors at the main entrance replaced with paired fully glazed aluminum doors in a fixed storefront system; and accessible ramp, planter, and railings added at the breezeway steps.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
None

B9a. Architect: Robert Kliegman b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Institutional Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The Coroner's Administration Building is a two-story administration building constructed by Los Angeles County General Hospital in 1972. The building was constructed in conjunction with the connected Chief Medical Examiner building. There is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. The building is not associated with the lives of persons significant in our past. Numerous individuals worked in the building, providing support services to General Hospital and Medical Examiner functions. However, no significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The building possesses the basic characteristics of Late Modernism; however, it is not a significant or distinctive example of the Late Modern style or the hospital institution property type. Rather, it employs typical design features and construction materials from the period, such as concrete walls, a flat roof, and projecting fins at the windows. The architect of the building was Robert Kliegman. An individual or firm may be defined as a master based on scholarship recognizing their work as unique or trendsetting within the discipline. Kliegman designed several hospital and administration buildings in Southern California from the late 1940s until his death in 1984. Though active in hospital design, Kliegman is not recognized as a master in the field of architecture. The building does not possess high artistic values. (See Continuation Sheet)

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Helen Eastman Martin, *The History of the Los Angeles County Hospital ...* (1979), 245; architectural drawings; plaque on building.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



CONTINUATION SHEET

Property Name: Coroner's Administration Building

Page 3 of 3

B10. Significance (Continued):

Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the building is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, Coroner's Administration Building does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code _____

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 3
P1. Other Identifier: _____

*Resource Name or #: (Assigned by recorder) County of LA Department of Medical Examiner Building

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1104 N Mission Road City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The County of Los Angeles Department of Medical Examiner building is a Late Modern building designed by Robert Kleigman and constructed in 1972 for the Chief Medical Examiner-Coroner. Located at the southwestern corner of the main campus, the building is set back and at an angle to the intersection of Marengo Street and North Mission Road and is attached by a breezeway to the adjacent Coroner's Administration Building to the west. The five-level building appears as a two-story building at the main entrance while, due to the sloped site, the lower levels are partially exposed at the west and south façades. The main entrance is at the northwest corner of the building, recessed below the breezeway with square concrete columns only along the back side, which are aligned with wide slots in the flat roof above. The main portion of the building is rectangular in plan, and a rectangular wing extends from the lower basement levels to the northwest, creating an L-shape. The rectangular, reinforced concrete building has a smooth concrete finish with vertical scoring at the exterior walls, and is capped by a flat roof with a flat parapet. The main portion of the building has a regular pattern of punched aluminum pivot windows in groups of two or three; each window is surrounded at the top and sides by cast concrete fins. The lower wing is unfenestrated with several covered loading bays accessed via a curved, elevated driveway off of Marengo Street. The building currently houses laboratories, conference rooms, and offices.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP41. Hospital

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View south, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1972 (Building Plaque; Martin, p. 245; Original Drawings)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)

360 E 2nd Street #225

Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) County of Los Angeles Department of Medical Examiner *NRHP Status Code 6Z

Page 2 of 3

B1. Historic Name: Chief Medical Examiner & Hospital Administration Building
B2. Common Name: County of Los Angeles Department of Medical Examiner
B3. Original Use: Chief Medical Examiner-Coroner B4. Present Use: Laboratories, classrooms, offices

*B5. Architectural Style: Late Modern

*B6. Construction History: (Construction date, alterations, and date of alterations)

Built in 1972. Observed alterations include: four doors at main entrance replaced with paired fully glazed aluminum doors in a fixed storefront system; and accessible ramp, planter, and railings added at the breezeway steps; and rooftop and exterior MEP equipment added.

*B7. Moved? No Yes Unknown Date: Original Location:

*B8. Related Features:
None

B9a. Architect: Robert Kliegman b. Builder:

*B10. Significance: Theme Health and Medicine in Southern California Area

Period of Significance Property Type Institutional Applicable Criteria

(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The County of Los Angeles Department of Medical Examiner is a five-story building constructed by Los Angeles County General Hospital in 1972. The building was constructed in conjunction with the connected Coroner's Administration Building. There is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. The building is not associated with the lives of persons significant in our past. Numerous individuals worked in the building, supporting the Medical Examiner. However, no significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The building possesses the basic characteristics of Late Modernism; however, it is not a significant or distinctive example of the Late Modern style or the hospital institution property type. Rather, it employs typical design features and construction materials from the period, such as concrete walls, a flat roof, and projecting fins at the windows. The architect of the building was Robert Kliegman. An individual or firm may be defined as a master based on scholarship recognizing their work as unique or trendsetting within the discipline. Kliegman designed several hospital and administration buildings in Southern California from the late 1940s until his death in 1984. Though active in hospital design, Kliegman is not recognized as a master in the field of architecture. The building does not possess high artistic values. (See Continuation Sheet)

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:

Helen Eastman Martin, *The History of the Los Angeles County Hospital ...* (1979), 245; architectural drawings; plaque on building.

B13. Remarks:

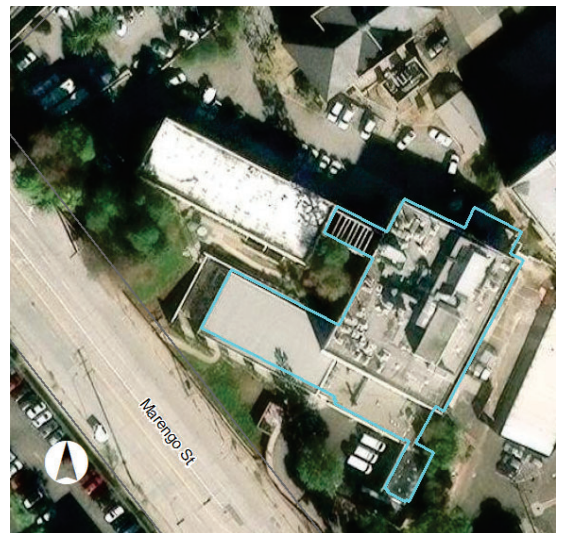
None

*B14. Evaluator: Architectural Resources Group

*Date of Evaluation: 10/31/25

(This space reserved for official comments.)

(Sketch Map with north arrow required.)



CONTINUATION SHEET

Property Name: County of Los Angeles Department of Medical Examiner

Page 3 of 3

B10. Significance (Continued):

Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the building is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, the County of Los Angeles Department of Medical Examiner building does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 2

*Resource Name or #: (Assigned by recorder) Cooling Towers

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1635 N. Marengo St City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Cooling Towers are housed in a vernacular structure built between 1964 and 1965 on the west end of the main campus, set back from Marengo Street, south of the Coroner's Administration Building. The rectangular metal frame structure is clad with corrugated metal panels with metal vents along the base. The flat roof has three open cooling fans housed in flared metal cylinders. Various piping is exposed at the exterior sides of the structure, which is enclosed by a chain-link security fence. An exterior wood frame staircase provides access to the roof.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Building

*P4. Resources Present: Building Structure Object Site District Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View north, 9/22/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric Both

1964-65 (Martin, p. 246)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Cooling Towers *NRHP Status Code 6Z
Page 2 of 2

B1. Historic Name: Cooling Towers
B2. Common Name: Cooling Towers
B3. Original Use: Cooling Towers B4. Present Use: Cooling Towers
*B5. Architectural Style: Vernacular

*B6. Construction History: (Construction date, alterations, and date of alterations)
Built between 1964 and 1965. Observed alterations include the addition of an exterior wood staircase.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
None

B9a. Architect: Unknown b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Cooling Towers Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The structure was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The Cooling Towers are housed in a structure built by Los Angeles County General Hospital in 1964-1965. As cooling towers, the structure was not the location of significant medical research, is not associated with any singular events, and did not play an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the structure does not appear to be significant under Criterion A/1/1. As a cooling towers, no significant individuals were found to be directly associated with the structure in a way that would warrant consideration under Criterion B/2/2. The vernacular industrial structure is not a significant or distinctive example of any particular style or property type. The builder and/or architect (if any) are not known. However, given its utilitarian appearance and typical craftsmanship, it is not likely that it represents the work of a master. The structure does not possess high artistic values. Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the structure is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, the structure does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the structure does not appear eligible for federal, state, or local listing.

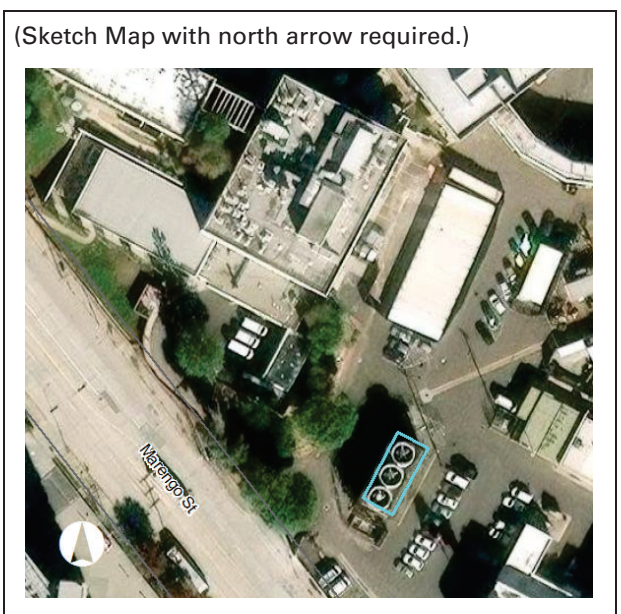
B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Helen Eastman Martin, *The History of the Los Angeles County Hospital ...* (1979), 246.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 3

*Resource Name or #: (Assigned by recorder) Viaduct

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1200 N State Street City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5201001901

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Viaduct is a reinforced concrete structure that was built by Allied Architects in 1933 to provide a covered walkway and tunnel for supply transport. The Viaduct was designed to connect several existing buildings—the Pharmacy Building, Laundry Building, and Power Plant—to the new General Hospital Acute Unit. The lower portion of the Viaduct features a series of segmental arch openings. The upper portion of the Viaduct connects to the second story of the Pharmacy Building, turns slightly, then extends straight east, and becomes a tunnel when it meets the hillside below North State Street and the General Hospital Acute Unit. The walls are exposed board-formed concrete and the roof is flat with a parapet. Three punched, vertical window openings are located above each archway. One of the central bays of the Viaduct has stepped walls and a stepped parapet. Originally, a leg of the Viaduct extended from the north side of this stepped bay to the Laundry Building (since demolished).

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP11. Engineering Structure

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View northwest, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1933 (Drawings)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Viaduct *NRHP Status Code 6Z
Page 2 of 3

B1. Historic Name: Viaduct
B2. Common Name: Viaduct
B3. Original Use: Tunnel/viaduct for supply transport B4. Present Use: Tunnel/viaduct for supply transport
*B5. Architectural Style: Vernacular
*B6. Construction History: (Construction date, alterations, and date of alterations)

Built in 1933. The leg of the viaduct on the north and the connected Laundry Building were demolished in 1994. The pipe tunnel and connected Power House were also both demolished. Several of the arcades have been enclosed as storage areas. The exterior walls have been painted.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____
*B8. Related Features:
None

B9a. Architect: Allied Architects b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Institutional Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The Viaduct does not appear individually eligible under any local, state, or federal registration criteria.

National Register, California Register, Los Angeles County Criterion A/1/1: associated with events that have made a significant contribution to the broad patterns of history.

The Viaduct is generally associated with the institutional expansion of County medical services in Los Angeles in the 1930s to address the region's significant population increase during the interwar years. Constructed in 1933, the structure originally served as a means of transporting hospital employees and supplies to and from the newly built General Hospital – Acute Unit, connecting it with support buildings to the west. It was part of an above- and below-ground circulation network connecting various buildings and structures throughout the expansive hospital campus. The structure was historically part of a larger complex of support services buildings known as the "Support Services Site" and described above.

(See Continuation Sheet)

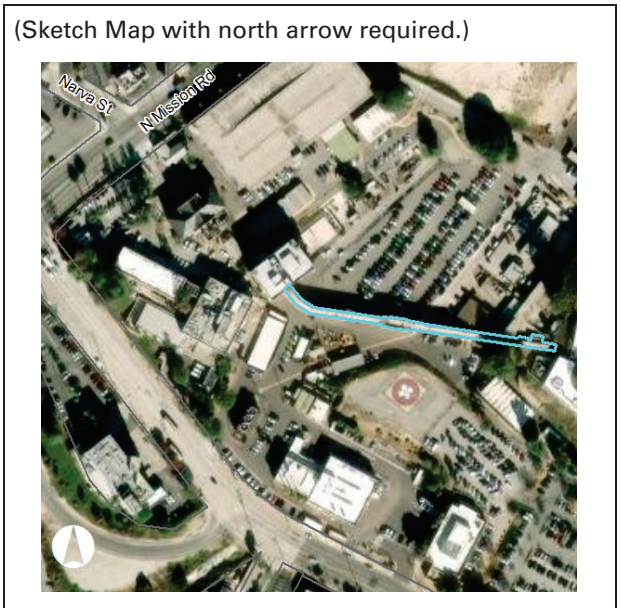
B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Original architectural drawings; historic aerials via NETROnline; National Park Service, "National Register Bulletin 15: How to Apply the National Register Criteria for Evaluation" (1995).

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/25

(This space reserved for official comments.)



CONTINUATION SHEET

Property Name: Viaduct

Page 3 of 3

B10. Significance (Continued):

While associated with the General Hospital's 1930s development, according to National Register Bulletin 15, "Mere association with historic events or trends is not enough, in and of itself, to qualify under Criterion A: the property's specific association must be considered important as well." The Viaduct was historically and continues to be used as a support structure as part of a much larger complex of medical buildings that support the hospital complex, many of which no longer exist. As a support structure, it is inherently not singularly important or illustrative of the General Hospital's 1930s development and expansion as a significant medical institution. For these reasons, the Viaduct does not appear individually eligible for listing under Criterion A/1/1.

National Register, California Register, Los Angeles County Criterion B/2/2: associated with the lives of persons significant in our past.

The Viaduct does not appear to be individually eligible under Criterion B/2/2. Properties that are eligible under Criterion B/2/2 are typically habitable buildings where an important person worked or resided and that have a direct association with the person's reason(s) for significance. As a non-inhabitable structure, it cannot be said that the Viaduct has any direct or meaningful connection to the productive life of an individual.

National Register, California Register, Los Angeles County Criterion C/3/3: embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or that possesses high artistic values, or that represents a significant and distinguishable entity whose components may lack individual distinction.

The Viaduct is utilitarian and vernacular in appearance and does not possess high artistic value. While it embodies the typical characteristics of the property type (elevated linear structure supported by a series of consecutive arches), it was built using common materials and methods of construction of the period (poured-in-place, board-formed concrete with steel reinforcement). Furthermore, the viaduct has been altered since its original construction, including the demolition of an elevated branch that ran perpendicular to the main section and connected to a laundry building (also demolished); infill of most support arches with wood and corrugated metal cladding and doors; and replacement of windows at grouped openings along the elevated enclosed corridor. These alterations have compromised the Viaduct's ability to convey its original design intent. The structure was designed by the Allied Architects Association of Los Angeles, who concurrently designed the General Hospital – Acute Unit and are considered to be master architects. However, given its utilitarian construction and altered appearance, it cannot be said that the Viaduct is singularly or notably representative of their work as masters in their field.

As described above, the Viaduct was once part of a larger complex of support services buildings on the west half of the General Hospital main campus. The "Support Services Site" was identified as eligible for National Register listing, presumably for representing a significant and distinguishable entity whose components lacked individual distinction. However, the vast majority of buildings and structures that historically comprised the site were demolished in the late 1990s and 2000s such that the site no longer contains a significant concentration of buildings or structures to be eligible for designation.

For the above reasons, the Viaduct does not appear eligible under Criterion C/3/3.

National Register, California Register, Los Angeles County Criterion D/4/4: has yielded or may likely yield information important in prehistory or history.

An archeological assessment was not within the scope of this study. Refer to Envicom Corporation's Phase I Cultural Resource Assessment: Los Angeles County General Medical Center Healthy Village for an evaluation of archeological resources on the Proposed Project Site

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3S, 3CS, 5S3

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 6
P1. Other Identifier: _____

***Resource Name or #:** (Assigned by recorder) _____

College of Osteopathic Physicians and Surgeons
 Historic District

***P2. Location:** Not for Publication Unrestricted

***a. County** Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

***b. USGS 7.5' Quad** Los Angeles, CA **Date** 2022 **T** ___; **R** ___; ___ **of** ___ **of Sec** ___; ___ **B.M.**

c. Address Multiple (main address: 1739 Griffin Avenue) **City** Los Angeles **Zip** 90031

d. UTM: (Give more than one for large and/or linear resources) **Zone** __, ___ **mE/** ___ **mN**

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)

APNs: 5210-014-903, 5210-014-902, 5210-014-901

***P3a. Description:** (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The College of Osteopathic Physicians and Surgeons Historic District is a grouping of eleven buildings (six contributing and five non-contributing) and an arcaded walkway located on the block north of the Los Angeles County General Hospital main campus, bounded by Griffin Avenue, North Mission Road, Sichel Street, and Alhambra Avenue. Elements of the district were historically associated with the College of Osteopathic Physicians and Surgeons, a teaching hospital that was established in 1914 when two existing osteopathic colleges merged. The college purchased the property along Griffin Avenue in 1921, relocated one of their existing buildings to the site, and began a new construction campaign in the late 1920s. The buildings constructed prior to World War II are a mix of Spanish Colonial, Mission, and Mediterranean Revival styles, generally with wood frame construction, stucco cladding, wood or steel windows, and clay tile roofing or parapet coping. An arcaded Mission Revival style wall surrounds a walkway that wraps around the formerly open quad. Two postwar concrete buildings along North Mission Road are modest Mid-Century Modern buildings with flat roofs. Several vernacular ancillary buildings and trailers, built after the college relocated to University of California, Irvine, are located on the western portion of the site, which is primarily characterized by a large surface parking lot. A later trailer was also installed in the original quad.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



***P3b. Resource Attributes:** (List attributes and codes) HP15. Educational Bldg

***P4. Resources Present:** Building Structure Object Site District Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View northwest, 9/24/2025

***P6. Date Constructed/Age and Source:** Historic Prehistoric Both

1904-1957 (sources listed on District Record)

***P7. Owner and Address:**

County of Los Angeles

***P8. Recorded by:** (Name, affiliation, and address)

Architectural Resources Group (ARG)

360 E 2nd Street #225

Los Angeles, CA 90012

***P9. Date Recorded:** 10/31/25

***P10. Survey Type:** (Describe) Intensive

***P11. Report Citation:** (Cite survey report and other sources, or enter "none.") _____

ARG "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

***Attachments:** NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

*Resource Name or # (Assigned by recorder)

D1. Historic Name: College of Osteopathic Physicians and Surgeons Historic District D2. Common Name: LAC College of Nursing & Allied Health

*D3. **Detailed Description** (Discuss overall coherence of the district, its setting, visual characteristics, and minor features. List all elements of district.):

The former College of Osteopathic Physicians and Surgeons campus (now occupied by the Los Angeles County College of Nursing & Allied Health) is oriented toward Griffin Avenue, on the block bounded by North Mission Road, Sichel Street, and Alhambra Avenue. The district is located across North Mission Road from the Los Angeles County General Hospital main campus. The oldest buildings are located in a cluster facing Griffin Avenue, with several later buildings located along North Mission Road and in the paved surface parking lot that occupies the western half of the block. The parking lot also holds two small guard shacks added in 1995. The older core of the district was developed between the 1920s and mid-1940s and is characterized by its Spanish Colonial and Mediterranean Revival style architecture, while the two post-World War II buildings along North Mission Road are modest expressions of Mid-Century Modern design. Several vernacular, utilitarian buildings were constructed after the College of Osteopathic Physicians and Surgeons (by then known as the California College of Medicine) relocated to the University of California, Irvine in 1968. (See Continuation Sheet)

*D4. **Boundary Description** (Describe limits of district and attach map showing boundary and district elements.):

The district encompasses the block bounded by the train tracks south of Alhambra Avenue, Griffin Avenue, North Mission Road, and Sichel Street, with the exclusion of the commercial property at 1201 N. Mission Road (APN 5210014001, at the corner of North Mission Road and Sichel Street).

*D5. **Boundary Justification:**

The district boundary includes the block that was historically developed for use by the College of Osteopathic Physicians and Surgeons prior to its relocation to the University of California, Irvine in 1968. The commercial property at 1201 N. Mission Road was never part of the college campus, so has been excluded from the district boundary.

D6. **Significance: Theme** Health and Medicine in Southern California **Area** Los Angeles
Period of Significance 1921-1968 **Applicable Criteria** A/1/1, C/3
(Discuss district's importance in terms of its historical context as defined by theme, period of significance, and geographic scope. Also address the integrity of the district as a whole.)

The former College of Osteopathic Physicians and Surgeons campus was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The campus appears to be eligible as historic district for its association with early osteopathic education and institutional development patterns in health and medicine in Southern California under Criterion A/1/1. It also appears eligible under C/3 as a distinguishable entity whose individual components lack distinction. The college was formed by the 1914 merger of the two oldest osteopathic colleges in Southern California, and the purpose-built campus on Griffin Avenue was developed over a period in the 20th century. The period of significance for the district begins in 1921, when the college purchased the property on Griffin Avenue and relocated their existing building to the site (now known as North Hall), and ends in 1968, when the college relocated to the University California, Irvine.

*D7. **References** (Give full citations including the names and addresses of any informants, where possible.):

Helen Eastman Martin, *The History of the Los Angeles County Hospital, 1878-1968, and the Los Angeles County-University of Southern California Medical Center, 1969-1978* (Los Angeles, CA: University of Southern California Press, 1979).
"Osteopathic Group Augmented: Improvements to College Cost \$60,000," *Los Angeles Times*, March 4, 1928.
"Osteopathic College Adding to Equipment," *Los Angeles Times*, August 29, 1937.
"Science Building Dedicated by College of Osteopathy," *Los Angeles Times*, October 13, 1946.
"Cal. College of Medicine Accredited," *Los Angeles Times*, March 4, 1962.
McGill Office for Science and Society, "Osteopathy Needs Science to Lend a Hand," accessed October 2025, <https://www.mcgill.ca/oss/article/medical-health-and-nutrition/osteopathy-needs-science-lend-hand>.
Sanborn Map Company fire insurance maps.
Historic aerial photographs.

*D8. **Evaluator:** Evanne St. Charles and Hannah Simonson **Date:** 10/31/2025

Affiliation and Address: Architectural Resources Group (ARG), 360 E 2nd Street #225 Los Angeles, CA 90012

CONTINUATION SHEET

Property Name: College of Osteopathic Physicians and Surgeons Historic District

Page 3 of 6

D3. Detailed Description (Continued):

A stuccoed, arcaded Mission Revival-style wall with shaped parapets and clay tile coping encloses the walkways to the east and north of Tower Hall and the east of the Library Building. The parapets of the wall each have three small arched openings, some of which still include bells. A central quad, northeast of the arcaded walkway and south of Phinney Hall, is now largely occupied by a building (T-60 Building/Bldg 60) that was constructed in 1994. Concrete walkways extend between the Library Building, Phinney Hall, and Science Building, and a concrete courtyard is located between Phinney Hall and North Hall. Mature trees are planted immediately adjacent to the older buildings at the northeast corner of the campus. Except for a sidewalk planting strip along North Mission Road, the south and west portions of the site lack vegetation and are generally paved. Griffin Avenue, which has street trees along its west sidewalk, is elevated as it crosses Alhambra Avenue and the train tracks, and partially obscures Phinney Hall, Science Building, and North Hall from public view. A small lawn with manicured hedges at the southeast corner of the property was created when Griffin Avenue was realigned in the 1970s.

Six buildings were identified as contributors to the College of Osteopathic Physicians and Surgeons Historic District: Tower Hall (c. 1928), Library Building (c. 1928), Phinney Hall (1937), Science Building (1946), Pediatrics Clinic (1951), and Pediatric Outpatient Building (1957). One building, North Hall (built 1904, relocated 1921 and 1937), was identified as a non-contributor due to extensive exterior alterations in 2016. Three buildings were identified as non-contributors because they post-date the district's 1921-1968 period of significance: Building 120 (c. 1968-72), T-60 Building (1994), and Carlson Trailer (1995).

The district has experienced some changes over time, most of which are relatively minor in scope. Except for a few temporary classroom buildings installed in the postwar period and a laboratory storage building, all of the buildings erected in association with the College of Osteopathic Physicians and Surgeons remain extant. Most of the buildings constructed during the district's period of significance have had only minor exterior alterations, such as adding security bars to windows, some windows replaced or infilled on secondary façades, and doors replaced. Only North Hall, which was an early location of the college and was relocated to the site in 1921, has had extensive exterior alterations. Through at least the 1950s, the western and southern portions of the block were developed with residences and commercial buildings unrelated to the College of Osteopathic Physicians and Surgeons, all of which have since been demolished except for a former automobile repair shop at the southwest corner of the block. The western half of the block has since been turned into a surface parking lot and several ancillary buildings added, but the surrounding neighborhood setting still includes a mix of residential and commercial properties across Sichel Street and General Hospital across North Mission Road. The most substantive alterations to the landscape and setting of the district have been the installation of a trailer building in the central quad and the regrading of Griffin Avenue which now has an elevated retaining wall immediately east of several of the buildings.

B10. Significance (Continued):

Around the turn of the 20th century there were just two osteopathic colleges in Southern California—the Pacific Sanitarium and School of Osteopathy, established in 1896 in Whittier, and the Los Angeles College of Osteopathy, established in 1905 in downtown Los Angeles. The Pacific Sanitarium and School of Osteopathy relocated to a new three-story building (now known as North Hall) at the corner of Mission Road and Daly Street in 1904, and the two schools merged to form the College of Osteopathic Physicians and Surgeons in 1914. North Hall was relocated in 1921 as the first building on the college's newly purchased property on Griffin Avenue, across from Los Angeles General Hospital. The college began a building campaign in the late 1920s that included an administration and auditorium building (Tower Hall) and a laboratory (now the Library Building), and would further expand with a new library and classroom building in the 1930s (Phinney Hall), a research laboratory building (Science Building) in the 1940s, and two outpatient clinic and rehabilitation buildings (Pediatrics Clinic and Pediatric Outpatient Building) in the 1950s.

CONTINUATION SHEET

Property Name: College of Osteopathic Physicians and Surgeons Historic District

Page 4 of 6

D6. Significance (Continued):

The College of Osteopathic Physicians and Surgeons campus is associated with the early 20th century development of osteopathic health and medicine in Southern California. Osteopathy was originally introduced in America in the 1870s as a comprehensive therapeutic approach for promoting health and fighting disease. The study of osteopathy emerged in Southern California at the turn of the century, coinciding with the region's increased recognition as a haven for health seekers. While labeled as charlatanism by the traditional medical practitioners in the early 1900s, osteopathic medicine was increasingly accepted in the years following World War II, in part due to higher standards in osteopathic education and more available federal funding for improving osteopathic institutions.

The College of Osteopathic Physicians and Surgeons was developed over a period in the 20th century when the attitudes of the public and medical establishment evolved from skepticism to broader acceptance of the medical practice. For these reasons, the college campus appears eligible for listing as a historic district under Criterion A/1/1.

Numerous individuals worked at College of Osteopathic Physicians and Surgeons, conducting research and providing education to students and care to patients. However, no singular significant individuals were found to be directly associated with the campus in a way that would warrant consideration under Criterion B/2/2. Rather, the broad significance of the campus is associated with the college as a research and educational institution.

The former osteopathic college campus represents a significant and distinguishable entity whose components lack individual distinction. While the campus has undergone some changes over time, including the addition of new landscaping and hardscaping along Griffin Avenue and the addition of new buildings after its period of significance (ending 1968), the property retains its overall character and appearance from when it was developed as a medical college campus in the 1920s through the mid-1950s. Its location at the intersection and Griffin Avenue and North Mission Road, across from the General Hospital main campus, and its overall relationship between buildings, clustered on the east half of the campus, is intact, as are the location, massing, scale, and overall design of its contributing components. Furthermore, the majority of buildings on the property retain sufficient integrity to contribute to the significance of the campus. For these reasons, the property represents a significant and distinguishable entity as an early 20th century institutional campus and thus appears eligible as a historic district under National/California Register Criterion C/3.

County of Los Angeles Criterion 3 only relates to a property's architectural style and architect, and does not include language referencing a "significant and distinguishing entity whose components may lack individual distinction." Thus, the campus does not appear eligible under local Criterion 3.

ARG did not evaluate the district under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the district's potential for intact subsurface resources is unknown.

To be eligible for federal, state, or local designation, a resource must first have significance under one (or more) of the four eligibility criteria. It must then retain sufficient integrity to convey its significance. Generally, a historic resource must retain most, if not all, aspects of integrity for listing in the National Register, whereas integrity thresholds for listing in the California Register and under the Los Angeles County Historic Preservation Ordinance are somewhat less stringent, often depending on the resource and reasons for its significance.

CONTINUATION SHEET

Property Name: College of Osteopathic Physicians and Surgeons Historic District

Page 5 of 6

D6. Significance (Continued):

The College of Osteopathic Physicians and Surgeons Historic District retains sufficient integrity to be eligible for listing in the National Register and California Register, and under the Los Angeles County Historic Preservation Ordinance. The historic district's location at the intersection and Griffin Avenue and North Mission Road is intact. While its setting has somewhat changed through the demolition of institutional buildings to the north and on the General Hospital main campus to the east, as well as the addition of new buildings in the 1970s, 1980s, and 1990s on the campus itself, the campus is still primarily composed of early to mid-20th century institutional buildings generally surrounded by a mix of low-scale institutional, residential, and commercial development. Thus, its integrity of setting has been compromised but not lost altogether. While the campus has undergone some changes over time, including new landscaping and hardscaping and the addition of new buildings as noted above, and the buildings within the property have experienced some alterations (replacement of fenestration, infill of windows on secondary elevations, side/rear additions), the property retains its overall character and appearance from its period of significance (1921-1968). Its overall relationship between buildings, clustered on the east half of the campus, is intact, as are the location, massing, scale, and design of its contributing components. Furthermore, the majority of buildings on the property retain sufficient integrity to contribute to the significance of the campus. Thus, the district retains integrity of design, materials, and workmanship, which in turn convey its feeling as an early 20th century medical college and association with the early development of osteopathic medicine in Los Angeles. In summary, the district retains integrity of location, design, materials, workmanship, feeling, and association, while its integrity of setting has been somewhat compromised.

Tower Hall and Phinney Hall have also been identified as individually significant for their architectural design. None of the other buildings on the campus are individually eligible under any federal, state, or local registration criteria.

Contributors/Non-Contributors and Character-Defining Features

Contributing buildings:

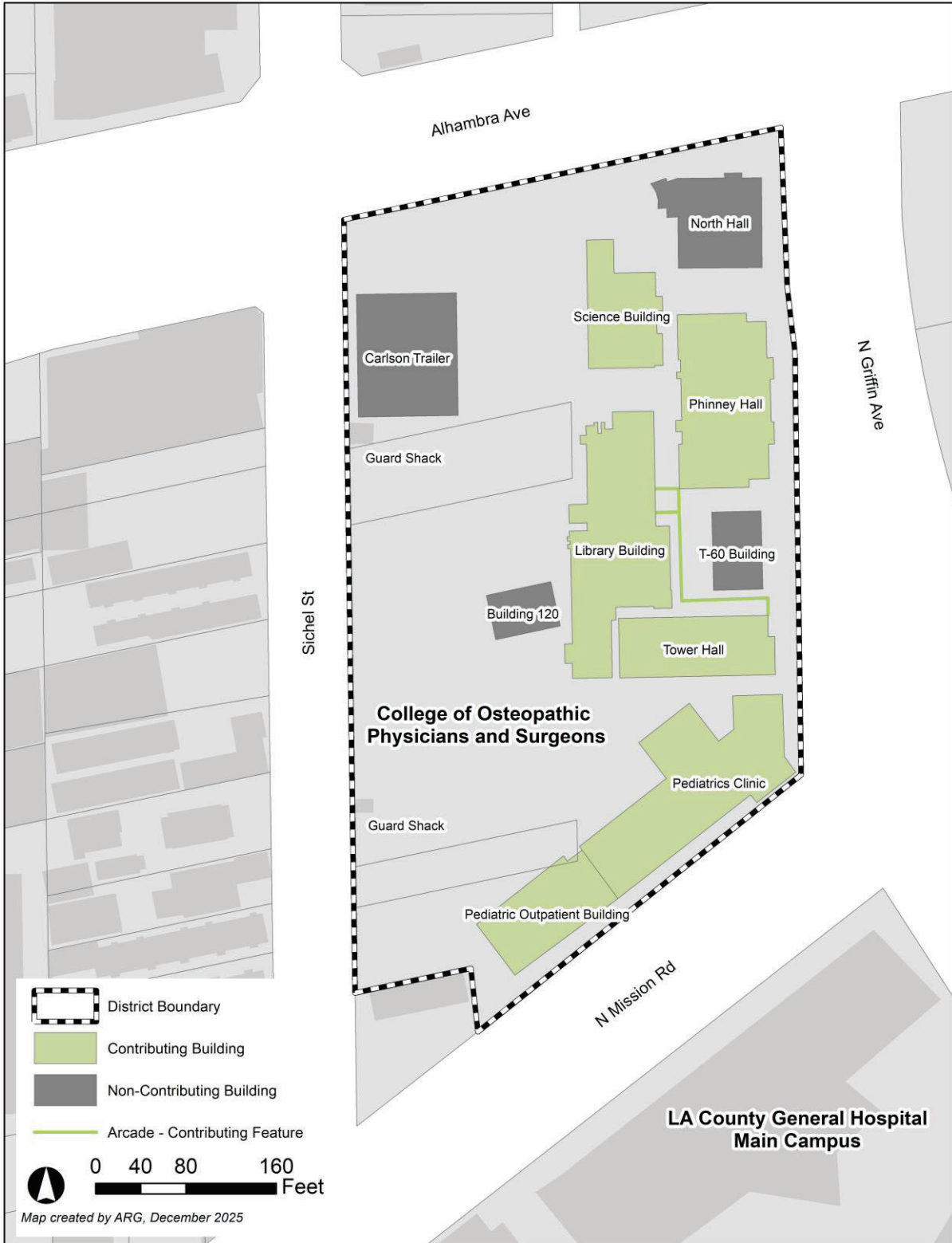
- Tower Hall (Building 30/B), built c. 1928
- Library Building (Building C), built c. 1928
- Phinney Hall (Building 40), built 1937
- Science Building, built 1946
- Pediatrics Clinic (Building A), built 1951
- Pediatric Outpatient Building (Building 10/E), built 1957

Non-contributing buildings:

- North Hall (Leonard Hill Hope Center), built 1904, moved to site in 1921, relocated to current location in 1937, and extensively altered in 2016
- Building 120, built c. 1968-72
- T-60 Building (Building 60), built 1994
- Carlson Trailer (Building D), built 1995

Character-Defining Features:

- Siting at the northwest corner of Griffin Avenue and North Mission Road, across the street from the Los Angeles General Hospital main campus
- Cluster of early campus buildings at the east half of the site, arranged around a central quad (quad has since been altered with addition of the 1994 T-60 Building)
- Arcaded walkway that surrounds the south and west sides of the central quad wraps around to the front (east) side of Tower Hall.



**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) North Hall

P1. Other Identifier: Leonard Hill Hope Center

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1739 Griffin Avenue City Los Angeles Zip 90031

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

North Hall is a three-story vernacular building originally constructed in 1904 for use as a clinic. It was relocated in 1921 from a different site for use by the Los Angeles College of Osteopathic Physicians and Surgeons, which originally occupied the property currently comprising the Los Angeles College of Nursing & Allied Health campus. The building was relocated again within the same property in 1937 to its current location at the northeast corner of the campus, just south of the railroad tracks parallel to Alhambra Avenue. Griffin Avenue rises above grade to the east of the building, over the tracks. The building is capped by a flat roof with a clay tile pent roof; its walls are clad in smooth stucco. All windows are fixed or single-hung vinyl replacements. The primary (west) façade entrance doors are glazed metal double doors accessed by a concrete ramp and steps with metal railings and sheltered by a canopy. Paired glazed doors open onto a raised, covered concrete patio at the south elevation; other doors are metal slab. The building currently functions as the Leonard Hill Hope Center, an organization that supports at-risk youth. Per Google Street View, the building was significantly altered ca. 2016, including: a three-story addition to the west façade; all windows replaced and openings altered; re-clad in smoother stucco and wood cladding; new concrete ramp and steps at west façade; and new patio at south elevation.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15. Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View east, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1904 (Martin, p. 59; Building Permit)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)

360 E 2nd Street #225

Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3D, 3CB, 5B

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Tower Hall
P1. Other Identifier: Building B

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1711 Griffin Avenue City Los Angeles Zip 90031

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Tower Hall is a one-story Spanish Colonial Revival-style building constructed around 1928 for use as an auditorium. The building is located just south of the center of the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus). It is directly west of the Library Building and south of a courtyard shared with Phinney Hall; a 1990s trailer (T-60/Building 60) sits at the center of the courtyard. The building's primary (east) façade faces the intersection of North Mission Road and Griffin Avenue and is fronted by lawn traversed by concrete walkways. Its rear (south) façade is bordered by a paved outdoor lunch area, shared with the Pediatric Clinic (Building A). A Mission-style arcade clad in stucco and topped with clay tiles wraps around the east and north sides of the building. Metal fencing has been added between the arcade arches. The building consists of a one-story main volume fronted by a prominent square tower. The main volume has a roughly rectangular footprint and is clad in textured stucco. It includes gable, shed, and flat roofs. The gable and shed roofs are covered in clay tiles. The tower is clad in textured stucco and is capped by a hipped roof with clay tiles. The top of the tower features arched openings with round balconettes surrounded by decorative cast stone details, including floral and scroll reliefs divided by pilasters. The building's primary entrance is located at the base of the tower. The entrance is framed by a cast stone surround with an arched opening featuring egg-and-dart molding, floral medallions, and flanking pilasters. The entrance itself consists of an aluminum-framed replacement door with a sidelight. Above the entrance arch are paired multi-light casement windows framed by decorative cast stone detailing and an arched pediment. Other fenestration includes original arched multi-light wood casement windows on the east façade and replacement windows on the north elevation and metal slab doors on the south elevation. The building currently houses classrooms and conference rooms.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15. Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View northwest, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

ca. 1928 (Los Angeles Times, March 4, 1928)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)

360 E 2nd Street #225

Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3D, 3CD, 5D2

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 1

*Resource Name or #: (Assigned by recorder) Library Building

P1. Other Identifier: Building C

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1739 Griffin Ave City Los Angeles Zip 90031

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Library Building is a one-story Mission Revival-style building constructed around 1928 for use as laboratory and dissection room. It was designed by architect J. M. Tyler. It is located at the center of the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons), directly west of Tower Hall and Phinney Hall. Historically the building faced a landscaped courtyard to the east; a trailer (T-60/Building 60) was added to the courtyard in the 1990s. A walkway and arcade clad in stucco and topped with clay tiles fronts the building to the east and wraps around the southern edge of the courtyard. The building has an irregular footprint and is clad in smooth stucco and painted brick. It is capped by a flat roof with a shaped parapet wall with decorative niches, that is topped with clay tiles on the primary (east) façade. The main (east) entrance is recessed and consists of a metal slab door with a narrow light, topped by a fanlight. Windows on the south half of the east façade are arched multi-light wood casements with fanlights. Other fenestration includes grouped wood casements with transoms and double-hung wood windows on the west elevation, and grouped steel casements with transoms on the south elevation. Most windows have security bars. Metal slab doors are also present on the west elevation. The building currently functions as a library. Observed alterations include: additions on the rear/west side; some fanlight and door openings infilled; and some windows and doors replaced.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15, Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
(Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 10/30/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

ca. 1928 (Los Angeles Times, March 4, 1928)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)

360 E 2nd Street #225

Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3B, 3CB, 5B

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 1

*Resource Name or #: (Assigned by recorder) Phinney Hall

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1721 Griffin Avenue City Los Angeles Zip 90031

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Phinney Hall is a two-story Mediterranean Revival-style building (with basement) constructed in 1937 for laboratory, classroom, and assembly uses. It was designed by architect Louis L. Dorr. The building is located just north of the center of the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus). It sits between North Hall to the north and a courtyard shared with Tower Hall to the south; a 1990s trailer (T-60/Building 60) sits at the center of the courtyard. Its primary (east) façade faces Griffin Avenue, which rises above grade in front of the building. The building has a roughly rectangular footprint and is clad in smooth stucco. It is primarily capped by a flat roof bound by a shed roof and one-story flat roof volumes to the east and hipped roof volumes to the north and south. Its primary (east) façade features a front-facing gabled parapet wall surmounted by sculptural and geometric finials at its gable peaks. String courses wrap around all façades of the building. The main (east) entrance is accessed via a set of concrete stairs and an adjacent contemporary accessibility ramp with metal railings. The entrance itself is recessed and consists of a pair of metal replacement doors with square windows, topped by a transom. Above the entrance is a pair of multi-light steel windows; together the entrance and windows are framed by a highly ornate cast stone surround featuring pilasters, scrollwork, medallions, geometric motifs, and stylized floral elements. The cast stone ornamentation has Art Deco influences and is more geometric than typical Mediterranean Revival style ornamentation. Other visible windows include paired and grouped multi-light steel fixed and casement windows. First-story windows have metal security bars. The rear (west) façade includes three additional metal replacement doors. The building currently functions as the Violence Intervention Program offices.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15. Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
 (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 10/30/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1937 (Building Permit, Los Angeles Times, August 29, 1937)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3D, 3CD, 5D2

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Science Building
P1. Other Identifier: School of Nursing

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ; R ; of of Sec ; B.M.

c. Address 1739 Griffin Ave City Los Angeles Zip 90031

d. UTM: (Give more than one for large and/or linear resources) Zone , mE/ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Science Building is a two-story Spanish Colonial Revival-style building (with basement) constructed in 1946 for use as a science classrooms. The building is located near the north end of the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus). Its primary (east) façade faces an internal courtyard shared with Phinney Hall to the south and North Hall to the north. It is bordered by a paved surface parking lot at the rear (west). The building has an irregular footprint and features a combination of flat and hipped roofs: the flat roof (above the north half of the building) is enclosed by a flat parapet wall, while the hipped roof (above the south half of the building) is clad in clay tile with open eaves, exposed rafter tails, and purlins. The exterior walls are covered in smooth stucco. Stringcourses delineate the first and second stories on the north half of the building, and an exterior stucco and brick chimney is located on the west façade. The primary (east) façade contains two entrances. The first entrance is centered on the north half of the building. It features a metal slab door, which is framed by a stepped surround and capped by a bracket-supported canopy. The second entrance is at the south end, set within a porch capped by a shed roof supported by wood posts, and partially enclosed by metal railing. It is reached via concrete steps and leads to a metal slab door with a narrow light. First-story windows are primarily multi-light steel fixed and casement windows, which are enclosed by security bars. Second-story windows are single-hung, fixed, and sliding vinyl replacement windows with false divided lights. Two round wood multi-light windows set within recessed circular openings are also present at the south half of the east façade. The window above the entrance at the north half of the east façade features a decorative cast stone surround.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15, Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1946 (Building Permit, Los Angeles Times, October 13, 1946)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3D, 3CD, 5D2

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 1

*Resource Name or #: (Assigned by recorder) Pediatrics Clinic

P1. Other Identifier: Building A

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1237 N Mission Road City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Pediatrics Clinic is a one-story building constructed in 1951 for use as a clinic and lecture hall. It is a modest example of a Mid-Century Modern building. The building is flush with the sidewalk along North Mission Road; paved surface parking surrounds the building to the north. It is located along the southern edge of the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus) and is connected to the Pediatric Outpatient Building on the west end. The building has an irregular footprint and is capped by a flat roof; it is clad in painted brick. A roof overhang tilts upward and extends over the primary (south) façade entrance. The primary entrance is located at the east end of the façade and is accessible via concrete steps or a contemporary concrete ramp originating at the east façade; both are fitted with metal handrails and bound by low brick walls. The entrance itself consists of fully glazed aluminum double doors surrounded by fixed floor-to-ceiling aluminum windows. The main entry doors and surrounding windows have reflective glazing. Other window types on the south, east, and north elevations include grouped steel fixed and casement windows. Two additional entrances are present at the north elevation. Both are accessed by steps and landings that lead to metal slab doors. Observed alterations: some windows on the north façade infilled, main entrance doors and windows replaced, concrete entrance ramp added, and rooftop MEP equipment added.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15. Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View southwest, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1951 (Building Permit)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)

360 E 2nd Street #225

Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3D, 3CD, 5D2

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Pediatric Outpatient Building
P1. Other Identifier: Building E

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1237 N Mission Road City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Pediatric Outpatient Building is a two-story vernacular building constructed in 1957 by architects Donald S. Gill and Vincent Palmer for use as a rehabilitation center. The building is flush with the sidewalk along North Mission Road; paved surface parking surrounds the building to the north. It is located along the southern edge of the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus) and is connected to the Pediatrics Clinic on the east end. The building has a roughly rectangular footprint. It has a flat roof and is clad in smooth stucco. Centered on the south façade is a partial-height wall that bounds concrete steps and an inclined walkway with metal handrails, leading to a slab door with no external hardware. The entrance is flanked on the west by a multi-light metal window which has been painted over and on the east by a multi-light replacement window. Two additional metal slab doors are located further west of the entrance and are at sidewalk grade. Other fenestration includes grouped metal windows, which appear to be steel fixed and casement, located on the south and north elevations. Metal slab doors at the north and west elevations are accessed by raised concrete landings. Observed alterations include: some window openings infilled, at least one window replaced, MEP systems and enclosures added.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15, Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View north, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1957 (1956 Soils Report, Lincoln Heights Bulletin-News, June 23, 1957)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 1

*Resource Name or #: (Assigned by recorder) Building 120

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1739 Griffin Ave City Los Angeles Zip 90031

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Building 120 is a one-story vernacular building constructed between 1968 and 1972; it may have been constructed for use as animal quarters based on a 1960s/70s site map. It sits at a skewed angle and is deeply set back from Sichel Street; it is surrounded by paved surface parking on its north, south, and west sides. It lies to the west of the main buildings comprising the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus). The building has a rectangular footprint. The north half of the building has a flat roof and is clad in stucco. The south half features a gable roof; the gable roof and south exterior walls are clad in painted metal panels. Fenestration includes metal slab doors. Observed alterations include: window openings infilled, air conditioning units installed. The building was constructed outside of the College of Osteopathic Physicians and Surgeons Historic District's period of significance (1921-1968) and thus does not contribute to the district.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15. Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View north, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1964-1972 (Aerial photos)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) T-60 Building
 P1. Other Identifier: Building 60

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ; R ; of of Sec ; B.M.

c. Address 1715 Griffin Ave City Los Angeles Zip 90031

d. UTM: (Give more than one for large and/or linear resources) Zone , mE/ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

T-60 Building/Building 60 is a one-story vernacular building constructed in 1994; its original use is unknown. It is located in a courtyard surrounded by Tower Hall, Library Building, and Phinney Hall on the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus). It is set back from and faces Griffin Avenue to the east. The building has a rectangular footprint and flat roof; its walls are clad in stucco. Fenestration includes fixed single-light windows and a metal slab door accessed by a concrete ramp with metal railing on the east elevation. The building appears unaltered from its 1994 construction. The building was constructed outside of the College of Osteopathic Physicians and Surgeons Historic District's period of significance (1921-1968) and thus does not contribute to the district.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP4. Ancillary Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View NW, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1994 (Aerial Photos)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 1 *Resource Name or #: (Assigned by recorder) Carlson Trailer
 P1. Other Identifier: Building D

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ; R ; of of Sec ; B.M.

c. Address 1739 Griffin Ave City Los Angeles Zip 90031

d. UTM: (Give more than one for large and/or linear resources) Zone , mE/ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Carlson Trailer/Building D is a one-story vernacular building constructed in 1995. It is currently used as classrooms. It is slightly set back from Sichel Street, where the street curves west and turns into Alhambra Avenue; it is surrounded by paved surface parking on its north, south, and west sides. It lies to the west of the main buildings comprising the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus). The building has a rectangular footprint, flat roof, and wood composite siding. Its east and west elevations have metal slab doors accessed by metal ramps/stairs with metal railings. It is devoid of windows. The building appears unaltered from its original construction. The building was constructed outside of the College of Osteopathic Physicians and Surgeons Historic District's period of significance (1921-1968) and thus does not contribute to the district.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15. Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View NW, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1995 (Aerial Photos)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3D, 3CB, 5B

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 3

*Resource Name or #: (Assigned by recorder) Tower Hall

P1. Other Identifier: Building B

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1711 Griffin Avenue City Los Angeles Zip 90031

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Tower Hall is a one-story Spanish Colonial Revival-style building constructed around 1928 for use as an auditorium. The building is located just south of the center of the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus). It is directly west of the Library Building and south of a courtyard shared with Phinney Hall; a 1990s trailer (T-60/Building 60) sits at the center of the courtyard. The building's primary (east) façade faces the intersection of North Mission Road and Griffin Avenue and is fronted by lawn traversed by concrete walkways. Its rear (south) façade is bordered by a paved outdoor lunch area, shared with the Pediatric Clinic (Building A). A Mission-style arcade clad in stucco and topped with clay tiles wraps around the east and north sides of the building. Metal fencing has been added between the arcade arches. The building consists of a one-story main volume fronted by a prominent square tower. The main volume has a roughly rectangular footprint and is clad in textured stucco. It includes gable, shed, and flat roofs. The gable and shed roofs are covered in clay tiles. The tower is clad in textured stucco and is capped by a hipped roof with clay tiles. The top of the tower features arched openings with round balconettes surrounded by decorative cast stone details, including floral and scroll reliefs divided by pilasters. The building's primary entrance is located at the base of the tower. The entrance is framed by a cast stone surround with an arched opening featuring egg-and-dart molding, floral medallions, and flanking pilasters. The entrance itself consists of an aluminum-framed replacement door with a sidelight. Above the entrance arch are paired multi-light casement windows framed by decorative cast stone detailing and an arched pediment. Other fenestration includes original arched multi-light wood casement windows on the east façade and replacement windows on the north elevation and metal slab doors on the south elevation. The building currently houses classrooms and conference rooms.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15, Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
(Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View northwest, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

ca. 1928 (Los Angeles Times, March 4, 1928)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Tower Hall *NRHP Status Code 3D, 3CB, 5B
Page 2 of 3

B1. Historic Name: Tower Hall
B2. Common Name: Tower Hall/Building B
B3. Original Use: Auditorium B4. Present Use: Classrooms/Conference Rooms

*B5. Architectural Style: Spanish Colonial Revival

*B6. Construction History: (Construction date, alterations, and date of alterations)
Built circa 1928. Observed alterations include: some window openings infilled (side elevations), some windows and doors replaced, security bars added, and re-clad in textured stucco.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
Arcaded walkway

B9a. Architect: Unknown b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California; Spanish Colonial Revival Architecture Area Los Angeles

Period of Significance 1921-1968; c.1928 Property Type Institutional Applicable Criteria A/1/1; 3/3

(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. Tower Hall appears to be individually eligible under California Register and Los Angeles County Criterion 3/3 as an excellent example of Spanish Colonial Revival institutional architecture. It is also a contributor to the eligible College of Osteopathic Physicians and Surgeons Historic District.

Tower Hall is a one-story building with a prominent tower constructed by the College of Osteopathic Physicians and Surgeons circa 1928 as an auditorium. While Tower Hall contributes to the significance of the College of Osteopathic Physicians and Surgeons Historic District as an early example of institutional development in health and medicine in Southern California, the building does not appear to be individually significant under Criterion A/1/1. There is no evidence that the building is associated with any singular event. It is one of multiple early purpose-built buildings on the campus and is not singularly significant for its association with the research or educational functions of the college such that it would have individual distinction under Criterion A/1/1. The broad significance of research and education in osteopathy associated with the College of Osteopathic Physicians and Surgeons is best conveyed by the institutional campus as a whole. As an assembly building, no singular significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2.

(See Continuation Sheet)

B11. Additional Resource Attributes: (List attributes and codes) None

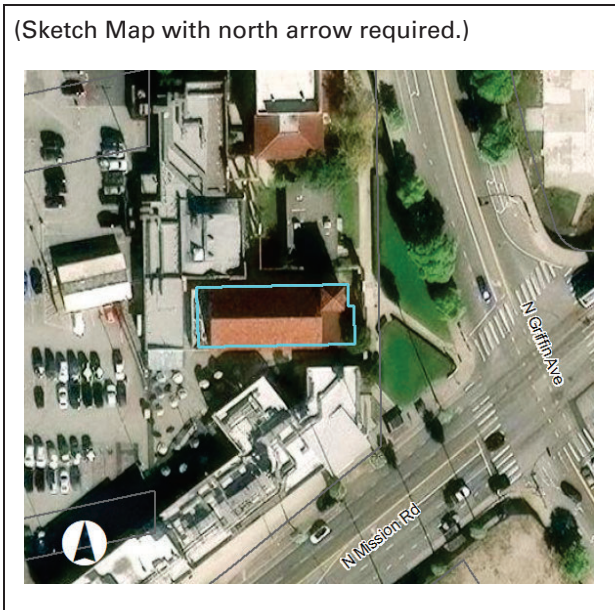
*B12. References:
"Osteopathic Group Augmented: Improvements to College Cost \$60,000," Los Angeles Times, March 4, 1928.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group

*Date of Evaluation: 10/31/2025

(This space reserved for official comments.)



CONTINUATION SHEET

Property Name: Tower Hall

Page 3 of 3

B10. Significance (continued):

Tower Hall appears to be significant under Criterion 3/3 as an excellent local example of Spanish Colonial Revival institutional architecture. Spanish Colonial Revival architecture gained widespread popularity throughout Southern California after the 1915 Panama-California Exposition in San Diego, and coinciding with a population boom in Southern California in the 1920s. The Spanish Colonial Revival style was an attempt to create a "native" California architectural style that drew upon and romanticized the state's colonial past. The style's adaptability also lent its application to a variety of building types, including single- and multi-family residences, commercial properties, and institutional buildings. Tower Hall exhibits the distinctive features of the Spanish Colonial Revival style including an asymmetrical façade, stucco cladding, gabled roof with clay tile roofing, prominent tower, arched window openings, and cast stone ornamentation. Reflecting the eclectic influences often incorporated into Spanish Colonial Revival architecture, the walkway that surrounds Tower Hall has a Mission Revival style arcade. While the architect or builder is unknown, Tower Hall exhibits a high quality of design and distinctive characteristics of Spanish Colonial Revival design as applied to an institutional auditorium, and is the visual and aesthetic anchor of the campus. The period of significance for individual eligibility under Criterion 3/3 has been identified as c.1928, which corresponds to the building's original construction date.

ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown.

To be eligible for listing in the National Register or California Registers or as a Los Angeles County Landmark, a resource must first have significance under one (or more) of the four eligibility categories. It must then retain sufficient integrity to convey its significance. Tower Hall retains its original location along Griffin Avenue on the historic College of Osteopathic Physicians and Surgeons campus. While its setting has somewhat changed through the re-grading of Griffin Avenue and the addition of new buildings on the campus in the 1970s-90s, Tower Hall is still primarily surrounded by early 20th century buildings comprising the osteopathic college campus. Thus, its integrity of setting has been compromised but not lost altogether. The building retains its original Spanish Colonial Revival design, as evidenced through its rectangular massing, entry tower, gabled clay tile roof, cast stone detailing, and arched fenestration. The building has experienced a number of material alterations, including several infilled and replaced windows on side elevations, replacement primary entrance door, and re-stuccoing with a more textured stucco, which have somewhat compromised its integrity of materials. However, because the overall design of the building is intact and it retains some of its original materials, Tower Hall retains its overall integrity of workmanship from its historical period. Because the building retains its original location, design and workmanship, and its integrity of setting and materials has not been altogether lost, Tower Hall is still able to convey its historic feeling as a 1920s Spanish Colonial Revival institutional building and association with the early development of the osteopathic college. Given the alterations described above, the building's integrity has been diminished such that it is not eligible for listing in the National Register. However, based on the greater flexibility for assessing the integrity of a historical resource for state and local designation as compared to potential listing in the National Register, the building retains sufficient integrity to qualify for individual listing in the California Register and as a Los Angeles County Landmark.

Character-Defining Features

- Siting and orientation along Griffin Avenue, at the east end of the historic college of osteopathy campus
- Rectangular form and massing
- Low-pitched hipped roof forms with clay tile roofing and central flat roof
- Front-facing gabled parapet with sculptural, geometric finials
- Stucco cladding
- Stringcourses
- Fenestration pattern, including original multi-light steel windows
- Ornamental cast stone surround at primary entrance
- Art Deco style zigzag decorative motifs at the building corners.

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 3B, 3CB, 5B

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 3

*Resource Name or #: (Assigned by recorder) Phinney Hall

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1721 Griffin Avenue City Los Angeles Zip 90031

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5210014903

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Phinney Hall is a two-story Mediterranean Revival-style building (with basement) constructed in 1937 for laboratory, classroom, and assembly uses. It was designed by architect Louis L. Dorr. The building is located just north of the center of the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus). It sits between North Hall to the north and a courtyard shared with Tower Hall to the south; a 1990s trailer (T-60/Building 60) sits at the center of the courtyard. Its primary (east) façade faces Griffin Avenue, which rises above grade in front of the building. The building has a roughly rectangular footprint and is clad in smooth stucco. It is primarily capped by a flat roof bound by a shed roof and one-story flat roof volumes to the east and hipped roof volumes to the north and south. Its primary (east) façade features a front-facing gabled parapet wall surmounted by sculptural and geometric finials at its gable peaks. String courses wrap around all façades of the building. The main (east) entrance is accessed via a set of concrete stairs and an adjacent contemporary accessibility ramp with metal railings. The entrance itself is recessed and consists of a pair of metal replacement doors with square windows, topped by a transom. Above the entrance is a pair of multi-light steel windows; together the entrance and windows are framed by a highly ornate cast stone surround featuring pilasters, scrollwork, medallions, geometric motifs, and stylized floral elements. The cast stone ornamentation has Art Deco influences and is more geometric than typical Mediterranean Revival style ornamentation. Other visible windows include paired and grouped multi-light steel fixed and casement windows. First-story windows have metal security bars. The rear (west) façade includes three additional metal replacement doors. The building currently functions as the Violence Intervention Program offices.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP15. Educational Bldg

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 10/30/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1937 (Building Permit; Los Angeles Times, August 29, 1937)

*P7. Owner and Address:

County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION HRI# _____ Primary # _____
BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Phinney Hall *NRHP Status Code 3B, 3CB, 5B
 Page 2 of 3

B1. Historic Name: Phinney Hall
 B2. Common Name: Phinney Hall
 B3. Original Use: Medical laboratories and classrooms B4. Present Use: Medical offices

*B5. Architectural Style: Mediterranean Revival

*B6. Construction History: (Construction date, alterations, and date of alterations)
Built in 1937. Observed alterations include: doors replaced, security bars added, and accessibility ramp added.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features:
None

B9a. Architect: Louis L. Dorr b. Builder: Unknown

*B10. Significance: Theme Health & Medicine in Southern California; Mediterranean Revival Style Architecture Area Los Angeles

Period of Significance 1921-1968; 1937 Property Type Institutional Applicable Criteria A/1/1; C/3/3

(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. Phinney Hall appears to be individually eligible under National Register, California Register, and Los Angeles County Criterion C/3 as an excellent example of Mediterranean Revival architecture with Art Deco influences. It is also a contributor to the eligible College of Osteopathic Physicians and Surgeons Historic District.

Phinney Hall is a two-story building constructed by the College of Osteopathic Physicians and Surgeons in 1937. The building was constructed to house various laboratories, classrooms, and assembly uses. While Phinney Hall contributes to the significance of the College of Osteopathic Physicians and Surgeons Historic District as an early example of institutional development in health and medicine in Southern California, the building does not appear to be individually significant under Criterion A/1/1. There is no evidence that the building is associated with any singular event, and it is not the oldest or primary building associated with the college such that it would have individual distinction under Criterion A/1/1. The broad significance of research and education in osteopathy associated with the College of Osteopathic Physicians and Surgeons is best conveyed by the institutional campus as a district. The building is not associated with the lives of persons significant in our past. Numerous individuals worked in the building, providing education to students and care to patients. However, no singular significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. (See Continuation Sheet)

B11. Additional Resource Attributes: (List attributes and codes) None

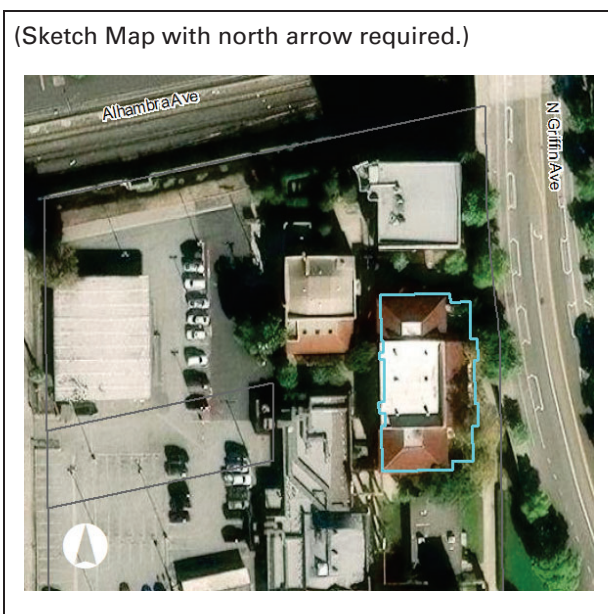
*B12. References:
Building permit; "Osteopathic College Adding to Equipment," Los Angeles Times, August 29, 1937; and Louis L. Dorr papers, circa 1920-circa 1940, Finding Aid, UC Santa Barbara.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group

*Date of Evaluation: 10/31/2025

(This space reserved for official comments.)



CONTINUATION SHEET

Property Name: Phinney Hall

Page 3 of 3

B10. Significance (continued):

Phinney Hall appears to be significant under Criterion C/3/3 as an excellent example of Mediterranean Revival institutional architecture, with unique Art Deco influences. Mediterranean Revival architecture became increasingly prevalent in Southern California during the 1920s, largely because of California's identification with the region as having a similar climate, and the popularity of Mediterranean-inspired resorts along the Southern California coast. Loosely based on 16th century Italian villas, the style is formal in massing, with symmetrical façades and grand accentuated entrances. Art Deco originated in France in the 1910s as an experimental movement in architecture and the decorative arts that rejected the rigid organizational methods and classical ornamentation of the Beaux Arts style. It emphasized a soaring verticality through the use of stepped towers, spires, and fluted or reeded piers, and embraced highly stylized geometric, floral and figurative motifs as decorative elements on both the exterior and interior. Phinney Hall exhibits the distinctive features of the Mediterranean Revival style including a symmetrical façade, stucco cladding, low-pitched hipped roof with clay tile roofing, and an elaborate, decorative entrance. It is further distinguished by the more geometric quality of the ornamentation around the primary entrance, which borrows influences from the Art Deco style. Art Deco style zigzag and geometric motifs are also utilized at several of the windows. Phinney Hall was designed by architect Louis L. Dorr, who worked on a number of notable projects in Los Angeles, including the Biltmore Hotel (1922). However, Dorr has not been individually recognized as a master in the field of architecture. Built in 1937, Phinney Hall exhibits a high quality of design and distinctive characteristics of Mediterranean Revival design that responds to the existing context of the earlier Spanish Colonial and Mission Revival style buildings on the campus, while incorporating more modern Art Deco influences. The period of significance for individual eligibility under Criterion C/3/3 has been identified as 1937, which corresponds to the building's original construction date.

ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown.

To be eligible for federal, state, or local designation, a resource must first have significance under one (or more) of the four eligibility categories. It must then retain sufficient integrity to convey its significance. Phinney Hall retains its original location along Griffin Avenue on the historic osteopathic college campus. While its setting has somewhat changed through the re-grading of Griffin Avenue and the addition of new buildings on the campus in the 1970s-90s, Phinney Hall is still primarily surrounded by early 20th century buildings comprising the osteopathic college. Thus, its integrity of setting has been compromised but not lost altogether. Exterior alterations to the building have been limited to minor changes such as the addition of a ramp and window security bars, and door replacements. The majority of its distinctive materials, features, and ornamentation associated with its Mediterranean Revival style are extant. The building thus retains its integrity of design, materials, and workmanship. Through its intact original materials and design features, the property retains its integrity of feeling and association as an early 20th century institutional building associated with the development of the osteopathic college.

Character-Defining Features

- Siting and orientation along Griffin Avenue, at the east end of the historic college of osteopathy campus
- Rectangular form and massing
- Gabled roof with clay tile roofing
- Square tower with hipped roof, clay tile cladding, and cast stone ornamentation around arched openings and round balconettes
- Stucco cladding
- Cast stone entrance surround and other decorative ornamentation
- Fenestration pattern, including arched window openings, original wood windows with arched transoms, and original multi-light casement windows
- Mission Revival style arcaded walkway that fronts the building to the east.

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
 Review Code _____

Reviewer _____

Date _____

Page 1 of 2

*Resource Name or #: (Assigned by recorder) 1201 N Mission Road

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1201 N Mission Road City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
 APN 5210014001

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

1201 N Mission Road is a one-story vernacular building constructed in 1953 for use as an automobile repair shop. It is set back from the northeast corner of Sichel Street and North Mission Road, directly west of the current Los Angeles College of Nursing & Allied Health campus (historic College of Osteopathic Physicians and Surgeons campus). Paved surface parking surrounds the building on the south, west, and east sides. The building has a rectangular footprint and is capped by flat roof. Exterior walls are clad in painted metal paneling at the south, east, and west elevations and painted concrete masonry units (CMU) at the north elevation. With the exception of metal slab doors at the north and south elevations, the building is devoid of fenestration. The building currently functions as a marijuana dispensary. Per Google Street View, the building was significantly altered ca. 2021, including: garage bays infilled; windows infilled; and walls re-clad in metal panels.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP6, 1-3 story comm.

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View north, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both

1953 (Building Permit, Sanborn Map, Google Street View)

*P7. Owner and Address:

Unknown

*P8. Recorded by: (Name, affiliation, and address)

Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") _____

ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record

Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record

Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) 1201 N Mission Road *NRHP Status Code 6Z
Page 2 of 2

B1. Historic Name: _____
B2. Common Name: Loopy Sanchez
B3. Original Use: Auto Repair Shop B4. Present Use: Cannabis Dispensary
*B5. Architectural Style: Vernacular
*B6. Construction History: (Construction date, alterations, and date of alterations)
Constructed 1953. Observed alterations include: garage bays infilled; windows infilled; and walls re-clad in metal panels.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____
*B8. Related Features:
Surface parking lot

B9a. Architect: Unknown b. Builder: Unknown
*B10. Significance: Theme Post-WWII Commercial Development Area Los Angeles

Period of Significance N/A Property Type Commercial Applicable Criteria None
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. 1201 N Mission Road is a one-story building constructed in 1953 as an automobile repair shop. There is no evidence that the building is associated with any singular events, or that it played an important role in the post-World War II commercial development in the area. Therefore, the building does not appear to be significant under Criterion A/1/1. No significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The vernacular building, which has been extensively altered, is not a significant or distinctive example of any particular style or the automobile repair shop property type. The builder and/or architect (if any) are not known. However, given its modest, altered appearance and typical craftsmanship, it is not likely that it represents the work of a master. The building does not possess high artistic values. Furthermore, given the limited commercial development on the subject block and adjacent blocks of North Mission Road and the lack of association with the College of Osteopathic Physicians and Surgeons, which occupied the remainder of the subject block, the building is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, 1201 N Mission Road does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

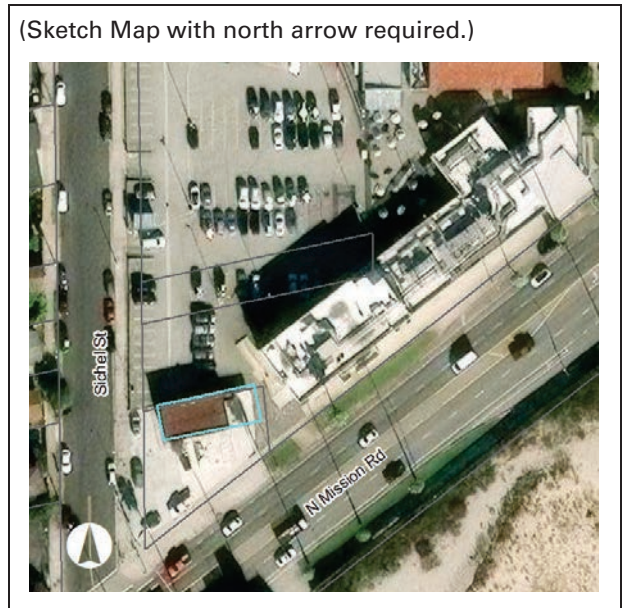
B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References:
Building permit on file at City of Los Angeles; Sanborn fire insurance maps; Google Street View.

B13. Remarks:
None

*B14. Evaluator: Architectural Resources Group
*Date of Evaluation: 10/31/2025

(This space reserved for official comments.)



**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD**

Primary # _____

HRI # _____

Trinomial _____

NRHP Status Code 6Z

Other Listings
Review Code _____

Reviewer _____

Date _____

Page 1 of 2

*Resource Name or #: (Assigned by recorder) Facilities Management Building

P1. Other Identifier: _____

*P2. Location: Not for Publication Unrestricted

*a. County Los Angeles and (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Los Angeles, CA Date 2022 T ___; R ___; ___ of ___ of Sec ___; ___ B.M.

c. Address 1358 Eastlake Avenue City Los Angeles Zip 90033

d. UTM: (Give more than one for large and/or linear resources) Zone __, ___ mE/ ___ mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
APN 5201002908

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Facilities Management Building is a one- and two-story industrial building constructed in 1956 for use as a carpenter mill. The building is located on a large parcel at the southeast corner of Mission Road/Eastlake Avenue and Zonal Avenue, northeast of the Los Angeles County General Hospital main campus. It shares the parcel with a 1996 medical building (Rand Schrader Clinic), a trailer added in the 1980s/90s, and a 1950s utility shack. The building is flush with the sidewalk along Eastlake Avenue; paved surface parking surrounds the building to the south. The building is largely rectangular in plan, except for a projecting volume at the eastern end. It is topped by a very low-pitched gable roof and its walls are clad in painted concrete with concrete pilasters. A metal slab door is located on the west elevation, accessed via a concrete ramp with metal handrails. The north and east elevations are largely devoid of fenestration. The west portion of the south elevation is divided into nine open-air bays at the second story; the two bays at the west end are double-height. The remainder of the first story is enclosed and clad in concrete with metal doors. An addition enclosed with stucco-clad walls, a metal door, and sliding windows has been added within the westernmost bay. At the east end of the south elevation, a one- and two-story volume is clad in smooth stucco and painted concrete masonry units, and includes a metal security door and multi-light windows with attached AC units. Attached to the southwest corner of the building is a metal-framed structure of unknown use with piping that extends to the roof. The building is currently used for facilities management.

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)



*P3b. Resource Attributes: (List attributes and codes) HP8. Industrial Building

*P4. Resources Present: Building
 Structure Object Site District
 Element of District Other
(Isolates, etc.)

P5b. Description of Photo: (view, date, accession #) View west, 9/24/2025

*P6. Date Constructed/Age and Source: Historic Prehistoric
 Both
1956 (Building Permit)

*P7. Owner and Address:
County of Los Angeles

*P8. Recorded by: (Name, affiliation, and address)
Architectural Resources Group (ARG)
360 E 2nd Street #225
Los Angeles, CA 90012

*P9. Date Recorded: 10/31/25

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.")
ARG, "Los Angeles County General Hospital Campus Master Plan Project Historical Resources Technical Report" (2026)

*Attachments: NONE Location Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

*Resource Name or # (Assigned by recorder) Facilities Management Building *NRHP Status Code 6Z
Page 2 of 2

B1. Historic Name: _____

B2. Common Name: _____

B3. Original Use: Carpenter Mill B4. Present Use: Facilities Management

*B5. Architectural Style: Vernacular

*B6. Construction History: (Construction date, alterations, and date of alterations)

Constructed in 1956. Alterations include: addition added to westernmost bay at the south elevation; opening altered on north façade; windows replaced; and AC units added.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features: None

B9a. Architect: E.C.N. Brett b. Builder: Unknown

*B10. Significance: Theme Health and Medicine in Southern California Area Los Angeles

Period of Significance N/A Property Type Industrial Applicable Criteria None

(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The building was evaluated for eligibility for listing in the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), and under the Los Angeles County Historic Preservation Ordinance. The one- and two-story industrial building was constructed as a carpenter mill in 1956. It is now used primarily for facilities management by the Los Angeles County General Hospital. Built as a support services structure, there is no evidence that the building was the location of significant medical research, is associated with any singular events, or that it played an important role in the post-World War II development of health and medicine in Los Angeles County. Therefore, the building does not appear to be significant under Criterion A/1/1. The building is not associated with the lives of persons significant in our past. Numerous individuals worked in the building, providing support services to General Hospital. However, no significant individuals were found to be directly associated with the building in a way that would warrant consideration under Criterion B/2/2. The building is a vernacular industrial building and is not a significant or distinctive example of any particular style or industrial property type. Rather, it employs typical design features and construction materials from the period. The architect of the building was Edward Charles Nowers (E.C.N.) Brett. An individual or firm may be defined as a master based on scholarship recognizing their work as unique or trendsetting within the discipline. Brett is recognized for his revival style residential work in Pasadena in the 1920s, and served as the Chief Architect for Los Angeles County from 1930 to 1962. Though active in institutional design during the postwar period, Brett is not recognized as a master in the field of architecture. The building does not possess high artistic values. Furthermore, given the extensive redevelopment that the hospital campus experienced in the mid-1990s and early 2000s, including the demolition of several 1950s and '60s buildings constructed under various postwar master plans, the building is not a part of a significant and distinguishable entity whose components lack individual distinction. Therefore, the Facilities Management Building does not appear to be significant under Criterion C/3/3. ARG did not evaluate the property under Criterion D/4/4. An archaeological assessment was not conducted as part of this study, and the property's potential for intact subsurface resources is unknown. For these reasons, the building does not appear eligible for federal, state, or local listing.

B11. Additional Resource Attributes: (List attributes and codes) None

*B12. References: Building permit on file at City of Los Angeles.

B13. Remarks: None

*B14. Evaluator: Architectural Resources Group

*Date of Evaluation: 10/31/2025

(This space reserved for official comments.)

