

Kaiser Permanente Field Hospital
Richmond, California

Nomination to the
National Register of Historic Places

(Rev. 10-90)

United States Department of the Interior

National Park Service

NATIONAL REGISTER OF HISTORIC PLACES
REGISTRATION FORM

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in How to Complete the National Register of Historic Places Registration Form (National Register Bulletin 16A). Complete each item by marking "X" in the appropriate box or by entering the information requested. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor or computer to complete all items.

1. Name of Property

historic name: Richmond Field Hospital, Field Hospital, Richmond Shipyards

other names/site number: Kaiser Permanente Hospital, Kaiser Foundation Hospital, Richmond Medical Center

2. Location

street and number 1330 Cutting Boulevard Not for publication

city or town Richmond vicinity

state California code CA county Contra Costa code 013 zip code 94804

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, as amended, I hereby certify that this nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register Criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)

Signature of certifying official Date

State or Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. (see continuation sheet for additional comments.)

Signature of commenting or other official Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that this property is: Signature of the Keeper Date of Action

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

5. Classification

Ownership of Property (check as many boxes as apply)	Category of Property (Check only one)	Number of Resources within Property (Do not include previously listed resources in the count.)	
<input checked="" type="checkbox"/> private <input type="checkbox"/> public-local <input type="checkbox"/> public-State <input type="checkbox"/> public-Federal	<input checked="" type="checkbox"/> building(s) <input type="checkbox"/> district <input type="checkbox"/> site <input type="checkbox"/> structure <input type="checkbox"/> object	contributing1.....0.....0.....0.....1.....	noncontributing0.....0.....0.....0.....0.....
			buildings sites structures objects Total
Name of related multiple property listing (Enter "N/A" if property is not part of a multiple property listing.) N/A.....		Number of contributing resources previously listed in the National Register 0.....	

6. Function or Use

Historic Functions (Enter categories from instructions.)		Current Functions (Enter categories from instructions.)	
Category Sub	Category Sub	Category Sub	Category Sub
HEALTH CARE.....	HOSPITAL.....	VACANT.....	N/A.....
.....
.....
.....
.....

7. Description

Architectural Classification (Enter categories from instructions)	Materials (Enter categories from instructions)
Modern Movement.....	foundation Concrete.....
.....	roof Wood.....
.....	walls Wood.....

	other

Narrative Description
 (Describe the historic and current condition of the property on one or more continuation sheets)

See Continuation Sheet.

8. Statement of Significance

Applicable National Register Criteria

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

- A** Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B** Property is associated with the lives of persons significant in our past.
- C** Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D** Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

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

Property is:

- A** owned by a religious institution or used for religious purposes.
- B** removed from its original location.
- C** a birthplace or grave.
- D** a cemetery.
- E** a reconstructed building, object, or structure.
- F** a commemorative property.
- G** less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

HEALTH//MEDICINE.....

.....

.....

.....

.....

.....

.....

.....

Period of Significance

1942 - 1945.....

.....

.....

Significant Dates

date of construction: 1942.....

additions: 1943, 1944, 1945.....

.....

Significant Person

(Complete if Criterion B is marked above)

Henry J. Kaiser, Dr. Sidney R. Garfield.....

Cultural Affiliation

N/A.....

.....

.....

Architect/Builder

Kaiser Engineering.....

Architect unconfirmed; possibly Ed Cerruti of Kaiser.....

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

See Continuation Sheet.

9. Major Bibliographical References

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
 previously listed on National Register
 previously determined eligible by the National Register
 designated a National Historic Landmark
 recorded by Historic American Buildings Survey
CA-2720
 recorded by Historic American Engineering Record
.....

Primary location of additional data:

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

Name of repository:

National Park Service Pacific Great Basin Support Office.....

10. Geographical Data

Acreage of Property: Less than one acre.....

UTM References

(Place additional UTM references on a continuation sheet.)

1 10 556661 4197436
Zone Easting Northing

2

3
Zone Easting Northing

4

See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Katherine T. Petrin.....

organization Architectural Resources Group..... date May 2004.....

street & number Pier 9, The Embarcadero..... telephone (415) 421-1680.....

city or town San Francisco..... state CA..... zip code 94111.....

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

A USGS map (7.5 or 15 minute series) indicating the property's locations

A sketch map for historic districts and properties having large acreage or numerous resources

Photographs

Representative black and white photographs of the property

Additional items (check with SHPO or FPO for any additional items)

Property Owner

name Islamic Community of Northern California.....

street & number telephone

city or town state CA..... zip code

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SETTING

The Richmond Field Hospital faces north onto Cutting Boulevard, a busy and important thoroughfare that creates an east west axis through the City of Richmond. The site is located in a neighborhood bordered by light industry to the south, east and west, with a largely residential neighborhood to the north. Although the Richmond Field Hospital is located within blocks of the associated shipyards along the bay shoreline, the hospital setting is primarily defined by the more immediate surrounding residential enclaves, light industry, and commercial businesses. A more industrial aesthetic/feeling may have existed within the hospital grounds when many of the structures associated with the institution were extant.

CURRENT APPEARANCE OF THE RICHMOND FIELD HOSPITAL

The Richmond Field Hospital is a single-story wood frame structure designed in the Modernist idiom, an architectural vocabulary derived from the philosophy of the International Style. The philosophy of the International Style first took hold around 1920 and was meant to rebuke late 19th century architectural traditions. The tenets of the International Style originated in a number of European movements including the Bauhaus and De Stijl and is closely associated with innovative architects such as Le Corbusier in France, Oud and Rietveld in Holland, Gropius and Mies van der Rohe in Germany. These architects worked with “pure” geometric forms and avoided historic references in their designs. They incorporated innovative use of new materials and technology and exploited the inherent qualities of these materials in their designs. Several of these architects and others who had studied with them fled to the United States to escape the Nazis and war torn Europe importing a style that was popular through 1945 and influential on derivative styles through the 1960s.

Three important principles of the International Style were exterior geometric forms and emphasis of the interior volumes, standardization of details and material production, and no applied ornament. Typical architectural features include floor to ceiling windows, cantilevered sections of the building or roof, balconies without visible support, large sections of blank wall surfaces (no windows or decoration), and horizontal window bands or clerestory windows. The main entrance is generally not accentuated and sometimes deliberately obscured, and other characteristics are multiple roof levels, cylindrical forms, and plain round supports for porches or other portions of the structure. Materials typically associated with the International Style are wood or metal casement windows, plain stucco or plaster surfaces, glass curtain walls, and wood trim. The style was easily adaptable to the California climate and proved a good solution for wartime use, as it required simple and easily obtainable materials.

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Typical Modernist characteristics at the Field Hospital include a white stucco exterior, a flat roof, flat canopies over doors, horizontal ribbon windows, typically casements, slender metal pilotis, and an asymmetrical facade with a distinctive two-story square tower. Although the initial layout, massing, and configuration have been altered, the building conveys the basic original design intent.

The main elevation faces north onto Cutting Boulevard and is comprised of a two discrete halves, an addition on the west side that is flush with the street and the recessed original façade on the east side. The eastern half of the main façade is comprised of the original entrance porch, the tower, and a newer main entrance set within a window wall. The tower, pierced by tall windows and the pilotis supporting the roof overhang are all strong vertical expressions and are used to contrast with dominant horizontal lines of main building form. At the tower, the east, west and south facades feature dark blue medical crosses, original elements. Two narrow, one-story vertical windows pierce the northern and western faces of the tower.

The main entrance has always been located on the north side of the building, facing Cutting Boulevard, and was the location of the building signage. The main entrance doors, to the west of the tower, were originally set within a wall composed of multiple small-paned windows, though this has now been filled in. Four pairs of slender metal pilotis support the roof overhang over this entrance. Three long shallow steps, running nearly the entire length of the original facade, lead up to the shallow terrace in front of the doors. A wood fence now screens this area.

As at all elevations, the main façade has a low-slung, single-story profile, cornice overhang and bands of horizontal windows. Horizontality is reiterated by the ribbon windows which are the main decorative element throughout the exterior of the hospital. The main elevation has two entrances, one on the west side, flush with the street, which is comprised of a glazed door with patterned glazed sidelights and a square transom, raised over the ground level by three steps, and another to the east of the tower but within the wall plane of the original façade. This aluminum-framed entrance is comprised of a sliding, glazed door set in between two full-height fixed-panes that form a window wall.

Other distinctive elements of the main façade are the original curved corner treatment at the northeast side and the expanse of lawn in front of the original part of the hospital. Emphasizing the building's horizontal lines are box planters and low curbing used for planting.

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The east and west elevations extend from the north back toward the Potrero Avenue border on the south and are mostly flush with the lot line, though there is some play of wall planes as recessed areas accommodate entrances, ramps, steps and doors. On the north side of the east elevation, the original wall was brought out toward the lot line as a small addition to house a series of offices; this wall plane is spanned by a horizontal window band comprised of casements interrupted by a single door above a ramp. A void along the east elevation, a connection between two separate building additions, is the location of an emergency entrance with aluminum-framed doors and fixed-pane windows. The treatment of the rest of the east elevation to the southeast corner is consistent with the rest of the building. The east elevation deviates from the rest of the building in that the sidewalk swings in toward the building to accommodate a series of angled parking spaces at the northeast corner.

The rear elevation is shorter than the east and west sides. Its distinctive feature is an inset porch with a raised terrace to access the doors along the rear and a horizontal band of windows in the wall plane. The doors along the rear elevation vary in materials and some are perpendicular to the street. The treatment of the rear elevation is consistent with the rest of the building. Due to the southern exposure, some elements of the rear elevation suffer from more severe weathering and peeling paint is evident.

Like the east elevation, the west elevation is a long expanse interrupted by squared openings with recessed doors. The doors are above ground level and are accessed by stairs and ramps with white-painted pole handrails. The treatment of the west elevation is consistent with the rest of the building.

HISTORIC APPEARANCE OF THE RICHMOND FIELD HOSPITAL

Historic photographs of the Richmond Field Hospital reveal that the configuration and exterior building materials have remained unchanged since the original construction and the early wartime additions were completed. Originally encompassing 7,946 square feet, the rectangular building has a rounded corner on the northeast side of the building, an element popular in the idiom of streamlined architecture. Set back from Cutting Boulevard, near the northeast corner of the block, the building extends lengthwise southward toward Potrero Avenue. The building's original design incorporates an asymmetrical facade with a two-story square tower on the northwest corner of the building. Originally, the tower featured four dark blue medical crosses, constructed of wood and affixed to each of its sides, heraldic features to locate the hospital from a distance. On the northern and western faces of the tower are two very narrow, one-story vertical windows. The vertical line of the windows is reinforced in the verticality of the tower and slim pilotis at the base of the tower, and provides

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VERBAL BOUNDARY DESCRIPTION

The boundary for the historic property encompasses the building footprint of the Richmond Field Hospital.

BOUNDARY JUSTIFICATION

The boundary was selected in order to include the building.

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SUMMARY OF SIGNIFICANCE

The World War II Home Front is a significant chapter in United States history and is the subject of a theme study currently underway. The Rosie the Riveter/World War II Home Front Feasibility Study, June 2000, found that numerous buildings and sites in Richmond, California associated with the Home Front theme are of national significance. The Feasibility Study named a number of structures both at the intact dry docks and scattered historic remnant structures, including the building that is the subject of this nomination, the Ruth C. Powers Child Development Center and the Maritime Child Development Center, Fire Station 67A and the Atchison Village worker housing cooperative, which was recently designated as a National Historic Landmark. Although many of the Kaiser shipyards are no longer extant, Shipyard #3 was built to be permanent. Shipyard #3 is listed on the National Register at the national level of significance.

The Richmond Field Hospital is significant under National Register Criterion A under the category of health/medicine as a founding component of the Kaiser Permanente health care system and as a care and preventative medicine facility for wartime laborers. The category of health/medicine is defined in *National Register Bulletin 16A* as the care of the sick, disabled, and handicapped, and the promotion of health and hygiene.

Additionally, the Richmond Field Hospital is significant under National Register Criterion B for its association with industrialist Henry J. Kaiser and Dr. Sidney R. Garfield. Sponsored by Henry J. Kaiser's Permanente Foundation, the hospital was conceived and run by Medical Director Sidney R. Garfield, M.D. Garfield also authored the health care delivery model based on preventive medicine, health maintenance, and screening for early detection, one of the country's first voluntary pre-paid medical plans, and a direct precursor to Health Maintenance Organizations (HMOs).

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DISCUSSION OF SIGNIFICANCE

The Richmond Field Hospital is significant under National Register Criterion A under the category of health/medicine defined as the care of the sick, disabled, and handicapped, and the promotion of health and hygiene. The Richmond Field Hospital for the Kaiser Shipyards was financed by the United States Maritime Commission, and opened on August 10, 1942. Although somewhat neglected in appearance at present, the Richmond Field Hospital is an outstanding contribution to the important narrative the great efforts made to provide social services to the thousands of men and women who labored in the defense industries during the war. The Field Hospital served as the mid-level component of a three-tier medical care system that also included six well-equipped First Aid Stations at the individual shipyards, and the main Permanente Hospital in Oakland, where the most critical cases were treated. Together, these facilities served the employees of the Kaiser shipyards.

The Permanente Foundation hospital was just one component of a three-tier health care system serving the Kaiser shipyard workers. Offering the first line of treatment were the doctors and nurses stationed at six first aid stations at the shipyards. Each station contained basic equipment including small x-ray machines, for dealing with minor injuries and stabilizing the more serious ones. These were financed and built by the United States Maritime Commission (USMC), and equipped by Kaiser at a total cost of \$100,000.¹ These stations provided rudimentary medical care for the shipyard workers, and originally served other purposes for shipyard staff, from temporary headquarters for the Personnel, Safety, Time, and Labor departments, to early dining space.²

Much smaller than the Permanente Foundation hospital, the Field Hospital, the middle component of the three-tiered shipyard medical program, was located blocks away from Shipyards One and Two, at the intersection of Cutting Boulevard and Fourteenth Street (now Marina Way) in Richmond. The USMC built this hospital, like the first aid clinics. The USMC owned the property and financed the field hospital for \$60,000.³ As befitted

¹ Barber, Alicia. "Richmond Field Hospital" *Historic American Buildings Survey*, HABS No. CA-2720, Summer 2001. Barber cites Garfield, "First Annual Report"; E.E. Trefethen, Jr. to Chad F. Calhoun, 3 July 1944, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 20; "Richmond Shipyards, Industrial Medical and Hospital Facilities," Exhibit D.

² Barber cites "Rags to Riches," *Fore 'N' Aft*, 16 July 1943, 5.

³ Barber cites "A Health Plan for the Employees"; McCarthy, 4.

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wartime construction, it was erected quickly, using available materials such as wood and stucco. As one chronicler wrote, of the Field Hospital, “It was necessary to create great facilities almost overnight, even though supplies and materials were under constant demand by other sources.”⁴ Although he did not finance construction of the Field Hospital, Kaiser did contribute \$50,000 toward equipping it, transferring ownership of all furnishings and equipment to the Permanente Foundation.⁵

Clearly established to assist in the wartime effort, the Kaiser Field Hospital differs from a standard army field hospital. The term field hospital usually refers to a fully functioning but temporary hospital, which is assembled in tents or abandoned buildings. Staffed by dedicated medical professionals, field hospitals are typically associated with military action or natural disasters. Of the 29 hospitals on the Historic American Building Survey (HABS), there appear to be no others that were specifically constructed as field hospitals.

Modern architecture, with simple lines and relative lack of decoration, was particularly well suited to building with limited materials, as necessitated by the war. Materials such as steel, copper, iron, and others were needed for the manufacture of arms and weapons. The architect of the Field Hospital is not known for certain, but it is likely to have been Ed Cerruti, a local architect who worked for Kaiser.⁶ Some reports indicate that Medical Director Garfield himself played a role in designing the Field Hospital.⁷ This is certainly likely, considering his past experience designing industrial hospitals for the Los Angeles Aqueduct project. Further design assistance was almost certainly provided by the U.S. Public Health Service (USPHS). This federal office ran a Consulting Hospital Facilities Section through its State Relations Division that collaborated with architectural firms nationwide to design war hospitals. The priorities in building these were “the greatest speed and the least possible use of critical materials.”⁸

⁴ Barber cites “Richmond Shipyards, Industrial Medical and Hospital Facilities.”

⁵ Barber cites Garfield, “First Annual Report”; E.E. Trefethen, Jr. to Chad F. Calhoun, 3 July 1944; E.E. Trefethen, Jr. to C.F. Calhoun, 28 May 1943, HJK papers, Carton 126, Folder 15; “Richmond Shipyards, Industrial Medical and Hospital Facilities”; McCarthy, 4.

⁶ Barber cites The October 1942 plan for “Proposed Extensions” to the hospital bears Cerruti’s name and a Kaiser Company, Inc. imprint. The same name and imprint also appear on preliminary plans for the Maritime Child Development Center, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 23.

⁷ Barber cites Smillie, 33.

⁸ Barber cites “Hospitals for War Workers,” *Architectural Record* 93, no. 5 (1943): 74.

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Published drawings of wartime hospitals developed by architects in collaboration with the U.S. Public Health Service consultants closely resemble the Field Hospital in many respects. Wartime medical facilities and clinics from Marysville and Vallejo, California to Humboldt, Tennessee shared the same combination of horizontal forms, ribbon windows, and slender metal pilotis supporting flat roof overhangs.⁹ Walls of small-paned windows, and rounded building edges were also common in these structures. One architectural design article lauded the “simple, stuccoed frame construction” of a 1941 Farm Security Administration-designed hospital in Arizona, explaining that “it well illustrates the point that even if structures are in the lowest price range—or must be regarded as temporary—this does not obviate the possibility of providing well planned, functional service buildings.”¹⁰ The stucco and wood frame construction of the Field Hospital suggests a similar concern with affordable functionality. Small clinics featured similar components, with efficient use of space in a single-story configuration.¹¹ One architect stated that “economical as well as practical advantages have been found in these thoroughly flexible frame structures,” noting the cardinal principles of the wartime hospitals: “basementless one-floor, supported on earth fill or by isolated piers, and the light, well insulated, and amply glazed super-structure with flat or low pitched composition roof....”¹²

Because fractures, sprains, dislocations, and other similar injuries were so common at the shipyards, orthopedics appeared to have been a specialty, with seven specialists in orthopedics, a resident intern, and “all the equipment known to modern orthopedic science” housed at the Field Hospital. In a single month in 1945, a total of 4938 patients with bone, muscle and joint injuries were admitted to the Permanente and Field Hospitals combined.¹³

The Field Hospital, the supplementary First Aid Stations at the individual shipyards, and the main Permanente Hospital served the employees of the Kaiser shipyards who had signed up for the Permanente Health Plan (commonly referred to as the “Kaiser Plan”), one of the country’s first voluntary pre-paid medical plans, and a direct precursor to the Health Maintenance Organizations (HMOs) defined by the federal HMO Act of 1973. By August 1944, 92.2 percent of all Richmond shipyard employees had joined the plan, the first voluntary group plan in the country to feature group medical practice, prepayment, and substantial medical facilities on

⁹ Barber cites “Hospitals for War Workers,” 74.

¹⁰ Barber cites “New Buildings for Health,” *Architectural Record* 90, no. 6 (1941): 50-51.

¹¹ Barber cites “Hospitals and Clinics,” *Architectural Record* 89, no. 2 (1941): 61.

¹² Barber cites James B. Hills, “Developments in Architecture and Interior Arrangement of Hospitals,” *Hospital Progress* 26 (1945): 265.

¹³ Barber cites “A Big Part of the Hospital Business,” *Fore 'N' Aft*, 6 July 1945, 6.

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such a large scale. After the war ended, the Health Plan was expanded to include workers' families. By 1990, Kaiser Permanente was still the country's largest nonprofit HMO.

Originally intended for use primarily as an emergency facility, the Field Hospital opened with only ten beds. Later additions increased its capacity to 160 beds by 1944. The Field Hospital operated as a Kaiser Permanente hospital until closing in 1995.

The Field Hospital opened on August 10, 1942, within weeks of the opening of the Permanente Foundation Hospital in Oakland. Less than a week later, the Health Plan was introduced to the first of the shipyard employees. Once the complete medical system was in place, ambulances and station wagons were parked at each of the shipyard first aid stations, ready to transport injured workers to the Field Hospital. Garfield agreed to pay rent of \$500 per month, later increased to \$1333 per month, to the Maritime Commission for use of the Field Hospital to treat shipyard workers through the Health Plan.¹⁴ Health plan payments would fund doctors' salaries, equipment, and the rental fee, with any additional profits going into the Permanente Foundation.

Coverage of workers' dependents was finally added when the Family Health Plan was introduced in March 1945. It offered the same services to workers' spouses and children that it had long provided for regular employees, including medical, surgical, and diagnostic services, eye examinations and dental x-rays, 111 days of hospitalization including x-rays, lab tests, anesthesia and more. The offering of non-industrial care was extremely popular, requiring Garfield to establish admission criteria, such as good attendance records or a willingness to purchase war bonds, to enroll only the most highly motivated clients.¹⁵ The Field Hospital returned to an outpatient function only with the \$1.5 million addition to the Permanente Foundation Hospital in August 1945. After being stabilized, emergency patients were then transferred to the Oakland facility for hospitalization.¹⁶

With the end of the war in May 1945 and subsequent dismantling of the wartime shipyards, the Kaiser Permanente Health Plan branched off from Kaiser Industries, developing as an independent nonprofit trust, and opening to the public in July 1945.¹⁷ By the end of that month, approximately 50,000 workers had left their

¹⁴ Barber cites "Richmond Shipyards, Industrial Medical and Hospital Facilities"; W.F. Day to Sidney Garfield, 4 November 1943, HJK Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 18; McCarthy, 8.

¹⁵ Barber cites Smillie, 40.

¹⁶ Barber cites "Permanente Field Hospital Staff to Cut Cake."

¹⁷ Barber cites Hendricks, 2.

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positions at the Richmond shipyards.¹⁸ By the end of November 1945, shipyard employment had dropped from a peak of 90,000 to approximately 8500 employees, with health plan enrollment dropping from 76,000 to 7500. Enrollment in the plan was at that point open to organized groups such as unions, businesses, and clubs, with individual enrollees accepted “upon examination.”¹⁹ Although there were still fifty-five physicians on staff in November 1945, many of the Kaiser doctors soon left to start their own traditional practices, and the medical staff fell quickly from a peak of seventy-five physicians to a dozen.²⁰ Garfield and Associates began to actively recruit outside clients, including residents of Richmond housing projects, and civilian employees of the Naval Air Station in nearby Alameda. Within six months, membership had risen considerably, and by the end of the first year of public operation, Kaiser employees made up only 15 percent of the members of northern California’s Permanente Health Plan. On a national level, enrollment grew to half a million members by the mid-1950s.²¹

After the war’s end, the Richmond Field Hospital was again certified as a general treatment facility, accepting inpatients. In 1968, the hospital reportedly contained fifty-eight beds. It was licensed for eighty-six, but outpatient services had crowded into the space for inpatients. The fifty-eight beds were divided into forty-six medical and post-surgery beds, plus twelve psychiatric beds. Outpatient services were said to be “exceptionally complete,” and operated only from 9:00 a.m. to 5:30 p.m. on weekdays, with a few clinics operating on Saturday, and Sunday open only for emergencies. The hospital employed 150 staff members and thirty-five full-time physicians.²²

In December 1973, the Kaiser Company purchased a little over five acres of land in downtown Richmond for the construction of a new hospital, doctors’ office building and parking structure. The hospital was intended to replace the Field Hospital, the appearance of which was called “tacky” by Morel Marshall of the Kaiser group. Construction of the new facility was delayed, however, due to “poor economic conditions and opposition by

¹⁸ Barber cites Hendricks, 65.

¹⁹ Barber cites Sidney Garfield to Charles Kramer, 23 November 1945, 1. Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 20.

²⁰ Barber cites Garfield to Kramer, 23 November 23 1945; Smillie, 50.

²¹ Barber cites Hendricks, 65-66.

²² Barber cites “Richmond, California, Comprehensive Program Submission,” (Richmond: Model Cities Program, December 1968) 7.1-5 and 7.1-6. Richmond Collection, Richmond Public Library.

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health planning officials,” including the Bay Area Health Planning Council, which did not believe a new medical facility was warranted.²³

The groundbreaking occurred on March 30, 1977.²⁴ The new medical offices opened in 1979, with many departments including Pediatrics, Surgery, Ob/Gyn, Dermatology, Optometry and Ophthalmology, moving there from the Field Hospital. Remaining at the old facility, now referred to as the “Richmond Medical Center,” were an Emergency department, Inpatient services, Physical Therapy, a Pharmacy, and night and weekend Pediatric, Ear, Nose, and Throat, Orthopedics, and Medical clinics.²⁵

In 1986, the Field Hospital was still being used for a number of inpatient and outpatient, emergency, and laboratory services. Facing Cutting Boulevard were administrative, business, and personnel offices, the front lobby, acute clinic, and physical therapy facilities. The emergency entrance was located on the Marina Way South, or east, side of the building, with emergency and x-ray facilities taking up the building’s center. On the south side were laboratories and the cafeteria. On the Thirteenth Street side were chemotherapy and respiratory therapy facilities, a CCU/ICU unit, and social services. A pharmacy was also included.²⁶

The Kaiser-Permanente Health Plan continued to expand, defined as a “health maintenance organization,” or HMO, by the Federal HMO Act of 1973. At this point, the Kaiser-Permanente Health Plan had more than 2.1 million members and had begun expansion to the East Coast.²⁷ By 1990, the plan covered twelve regions across the country, and included more than 6.5 million members, including almost one-third of the regional population of Northern California, where the plan first began, nearly five decades before.²⁸

²³ Barber cites “Hospital Site is Purchased,” *Richmond Independent*, 11 December 1973; “New Kaiser Hospital is Stalled,” *Richmond Independent*, 12 September 1975.

²⁴ Barber cites “Richmond Groundbreaking,” Press Release, Kaiser Permanente Medical Centers, 28 March 1977, “Hospitals” vertical file, Richmond Collection, Richmond Public Library.

²⁵ Barber cites “Medical Services Directory,” Kaiser Permanente Medical Center, February 1979, “Hospitals” vertical file, Richmond Collection, Richmond Public Library.

²⁶ Barber cites “Richmond Health Care Directory,” May 1986, “Hospitals” vertical file, Richmond Collection, Richmond Public Library.

²⁷ Barber cites Hendricks, 2, 63.

²⁸ Barber cites Hendricks, 2.

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The Field Hospital continued to operate as a functional medical facility through the early 1990s. Patients arriving in the emergency room were stabilized and then transported to the nearest Kaiser or other nearby hospital, “depending on the severity of the injury.” Some patients did stay at the hospital, but they were not surgical patients.²⁹ In September 1995, with the completion of the last segment of a new \$56 million four-building Kaiser Permanente medical complex in downtown Richmond, the Field Hospital was finally closed, and its remaining services were moved into the new structure.³⁰

As part of an effort to dispose of Kaiser Permanente surplus property, the Field Hospital building was sold in 1999 to the Islamic Community of Northern California, a nonprofit organization that plans to renovate the building into a community center and mosque.³¹

Criterion B

The Richmond Field Hospital is eligible for inclusion on the National Register of Historic Places under criterion B for its association with the following individuals who had a major influence on the concept, design and construction of the Richmond Field Hospital, Henry J. Kaiser and Sidney R. Garfield, M.D.

Henry J. Kaiser (1882-1967)

Kaiser was one of the most prominent American industrialists of the twentieth century. Born in upstate New York in 1882, he migrated westward at a young age and established his first company, Kaiser Paving, in British Columbia in 1914. He then worked on a number of road and irrigation projects throughout the American west.³² In the 1930s, he earned federal contracts to work on a number of the major dams of the New Deal, including Hoover, Grand Coulee, Bonneville, and Shasta. Working at sites often far from established facilities, he had to arrange medical care for the enormous numbers of workers on these projects.

With the onset of World War II, Kaiser was determined to be a part of military production. In late 1940, Kaiser, in partnership with the Todd Shipbuilding Company of Seattle, won a contract to build thirty ships for the British government at the new Richmond shipyards. One month before the Japanese attack on Pearl Harbor in December 1941, Kaiser formed the Permanente Metals Corporation. He bought out Todd to become the sole

²⁹ Barber cites “Kaiser Begins Work on \$66 million expansion project,” *Oakland Tribune*, 15 June 1992, A-1.

³⁰ Barber cites “Kaiser Ready for Richmond Hospital to Open This Week,” *West County Times*, 17 September 1995, 6A.

³¹ Barber cites “Park Service Wants Say in Site,” *West County Times*, 3 September 2000, 31.

³² Barber cites Rickey Hendricks, *A Model for National Health Care: The History of Kaiser Permanente* (New Brunswick: Rutgers University Press, 1993).

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owner of both the shipyards at Richmond and the Oregon Shipbuilding Corporation in Portland. He then won a contract with the United States Maritime Commission (USMC) to build Liberty cargo ships for the American military. Kaiser built four shipyards in Richmond by 1943, the same year he established the Swan Island and Kaiser-Vancouver shipyards in the Oregon/Washington State border area. He also established a steel mill in Fontana, California, to supply steel for his ships. By 1944, the Kaiser Company was the largest shipbuilder in the country.³³ Richmond, California was completely transformed at the onset of World War II by Kaiser's choice of the town as the site of massive shipyard operations.

At the Richmond Shipyards, Kaiser assumed the role of "sponsor" and financier of medical facilities. In order to fund additional necessary structures and equipment, Kaiser and his wife Bess founded the Permanente Foundation in August 1942. A non-profit "charitable common law trust" registered in Alameda County, the Permanente Foundation was established to fund medical facilities and new construction, and redirect any profit generated by the hospitals back into the medical buildings and services.³⁴ According to the foundation's founding principles, its funds could only be used for charitable and scientific purposes including medical research, provision of facilities in needy areas, medical care for the poor, and rehabilitation of returning war veterans.³⁵ This ensured that the Kaisers would personally derive no profit from the medical programs, while being able to contribute to their construction and equipping.³⁶

The founder of many organizations, Henry J Kaiser, who died in 1967, often predicted that he would be remembered best for his health plan and hospitals. His prediction became reality.

Medical Director Sidney R. Garfield, M.D. (d. 1984)

³³ Barber, Alicia. "Richmond Field Hospital" *Historic American Buildings Survey*, HABS No. CA-2720, Summer 2001, cites Hendricks and Nancy Goldenberg and Jody R. Stock. "Richmond Shipyard Number Three," Contra Costa County, California, (National Register of Historic Places Registration Form, 1999), 15, U. S. Department of the Interior, National Park Service, Washington, D. C..

³⁴ Barber cites T.K. McCarthy, "Folio No. 43, Permanente Foundation Hospital," [ca. 1946], Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 272, Folder 10, 4. The name "Permanente," Spanish for "permanent" or "everlasting," was reportedly taken from an ever-flowing creek at the site of Kaiser's first cement plant in California. See Hendricks, 49; Smillie, 37.

³⁵ Barber cites Garfield, "First Annual Report," 2.

³⁶ Barber cites At the same time, Kaiser formed the Northern Permanente Foundation, which financed the construction of a hospital for Kaiser's Vancouver shipyard in August 1942.

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The guiding genius of Kaiser's Permanente Health Plan was a young doctor named Sidney Garfield, who had attended medical school at the University of Iowa, and completed his residency at the Los Angeles County Hospital. Garfield was working as a physician in Los Angeles in 1933 when he spotted an intriguing medical opportunity in the extensive project to build the Los Angeles Metropolitan Aqueduct. Offering to provide medical care for the thousands of workers on the job, Garfield personally financed the construction of the tiny, twelve-bed Contractor's General Hospital in Desert Center, California, at a cost of \$2500. He then hired a small group of physicians to practice with him. They began with the traditional "fee-for-service" arrangement, but it failed to provide a sufficient income for the hospital to continue operation.

Forced to adapt his services to the conditions of an isolated worksite, Garfield developed an innovative system by which the workmen's compensation insurance carriers would pay him a percentage of the premiums paid to them by the fifteen contractors associated with the project, for the provision of industrial care. The employees themselves then voluntarily contributed five cents per day (deducted from their paychecks) to the hospital toward the provision of non-industrial care. This practice of payment in advance had the advantage of securing physician's income, as well as funding the construction of facilities. Additionally, it reduced the cost of medical care for workers, since the healthy helped underwrite the cost of medical care for the sick and injured. Through this arrangement, Garfield was able to completely pay off his debt for the Desert Center hospital within two years, and build two additional hospitals near the Parker and Imperial Dams.³⁷

When the aqueduct project was completed, Garfield sold his hospitals at a profit and returned to private practice in Los Angeles. By this time, Henry J. Kaiser had signed on to build the massive dam at Grand Coulee. His son, Edgar Kaiser, who was in charge of establishing health care for the workers, had heard of Garfield's work on the aqueduct, and hired him in 1938 to set up a medical program for the 5,000 workers in Grand Coulee. There, Garfield established his own sole-proprietorship medical practice, naming it Sidney R. Garfield and Associates, and hired a number of physicians at comparatively high salaries. Again, the insurance companies pre-paid Garfield a percentage of the employer-paid worker's compensation, and the employees themselves agreed to a payroll deduction of fifty cents per week for non-industrial medical care.³⁸

³⁷ Barber cites "Origin and Development of the Principles of the Kaiser Health Plan," [ca. 1945], Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 20; Kaiser Industries Corporation, 55; De Kruif, 24, 28, 41; "A New Economy in Medicine," *Fore 'N' Aft*, 25 May 1945, 1.

³⁸ Barber cites Foster, 213-15; Kaiser Industries Corporation, 57; De Kruif, 55.

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In January 1941, Kaiser's other son, Henry Kaiser, Jr., who was in charge of personnel and labor relations at Kaiser's new Richmond shipyards, contacted Garfield with a request for him to set up an ideal medical plan for the employees of Richmond's Yard One. Garfield agreed, and the two began talks with workers' compensation insurance providers in the Bay Area. Kaiser created a prepaid medical plan that would take care of all the workers' medical needs, industrial or not, using prepayments to fund the best possible facilities.

Kaiser brought Garfield back to Richmond in early 1942 in the role of a temporary medical consultant, but it became clear that only Garfield had the expertise to run the medical program. Kaiser and Garfield successfully negotiated terms with insurance carriers, to ensure that shipyard workers' health would be properly safeguarded and the company protected. Industrial accidents would be covered by Kaiser under the jurisdiction of the Industrial Accident Commission.³⁹ Compensation insurance for Yards One and Two was placed with the Fireman's Fund Indemnity Company, and for Yards Three and Four, at Industrial Indemnity, later replaced by the Hartford Accident & Indemnity Company. Kaiser management suggested that Garfield negotiate with these insurance carriers a health plan under which he would furnish medical services for the workers.⁴⁰ In that way, Garfield was instrumental in founding the Kaiser Permanente health care system which both benefited the World War II shipyard workers and became one of the country's first voluntary pre-paid medical plans, and a direct precursor to the Health Maintenance Organizations (HMOs).

The health care delivery model laid out by Sidney Garfield, M.D., emphasized preventive medicine, health maintenance, and screening for early detection and treatment of ailments of all kinds. Although later modifications of Garfield's basic principles led to the appearance of "managed care" programs that control the quality of care by strictly managing its costs, the program pioneered by Garfield and Kaiser left a permanent legacy for health care in the United States.

Garfield died in 1984, having received much well-earned recognition for his extraordinary contributions to health care in this country. In 1977, Garfield received the prestigious Lyndon Baines Johnson Award for Humanitarian Service from Mrs. Lyndon "Ladybird" Johnson, former First Lady of the United States. In 1986, the University of Southern California dedicated the S. R. Garfield Chair in Health Services. In 1988, Garfield was posthumously inducted into the Modern Health Care Hall of Fame.

³⁹ Barber cites "First Aid's the Best Aid," *Fore 'N' Aft*, 14 July 1944, 7.

⁴⁰ Barber cites "Richmond Shipyards: Industrial Medical and Hospital Facilities," [ca. 1943], Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 21.

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PERIOD OF SIGNIFICANCE

A building's period of significance is defined as the span of time in which a property attains the significance for which it meets the National Register criteria. The Richmond Field Hospital period of significance begins with the year 1942, the completion date of the building's construction and its inauguration. The years 1942 to 1945 mark the period of significance of the Richmond Field Hospital. In 1942 the facility served only the shipyard workers, and later, their dependents. At the end of the war, the shipyards were dismantled. The Kaiser Permanente Health Plan branched off from Kaiser Industries, developing as an independent nonprofit trust, and opening to the public in July 1945.⁴¹

⁴¹ Barber cites Hendricks, 2.

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a striking geometrical contrast with the horizontal lines of main building form. Horizontal ribbon windows are the main decorative element on the east and west facades of the hospital. The base of the exterior walls is incised with narrow horizontal lines, while the wall surface above has a smoother stucco finish in a subtle square pattern.¹

Though the building was expanded, the main entrance has always been located on the north side of the building, facing Cutting Boulevard, with the entrance porch as the defining element. Above the double entrance doors, but below the porch overhang, were affixed letters reading "Field Hospital Richmond Shipyards." The doors are set within a wall composed of multiple small-paned windows. Four pairs of slender metal pilotis support the roof overhang over the main entrance. In front of the entrance doors, a set of three wide steps lead up to the long, shallow porch in front.

As stated above, the east and west facades of the hospital are pierced by long expanses of horizontal ribbon windows. The ribbon windows are slightly recessed with each band framed by squared molding. The east and west elevations are topped by a deep overhang just below the cornice level. Each elevation had a single door with a round glazed opening.

On the interior, the main entrance leads into a lobby, with separate doors leading to men and women's restrooms inside the building's curved northeast corner. Also off the lobby, was the entrance to the claims office, located inside the base of the tower. A long reception desk was located directly in front of the entrance and staffed with a row of receptionists who took information and routed patients through to the doctors. Behind the desk were a doctors' and a nurses' room. A corridor to the left led to a large treatment area, divided by wall partitions into four treatment cubicles, each with its own sink and counter. These afforded patients a degree of privacy, while providing the attending physicians with access to common supplies and examination equipment. To the right of the lobby, another corridor led to four closed examination rooms, with a large workroom in the center of the building. Toward the rear of the building were two eye examination rooms, a dark room, soak room, physiotherapy room, surgery, wash room, bathroom, two small wards, labeled "A" and "B," storage and heater rooms, and a garage. Originally, the hospital had only ten beds, and was considered solely an outpatient facility. The emergency entrance was located at the rear of the building. Photographs depict the western side

¹ See copies of the photographs held by the Pictorial Collections of the Bancroft Library, University of California, Berkeley.

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being used as a parking lot. The site was landscaped, with a grass lawn and shrubs planted at the base of the outside walls.²

In plan, the building originally occupied a rectangular area at the northeast corner of the lot. Over time, a series of additions supplemented the original hospital so that it filled in nearly the entire block bounded by Cutting Boulevard, Potrero Avenue and 13th and 14th Streets.

MODIFICATION HISTORY OF THE RICHMOND FIELD HOSPITAL

Originally intended for use primarily as an emergency facility, the Field Hospital opened with only ten beds. Later additions increased its capacity to 160 beds by 1944. Plans for expansion to the hospital began almost immediately. Additions continued on a nearly constant basis throughout the war. HABS documentation of the Richmond Field Hospital quotes Dr. Sidney Garfield:

Most of our mistakes came from underestimation. We could not know when we started that we would be employing 90,000 men; estimates at first involved half that number. We could not know that the physical condition of the workers would be so far below average. As a result doctors and nurses were too few in number and outpatient space and hospital beds poorly planned. The resulting strain on our personnel was very great.³

Garfield was proud, however, of the steps taken to ameliorate the situation quickly, in order to provide the shipyard workers with the best possible medical care. Plans were drawn for a fifty-bed addition, of wood frame construction, to the Field Hospital in October 1942, under the direction of Sidney Garfield. An architectural drawing of "Proposed Extensions," dated October 10, 1942 and a floor plan also dated October 10, 1942 depicted two phases of expansion, "Annex I" and "Annex II". Annex I included shallow additions on both the east and west side of the existing building, adding 2,501 square feet to the 7,946 square foot original structure. The eastern section of Annex I, less than nine feet wide and just over 68 feet in length, contained two waiting

² Barber, Alicia. "Richmond Field Hospital" *Historic American Buildings Survey*, HABS No. CA-2720, Summer 2001, cites "Proposed Development of the Permanente Foundation Hospital," 10 October 1942, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 272, Folder 10; Kaiser-Permanente Photograph Collection, Kaiser-Permanente, Oakland, California.

³ Barber cites Garfield, "First Annual Report," 4.

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rooms and two examination rooms. The larger, L-shaped portion of Annex I on the west side of the hospital included a pharmacy, laboratory, dermatology and syphology rooms, a women's physiotherapy unit, new eye-ear-nose-and-throat clinic, two orthopedic examining units, a number of special waiting rooms, a "modern health kitchen," and a dining room.⁴

Annex II was proposed as a roughly T-shaped, 10,621 square foot wing connected to the west side of the building. The largest section of Annex II was a wing parallel to Thirteenth Street on the west that contained wards with forty-eight beds. Annex II also included a new entrance set back from the original front plane of the building, creating a small courtyard area, bordered by the western section of Annex I on the opposite side. Later additions enveloped much of this first expansion, making evidence of it difficult to trace. However, written descriptions of the new facilities seem to corroborate the components of this proposed plan.⁵ Annex I and II were completed by mid-December 1942.⁶

An even larger addition to the hospital was in initial planning stages by April 1943, and construction began in September. Three new wings would contain 110 additional beds, for a total of 181, in addition to a number of private rooms for the very ill. Also to be built were four new, modern operating rooms; a room devoted to eye, ear, nose, and throat surgery; a new large plaster cast room; an expanded clinical laboratory and x-ray department; and a new kitchen and dining room.⁷ The addition, which cost approximately \$200,000, was also said to contain a "modern maternity division" and pediatric unit.⁸ The features, which included "thirty-eight maternity beds and bassinets, one labor and three delivery rooms, twelve beds for pediatrics," were noted with approval by the U. S. Public Health Service (USPHS).⁹

⁴ Barber cites "Proposed Development of the Permanente Foundation Hospital," 10 October 1942, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 272, Folder 10; "What's New," *Fore 'N' Aft*, 5 November 1942, 2; "Here's to Your Health," *Fore 'N' Aft*, 19 November 1942.

⁵ Barber cites "Proposed Extensions." Although there is no photographic documentation of this stage of construction, it seems likely that both additions were built in accordance with this plan.

⁶ Barber cites Garfield, "First Annual Report," 4.

⁷ Barber cites "Hospital News," *Fore 'N' Aft*, 14 May 1943, 11.

⁸ Barber cites "Richmond Shipyard Workers Families to Get Needed Hospital Facilities," Press Release, [c. 1943], Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 22.

⁹ Barber cites W.T. Harrison to Clay Bedford, 2 April 1943.

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A December 1943 illustration of the proposed expansion appears identical to the current form of the hospital, with a long wing extending from the northwest corner along Thirteenth Street to Cutting Boulevard, the Annex II entrance courtyard partially filled, and the building expanded to the edges of the block on every other side.¹⁰ The new facilities included additional wards and operating rooms, expanded X-ray and laboratory departments, increased space for a staff of five eye-ear-nose specialists, a large skin clinic, nine examination and treatment offices, an expanded orthopedic clinic, seven offices, and a new clinic devoted to diseases and injuries of women.¹¹ Twenty beds of the addition were available by January, with the addition being completed in March.¹²

With a new entrance constructed to the west of the tower for the 1943 expansion, the original entrance became the outpatient department, identified by letters affixed above the doorway. The words "Richmond Field Hospital" were then affixed over the new entrance, which led to a larger lobby. Additional expansions were evidently completed in the summer of 1944 and again in the summer of 1945. Architecturally, the various additions followed the same plain, functional lines as the original hospital, with a smaller overhang over the new entrance, supported by two pairs of metal pilotis. A fountain and seating area were located to the east of the entrance, directly adjacent to the tower. The emergency entrance moved to Fourteenth Street, on the east side of the building. The final cost of the hospital, including all additions, was \$617,000.¹³

The expansions allowed for increased services, enabling the transition of the hospital from a glorified First Aid station to a full-service medical facility. The Field Hospital served as the mid-level component of a three-tier medical care system that also included six well-equipped First Aid Stations at the individual shipyards, and the main Permanente Hospital in Oakland, where the most critical cases were treated. Shipyard workers could visit either the Permanente Foundation or the Richmond Field Hospital for a whole variety of industrial and non-industrial complaints, as well as preventive care. In 1943, the Field Hospital averaged 23,787 patient visits per month, compared to 98,069 at the First Aid Stations, and 7,188 at the Permanente Hospital. However, the average number of admissions per month was only 224 at the Field Hospital, compared to 392 at Permanente.

¹⁰ Barber cites "Don't Be a Serious Case!" *Fore 'N' Aft*, 3 December 1943, 5. For a copy of this article see the field records for the HABS project in the Prints and Photographs Reading Room, Library of Congress, Washington, D.C..

¹¹ Barber cites "Don't Be a Serious Case!" *Fore 'N' Aft*, 3 December 1943, 5.

¹² Barber cites Garfield, "First Annual Report," 4; "Additions to Shipyards Hospital Near Completion," *Richmond Independent*, 3 February 1944, 16.

¹³ Barber cites McCarthy, 4.

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As these numbers indicate, the close proximity of the Field Hospital to the shipyards resulted in more emergency visits, while the Permanente Hospital housed a greater number of inpatient and surgical cases.¹⁴

The addition begun in the spring of 1943 allowed for families of the shipyard workers to be taken care of in the Field Hospital by their own physicians, although they would still not be included in the Health Plan. This provided a great service to the city, as its population was quickly outgrowing existing medical facilities. The new facilities included “complete gynecology, obstetric, surgery, medical, orthopedic and all allied clinics,” which operated on a twenty-four-hour basis. By July 1944, the Field Hospital contained a pediatric ward with fourteen beds and a nursery for babies born in the hospital.

Once the building expansions of the 1940s had taken place, the building was not significantly altered, except at the main entrance where the original window wall was subsequently filled in. That portion of the façade is now solid with a single door on the far left side and two small windows to the right. The 1951 Sanborn Fire Insurance map also indicated the present footprint of the building was in place at least by that year.¹⁵ Later changes were limited to cosmetic changes, namely, painting, repairing stucco, replacing doors and repairing building systems, and at present, the building exhibits many of the original materials and construction techniques. The medical cross on the north facade of the hospital tower was removed, and the name of the hospital was affixed there. A ghost of these letters, reading “Kaiser Foundation Hospital,” is still visible on the stucco wall surface.

INTEGRITY

The exterior of the Richmond Field Hospital retains a fair degree of integrity according to the seven aspects of integrity defined by National Register Bulletin 36: location, design, setting, materials, workmanship, feeling, and association. The building remains in its original historic location. The building’s original modernist design with Streamline Moderne elements remain intact. The current setting within proximity to the shipyards has not changed although many of the various buildings and structures associated with the shipyards are no longer extant. The historic materials originally employed on the exterior portions of the building are extant. The workmanship of the building is still evident in the exterior, and the feeling or historic sense of the hospital

¹⁴ Barber cites “Permanente Foundation and Field Hospitals and First Aid Stations 1943,” Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 271, Folder 23.

¹⁵ Sanborn Map Company, *Richmond, California* (New York: Sanborn Map Company, 1951).

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building is articulated through its form and modern details. The building is currently vacant and does not retain its original function.

Most of the exterior alterations, while detracting from the building's integrity, are easily remediable and appear to have taken place since the 1995 closure of the hospital. For example, most of the original main entrance is not readily visible from the street due to a wood fence that spans part of the main façade. Since the hospital has been vacant, it has deteriorated, mainly due to roof leaks and water damage. The stucco is discolored in places, windows are broken, and gutters and drains are in need of repair. The basic structure, however, appears intact. As a result of various modifications, the interior does not retain a significant amount of original integrity.