

Los Angeles County General Hospital – Acute Unit
Name of Property

Los Angeles, California
County and State

4. National Park Service Certification

I hereby certify that this property is:

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

Signature of the Keeper

Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

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

Category of Property

(Check only **one** box.)

- Building(s)
District
Site
Structure
Object

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Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>3</u>	<u>3</u>	buildings
<u>2</u>	<u>0</u>	sites
<u>6</u>	<u>3</u>	structures
<u>0</u>	<u>0</u>	objects
<u>11</u>	<u>6</u>	Total

Number of contributing resources previously listed in the National Register 0

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE: hospital

Current Functions

(Enter categories from instructions.)

HEALTH CARE: medical offices (floors 1-4)

VACANT/NOT IN USE (floors 5-19)

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7. Description

Architectural Classification

(Enter categories from instructions.)

MODERN MOVEMENT

Art Deco

Materials: (enter categories from instructions.)

Principal exterior materials of the property: concrete, steel, limestone

Narrative Description

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

Summary Paragraph

With its monumental scale, Art Deco style, and elevated promontory site, the Los Angeles County General Hospital – Acute Unit (Acute Unit) is one of the most visible and iconic landmarks of Los Angeles. Located at 1200 N. State Street in the Boyle Heights neighborhood of the City of Los Angeles, the building forms part of the larger Los Angeles General Medical Center (formerly known as LAC + USC Medical Center) campus that is on an approximately 42-acre site, roughly 19.5 of which are included within the National Register boundary associated with the 1933 period of significance. The campus is located northeast of the juncture of Interstates 5 and 10.

Designed by Allied Architects Association of Los Angeles (Allied Architects), and constructed between 1927 and 1933, the Acute Unit consists of a stepped, roughly H-shaped, steel-framed building encased in board-formed concrete. The building rises above a two-story base to 19 stories at its highest level in a tower, along a roughly east-west axial wing transected with north-south cross wings. The building also includes one basement level. The Acute Unit retains all seven aspects of integrity. Contributing site features dating to the original construction 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

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buildings; curved, concrete retaining walls; and a board-formed concrete-lined tunnel linking the Acute Unit with the West Campus facilities below the promontory.

Exterior character-defining features of the Acute Unit include:

- 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
- 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

Interior character-defining features of the Acute Unit generally include:

- 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

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Narrative Description

Setting and Site

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 as part of the 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. Note that this area to the west was largely redeveloped in the 1960s and again after the 1994 Northridge Earthquake.

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 Central Juvenile Hall.

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,

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Roebuck & Company Mail Order Building, serve as north and south bookends to Boyle Heights and anchors in the community.

Acute Unit (1933; One Contributing Building)

Exterior

With its relatively austere Art Deco style, the Acute Unit 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.

Moving down from the 19th floor, the footprint of the floors slightly expands. The top six floors (14 through 19), consist of slightly shorter axial wings, oriented roughly east-west. The building's H-shape takes form with north-south cross-wings beginning on floors 11 through 13. The footprint widens again on floors 4 through 10, which exhibit a third (though shorter) north-south cross-wing toward the west. In contrast with the axial, stepped floor plan of the upper stories, the basement and 1st and 2nd floors extend outward, in an asymmetrical footprint and interior configuration. These lower floors extend into adjacent outdoor courtyard spaces, for example, with landscaping, hardscaping, and fountains, and a rehabilitation pool (now capped in situ) on the 1st floor.

Exterior walls consist primarily of board-formed concrete with the exception of the west elevation entrance pavilion, which is clad in limestone and rhythmic patterns of steel-framed windows in a variety of configurations. This includes steel-framed awning and hopper, fixed frame, and double-hung sashes. Windows are generally single paned, though covered with metal grilles in the form of a grid for security. From the public right-of-way, these grilles resemble mullions and create the appearance of multi-light windows. Dividing the continuous columns of windows and reinforcing the vertical axis are full-height concrete piers, generally terminating at the top in a slight taper, allowing the pier to dissolve into the wall plane. While detailing and treatment of the wall plane varies by floor, this combination of window columns slightly recessed within full-height concrete piers characterizes each elevation of the hospital, especially on the north, south, and east elevations. Balancing out this design, building corners consist of unadorned, uninterrupted expanses of board-formed concrete walls.

The decorative program of the Acute Unit is relatively austere, in a reflection of its use and primarily Depression-era construction. Primarily realized in concrete, decorative motifs include geometric and foliate ornament, zig-zag reeding, dentil courses and applied pendants, which accent transitions between floors, wall and window openings, and at spandrel panels. Spandrel panels primarily display the zig-zag reeding pattern capped with horizontal molding.

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The exception to this subdued ornamentation is found at the west elevation entrance, which served as the original public entry and remains one of the hospital's most significant spaces. Here, a projecting one-story entrance wing reads as a high volume pavilion clad in limestone and flanked with unadorned concrete walls. The entrance is accessed via three large arched doorways, accented with full-height piers and capped with an elaborate sculptural program. The sculptures are the work of Italian American sculptor Salvatore Cartaino Scarpitta, known, among other things, for the bas-relief ornamenting the former Los Angeles Stock Exchange Building. At the center of Scarpitta's sculptures is a representation of the Angel of Mercy; flanking this figure are representations of some of the foundational figures in Western medicine—French chemist and microbiologist Louis Pasteur; English physician William Harvey; Flemish anatomist and physician Andreas Vesalius; ancient Greek physician (known as the “Father of Medicine”) Hippocrates of Kos; ancient Greek physician Galen of Pergamon; and Scottish surgeon John Hunter.

The arched openings of the entrance wing, which are infilled with non-original aluminum sliding-glass doors and windows, open onto a one-story foyer. Approaching the entrance, visitors cross a broad forecourt, which retains original, geometric-patterned pebble-and-concrete hardscaping, landscaping features, including original cypress trees, and semicircular recesses.

Side elevations of the hospital (north and south) and the rear (east) primarily consist of a grid of recessed steel-frame windows, divided by full-height concrete piers, with tapered caps. Through most floors, spandrel panels are accented with a zig-zag reeding pattern and capped with a thin horizontal concrete band. This pattern changes through the upper stories, which introduce arched window openings, dentil courses, and bands of attenuated vertical grooves and window openings.

On the 1st floor of the north elevation, the hospital kitchen consists of a large rectangular space with a high-volume ceiling, with a series of clerestory windows along the 2nd floor providing natural lighting. Along the exterior at the north elevation below the kitchen is a loading dock and driveway.

Interior

The Acute Unit retains numerous interior features associated with both its Art Deco design and use as an acute care hospital and teaching institution. The most public and architecturally significant interiors are located through the main west elevation entrance. These include the formal public entrance sequence: the high-volume one-story foyer and adjoining main lobby. The foyer features ashlar pattern limestone wall cladding and a tripartite, vaulted ceiling painted with fresco murals by Los Angeles muralist Hugo Ballin, who also painted celebrated murals at the Los Angeles Times Building and Wilshire Boulevard Temple. Ballin's murals at the foyer depict various figures including Greek god of medicine Aesculapius, Hippocrates, and Aristotle. Floors are made of geometric-patterned polychrome stone and terrazzo. Cast aluminum and bronze door frames with angled glass walls and Art Deco-style detailing serve as the entrance to the adjoining lobby. The lobby displays full-height black marble piers, terrazzo wainscoting, decorative

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coffered ceiling detailing and torchères, geometric-patterned polychrome stone and terrazzo floors, and large steel-framed windows with decorative glass.

Throughout the less public areas of the hospital, the interior is organized around a central corridor. The most common configuration is the wide, double-loaded corridor, which accommodates patient wards with centralized nurses' stations, and plentiful space for circulation of personnel and patients. Other hallway configurations include wide L-shaped and cruciform corridors. Throughout the hospital, these corridors feature precast terrazzo wainscoting and radius curved edges along the floors, walls, and door edges for sanitary purposes as specified in the original drawings.

Patient wards generally include integrated bathrooms, lockers, and a small service area. Nurses' stations generally include linoleum countertops, ceramic tile flooring, and built-in cabinetry, with some retaining original stools and lockers. Corridors also display original fixtures such as ceiling- and wall-mounted clocks and call lights.

Interior materials and finishes include smooth and sand finish plaster walls and terrazzo wainscoting throughout corridors. Doors are generally steel, with consistent proportions across floors. Floor treatments vary by function and location but commonly include ceramic tile and vinyl composition tile clad concrete. The hospital's surgical rooms retain their distinctive metallic and ceramic tile flooring—installed to mitigate the risk of combustion—along with original cabinetry, dispensary rooms, and call light systems. Lighting is primarily provided by overhead fixtures set within plaster ceilings, with supplemental illumination from large steel-framed windows arranged in vertical columns.

The interior also includes a variety of specialized spaces, including 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 spanning the 15th-18th floors.

Additions and 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 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.

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Marengo Street and Zonal Avenue Gateways (1933, Four Contributing Structures)

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, the entry gates 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 support building, the Control House, with board-formed concrete walls, a pent roof with seamed-metal sheathing, and decorative detailing. From this entrance, the roadway curves up sharply toward the hospital.

North State Street (1933, One Contributing Site)

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.

Entrance Forecourt (1933, One Contributing Site)

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.

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Patient's Building (1933, One Contributing Building)

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.

Visitor's Building (1933, One Contributing Building)

Largely identical to the Patient's Building, 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.

Vehicular/Pedestrian Tunnel (1933, One Contributing Structure)

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.

Retaining Walls (1933, One Contributing Structure)

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.

Non-Contributors within the National Register Boundary

Within the National Register boundary, additional buildings and structures have been added outside of the original 1933 construction which do not contribute to the significance of the Acute Unit. Where original permits or drawings were not available, construction dates were estimated from historic aerials. These non-contributors include:

- Barracks D (c. 1950, One Non-Contributing Structure) – One-story structure located northeast of Acute Unit.
- Barracks G (c. 1950, One Non-Contributing Structure) – One-story structure located northeast of Acute Unit.
- Telephone Exchange Building/Building 308 (1959, One Non-Contributing Building) – One-story building located southwest of Acute Unit.

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- Warehouse (c. 1985, One Non-Contributing Building) – Two-and-a-half story concrete building located northeast of Acute Unit.
- Sub-Station (c. 1985, One Non-Contributing Structure) – Underground structure located northeast of Acute Unit and east of Warehouse.
- Childcare Center (2023, One Non-Contributing Building) – One-story building located west of North State Street above terminus of the Vehicular/Pedestrian Tunnel.

Additionally, two temporary trailers with no foundations are located within the National Register boundary but are not included in the count of buildings and structures listed above. These include:

- Trailer 126 (c. 1975) – One-story trailer located west of North State Street, across from Entrance Forecourt.
- Trailer 1/3 (c. 1988) – One-story trailer located southeast of Acute Unit.

Integrity

Location

The hospital is located on its original promontory site in Boyle Heights, maintaining its profile as one of the most prominent landmarks in northeast Los Angeles as well as its relationship to the broader medical campus. The formal entrance sequence along North State Street continues to define the approach to the building. The Acute Unit retains integrity of location.

Design

The overall stepped massing, H-shaped plan, and relationships between wings have not been altered. The exterior's restrained Art Deco decorative program remains largely unmodified. The design of the hospital's most public interior spaces, such as the foyer and main lobby, retain their original decorative detailing, finishes, and character-defining features, including Salvatore Cartaino Carpitta's sculptures and Hugo Ballin's ceiling murals, terrazzo wainscoting, marble piers, decorative ceilings, and geometric marble and terrazzo flooring. Private interior spaces also retain their original design and reflect their original functions. The Acute Unit therefore retains integrity of design.

Setting

In spite of some changes over time, the Acute Unit remains the visual centerpiece of a broader institutional campus, surrounded by compatible adjacent uses. The designed approach to the building, through entry gates at Marengo Street and Zonal Avenue, along the curved ascent along North State Street, as well as the building's landscaped forecourt with original hardscaping and mature plantings—including historic cypress trees—continue to define the building's setting. Nearby post-1960 campus additions—such as the 2008 replacement hospital—have been constructed far enough away and at a lower elevation from the building so that they do not diminish the Acute Unit's visual prominence or spatial organization. Although the surrounding area has changed, with some new infill construction and demolition over time, the Acute Unit

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remains the visual focal point of the surrounding medical complex and retains its integrity of setting.

Materials

The exterior materials—including board-formed concrete, steel-frame windows, and limestone cladding at the main west elevation entrance—are intact and representative of the building’s period of construction. Interior materials and finishes in significant spaces, both in public and private areas of the hospital, are well-preserved. The Acute Unit retains integrity of materials.

Workmanship

A high level of craftsmanship is retained throughout the hospital, in both public and private spaces, and contributes to the building’s overall integrity. Notable examples of workmanship include the west elevation entrance sculptures, foyer murals, vaulted ceiling, cast aluminum and bronze door frames with angled glass walls, as well as the craftsmanship characterizing the detailing of the main lobby. In more private spaces of the hospital, retention of workmanship is expressed through the retention of terrazzo wainscoting, curved wall and floor edges, tile floors and plaster wall surfaces, original cabinetry in nursing stations and operating suites, and intact hardware and light fixtures. The Acute Unit retains integrity of workmanship.

Feeling and Association

The Acute Unit’s intact contributing features and spaces, designed for both public and private functions and use, its monumental scale, and decorative program clearly convey the building’s original function and era of construction. Through these features, the Acute Unit retains its integrity of feeling and association as an early-twentieth-century acute-care hospital and teaching institution.

Overall, 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.

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8. Statement of Significance

Applicable National Register Criteria

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

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

Criteria Considerations

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

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

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Areas of Significance

(Enter categories from instructions.)

HEALTH/MEDICINE

SOCIAL HISTORY

ARCHITECTURE

Period of Significance

1933-1978

Significant Dates

1933

1978

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Allied Architects Association of Los Angeles (architect)

Bergstrom, Edwin

Hunt, Myron

Hunt, Sumner

David, Pierpont

Richards, William

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

The Los Angeles County General Hospital – Acute Unit is eligible for listing in the National Register of Historic Places at the state level of significance. Under Criterion A in the areas of Health/Medicine and Social History, the Acute Unit is significant both for association with the large-scale institutional expansion of County medical services in Los Angeles to address a significant increase in population following World War I, and association with advocacy against sterilization practices that largely affected Chicana women at the hospital. Under Criterion C in the area of Architecture, the Acute Unit is significant as a prominent Art Deco hospital building designed by the Allied Architects Association of Los Angeles that was celebrated at its completion as the largest single unit hospital building in the world.

The period of significance is 1933, when construction of the Acute Unit and its related resources was finished and the hospital formally began serving patients in the new facilities, to 1978, capturing the ruling of the *Madrigal v. Quilligan* court case that led to larger changes in how the hospital system in California operated. The property meets Criteria Consideration G extending the period of significance to 1978 as the court case *Madrigal v. Quilligan* was exceptionally important, influencing state policy and bringing awareness to the issue of forced sterilization across the state and even nationwide.

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

Criterion A: Health/Medicine, Social History

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Though Los Angeles County General Hospital has its roots in being “established in an adobe home in 1858 by the Sisters of Charity,” it was not until 1878 that the County Board of Supervisors purchased 37.72 acres of land in the Boyle Heights neighborhood of City of Los Angeles to include space for a hospital campus.¹ The first hospital building at the site was constructed that year with expansion of the campus in the following years, and by 1897, many of the original wood buildings were being replaced with larger brick buildings. As the population within the County grew following the return of soldiers after World War I, the hospital campus also needed to change.

In 1923, the *Los Angeles Times* noted that the population of Los Angeles County had grown from 600,000 to 1,270,000 in just eight years.² The existing County hospital “built about ten years ago to house between 800 and 900 patients” had been outgrown and could not

¹ Mellon & Associates, “National Register Eligibility and Findings of Effects Report, Los Angeles County University of Southern California Medical Center Replacement Hospital,” February 1999, 7.

² “Need of Bond Issue Shown,” *Los Angeles Times*, April 23, 1923: 23.

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accommodate the daily patient population of almost 1300.³ Many sick and injured people who needed help were being turned away due to lack of available space. This increase in population necessitated the construction of new buildings to replace older facilities that could better accommodate and serve the County's residents.

To provide the initial funding for this undertaking, the County placed two bond measures up for a vote at its May 1, 1923 special election – \$2,000,000 for a new Hall of Justice and \$5,000,000 “for the purpose of acquiring additional lands and constructing additional buildings at the County Hospital and County Farm, for the care of the indigent sick and dependent poor persons who are residents of the County of Los Angeles.”⁴ Both bond issues overwhelmingly passed, receiving more than the two-thirds of the votes required.

The County soon engaged the Allied Architects Association of Los Angeles to prepare plans for the new hospital building. This decision was met with some pushback from members of the public including architect and structural engineer Albert C. Martin who argued that a formal bidding process should have been conducted and that the County's assumptions “that all of the architectural ability of Los Angeles is enrolled in the Allied Architects Association” was blatantly false.⁵ Nevertheless, as part of efforts to develop the most advanced design, Allied Architects President Edwin Bergstrom and Co-Vice Presidents Myron Hunt and Sumner Hunt, conducted a tour of hospitals in 1925 along with County Supervisor Jack H. Bean and Dr. J.N. Wood, superintendent of the County Hospital.⁶ Altogether, the group visited 30 hospitals in the largest cities across the country to gain insight on how to incorporate features “in the interest of greater efficiency, better administration and economy of management.”⁷

With this information, Allied Architects, composed of 70 member architects, began preparing various plans for the new hospital site. Meetings were held in June 1925 with members of the Board of Supervisors as well as medical staff in attendance to review plans submitted by individual architects which would help serve as the basis for the final drawings. In these meetings, some key decisions were made including building towards the maximum height limit and designing the general outline of the building to resemble a giant H.⁸ A revised program for the design was released specifying that “Due consideration should be given to the massing of the building to make the most attractive silhouette on this prominent hillside. What is desired is a practical design, simply treated, giving its impression by mass and silhouette, rather than by means of ornament.”⁹ Ultimately, architects of the top five plans – Edwin Bergstrom, Myron Hunt, Sumner Hunt, Pierpont Davis, and William Richards – were organized to act as a Committee of Design to further progress the design of the hospital for construction.¹⁰

³ Ibid.

⁴ “How to Mark Your Ballots Today,” *Los Angeles Times*, May 1, 1923: 29.

⁵ Helen Eastman Martin, M.D., *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, California: University of Southern California Press, 1979), 98.

⁶ “Hospital Tour Completed,” *Los Angeles Times*, May 6, 1925: 17.

⁷ Ibid.

⁸ “Architects Scan Plans of Hospital,” *Los Angeles Times*, June 22, 1925: 19.

⁹ “Hospital Plan Changed,” *Los Angeles Times*, June 7, 1925: 93.

¹⁰ Martin, 101-102.

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The preliminary plans were approved by the County Board of Supervisors in January 1926 “for an addition to the Los Angeles General Hospital which will make the local institution the second largest in the United States, exceeded only in size by the General Hospital of Cook county, Illinois.”¹¹ The new site for the expansion comprised four blocks adjoining the existing County Hospital buildings and bound by N. State Street, Marengo Avenue, Griffin (now Zonal) Avenue, and Britannia Street, though the process of completing the purchase had caused a considerable delay. When the plans had been approved, the County had still only “acquired about 60 per cent of the property [with] the purchase of the balance now pending in court,” though the intent was to start construction that summer.¹²

The new hospital building would be known as the Acute Unit and was being thoroughly planned to address capacity and circulation issues. As the plans were developing, estimated costs began to rise and by March 1926, the County Hospital Medical Board and the County Board of Supervisors were having disagreements over “how much additional advice is necessary in planning the county’s proposed \$8,000,000 hospital,” up from the original \$5,000,000 approved in the bond.¹³ Allied Architects fell under scrutiny, likely at the continued urging of Albert C. Martin who even wrote journal articles criticizing the group, and State Attorney General Ulysses S. Webb instituted quo warranto proceedings to void the contract between the County Board of Supervisors and Allied Architects, charging that Allied Architects as a corporation was not considered a licensed architect under California law and that articles of incorporation for the group were never filed with the County.¹⁴ The Attorney General argued for a “temporary injunction [which] sought to restrain the Allied Architects from doing any more work for the county, with special reference to the proposed new General Hospital.”¹⁵

In response, Allied Architects issued a statement noting that:

During recent weeks, in the course of a series of attacks on the government of Los Angeles county, the validity of the contract empowering this association to prepare plans for the new unit to the General Hospital has been attacked and an erroneous impression has been given the public to the ability of the members of the association to design and supervise the construction of such a building.

Plans for the urgently needed new hospital are rapidly being completed by this association after the most careful study and attention to every detail by the members of the association, every one of whom is a licensed architect under the laws of the State of California.

During the past year constant meetings have been held at the drafting rooms of the association, attended by members of the association, by the Board of Supervisors, by the

¹¹ “Hospital Plans Approved,” *Los Angeles Times*, January 13, 1926: 23.

¹² *Ibid.*

¹³ “Hospital Plans Cause of Rift,” *Los Angeles Times*, March 21, 1926: 9.

¹⁴ “Architects’ Hearing Held,” *Los Angeles Times*, June 2, 1926: 36.

¹⁵ *Ibid.*

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board of visiting physicians and surgeons of the hospital and by members of the staff, together with members of the hospital management.

While additional land required for the new hospital unit was in process of acquisition by the county, an opportunity for the most intensive study of the problem has been afforded us.

Every phase of the work has been given exhaustive research by hospital consultants, by the jury on design in charge of the preparation of the plans and by the individual members of the association of whom many have had wide experience in hospital design.

It is the sincere belief of the board of directors of this association that the plans for the new unit, when carried out, will give the county of Los Angeles a hospital which will rank first in the United States for efficiency in handling the patients, for general economy of operation, for its scientific equipment and for its design.¹⁶

By July, Allied Architects came out victorious in the Superior Court when the presiding Judge Hartley Shaw, “in a seven-page opinion, in which the statutes and cases in point are discussed in detail, found that the law for the licensing of architects is not such as to prevent a corporation engaging in architectural work, under certain circumstances, and that the circumstances of the contract between the Allied Architects and the board had not been shown in the complaint, to have violated that law.”¹⁷ Nevertheless, Attorney General Webb, County District Attorney Asa Keyes, and County Deputy District Attorney Tracy Chatfield Becker filed an appeal with the State Supreme Court.¹⁸ To prevent further delay in the development of plans for the project, the County Board of Supervisors transferred their contract with Allied Architects to Bergstrom, Myron Hunt, Sumner Hunt, Davis, and Richards as individuals.¹⁹

On June 20, 1927, the State Supreme Court made a decision in the case of *The People, Appellant, v. Allied Architects Association of Los Angeles (A Corporation), Respondent*. Chief Justice William H. Waste wrote the opinion which “held that the association has the right to enter into contracts to design public buildings and declared that a corporation may practice architecture if its members are certified architects.”²⁰ The opinion was unanimous among the other judges on the court and still stands for the benefit of architectural firms seeking public contracts in California.

Meanwhile, the need for new hospital facilities continued to be evident. The *Los Angeles Times* noted in 1926 that 7,300 babies had been born at the County Hospital in the previous eight years, but the last year alone had seen 1,400 births compared to 500 in the first year.²¹ The new hospital building would have “one of the largest and most completely equipped maternity-hospital units

¹⁶ “Job Explained by Architects,” *Los Angeles Times*, May 13, 1926: 21.

¹⁷ “Allied Architects Victor,” *Los Angeles Times*, July 30, 1926: 36.

¹⁸ “Appeal Filed in Local Fight on Architects,” *Los Angeles Times*, September 22, 1926: 26.

¹⁹ “Architects Get County Contracts,” *Los Angeles Times*, December 28, 1926: 18.

²⁰ “Architects Entitled to County Pay,” *Los Angeles Times*, June 21, 1927: 24.

²¹ “Maternity Addition to Treble Area,” *Los Angeles Times*, June 21, 1926: 26.

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in the United States” and triple the amount of space dedicated to this purpose.²² The need for expanded physiotherapy and pathology units were also being expressed by resident physicians which would be accommodated in the new building.^{23,24}

Work finally begun on the site in 1927 and, by early 1928, 55% of the steel framework had already been erected. It was a monumental endeavor and “the immensity of the building, designated the largest of its type west of Chicago, [was] shown by the following details regarding it: Area of site, 405 feet by 670; forecourt, to be 300 feet by 300, thirteen stories and two basements, will contain sixty-eight wards and almost 6000 rooms and be able to accommodate 1768 patients, thirty-one acres of floor space, 16,000,000 cubic feet of contents.”²⁵ The new Acute Unit was to have a regular capacity of 2,400 beds, had grown to a total cost of approximately \$11,000,000, and “when completed it will contain more concrete than the new Los Angeles City Hall and the Hall of Justice combined.”²⁶

The rising costs once again caused scrutiny in 1930 after County Supervisor Sidney T. Graves issued a statement indicating the total expense to now be approximately \$16,000,000.²⁷ Allied Architects argued that it had assumed the previously identified \$11,000,000 to only be an estimate, not a maximum limit. The Board of Supervisors discussed whether Allied Architects should continue to be retained to oversee the project and ultimately voted for retention with conditions including that “County Architect [Karl] Muck and Supervisor Graves be taken into their confidence at all times and that the board be furnished copies of all recommendations and the new specifications [to bring costs back down to the previously established \$11,000,000]. It also provided that no additional fees are to be paid the architects for rewriting specifications.”²⁸

On December 7, 1930, the cornerstone of the new building was laid by County Supervisor Frank L. Shaw with assistance by actress and producer Mary Pickford in a celebration open to the public.²⁹ The cornerstone would contain a time capsule with “documents of future interest” that included “current issues of all the daily newspapers of Los Angeles, the county charter, the Constitution of the State of California, reports of the Board of Supervisors, the county budget, the annual publications of the hospital school of nursing, the annual of the attending staff of the hospital, plans and specifications of the new building, and the names of the members of the Allied Architects’ Association, which planned the building.”³⁰

The event was attended by 7,000 people who had the opportunity to tour the site.³¹ Governor-elect James Rolph came down from San Francisco to make the dedicatory address. Estimated now at \$11,800,000, the new addition to the hospital campus encompassed “20.20 acres, or four

²² Ibid.

²³ “Physiotherapy Unit is Planned for Hospital,” *Los Angeles Times*, June 14, 1926: 26.

²⁴ “Municipal Laboratory Need is Told,” *Los Angeles Times*, July 26, 1926: 28.

²⁵ “Hospital Unit Steel Climbing,” *Los Angeles Times*, January 8, 1928: 81.

²⁶ Supervisor Sidney T. Graves, “New Hospital Unit Described,” *Los Angeles Times*, September 24, 1928: 23.

²⁷ “Hospital Cost Out of Bounds,” *Los Angeles Times*, February 18, 1930: 21.

²⁸ “Board Battles Over Hospital,” *Los Angeles Times*, March 4, 1930: 21.

²⁹ “Hospital Stone Laying Planned,” *Los Angeles Times*, December 3, 1930: 28.

³⁰ Ibid.

³¹ “A Civic Monument,” *Los Angeles Times*, January 3, 1933: 54, 57.

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city blocks, adjoining the present County Hospital site of 35.71 acres” with full occupancy expected in 1933.³² The construction details of the new building were described:

This edifice, which will house the largest single unit hospital in the world, is done in the modern style wherein mass is depended upon for architectural effects rather than detail. It has a steel frame with an outside covering of rough concrete and all walls and floors are of reinforced concrete, this construction being the most economical and at the same time the most enduring to withstand the ravages of time. It is also absolutely fireproof.

According to Karl W. Muck, county architect, empowered by the Board of Supervisors to act in an advisory capacity with the architects of the building, all ornamentation and unnecessary architectural effects were dispensed with and throughout it is characterized by the utmost simplicity.

Utility and efficiency, Muck explained, were the guiding principles upon which the designers concentrated, and in every conceivable aspect it will present the very last work in modern sanitation and equipment. Two outstanding examples of these features are the rounded corners throughout the interior of the building to facilitate easy cleaning, and the twenty-two latest style, self-leveling automatic elevators located at strategic points to provide a maximum efficiency in the transportation of patients.³³

In January 1933, the *Los Angeles Times* issued a multi-page feature on the civic building program in Los Angeles with a special highlight on the new Acute Unit. Total cost was now estimated at \$12,725,000, and the feature described how the construction of the building “developed new materials that are changing building methods everywhere – a new acoustical plaster that has since been used in the Rockefeller Center and in the Metropolitan Life Building of New York, a new non-absorbent, non-staining cast stone base, new types of windows and doors and automatic door-closers, a new principle for screens and a new method for pouring concrete that entirely eliminated voids.”³⁴ Numerical data was used to emphasize the scale of the project as well as its capacity to serve future patients:

Some idea of the building’s size is given by the materials that went into it: 5000 hollow metal doors, 35 miles of base, 108 miles of electric conduits, 250 miles of pipe lines and 720 miles of wires and cables. Six hundred thousand sacks of cement went into the 90,000 cubic yards of concrete used in its construction, enough to make a concrete obelisk a yard square and fifty-one miles high.

Seven thousand people were seated in its formal entrance forecourt during the laying of the cornerstone. Its wards will accommodate normally 2444 beds with room for 3600 in case of emergency, and provisions are made for 1200 of these to be wheeled on to roofs where patients can benefit by direct sunlight. Kitchen accommodations provide for the

³² “Hospital’s Corner-Stone Will Be Laid Today,” *Los Angeles Times*, December 7, 1930: 19.

³³ Ibid.

³⁴ “A Civic Monument,” *Los Angeles Times*, January 3, 1933: 54, 57.

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convenient serving of 16,000 meals daily. Modern equipment provides for the feeding of 2500 patients, many with special diets, and returning all dishes to the automatic washers in forty-five minutes.³⁵

Additional features described included the building as the location of the largest nursing school in the world, and the unusual precautions of having duplicate electrical and water service lines to account for emergencies.³⁶ The *Los Angeles Times* ended its highlight of the Acute Unit describing the building as “a Monument of Practicality”:

Not only as a monument to civic cooperative endeavor in a city that knows no slums and provides its poorest with the medical care and hospital convenience equal to the best that money can buy, but as an example of modern architecture this building is pre-eminent. It finds its monumental beauty in well-designed masses, and pleasing surface texture, rather than in superficial decoration and ornamentations that have no practical use. Moneys that might have been spent in pretty nick-nacks have been invested in convenience and permanence. Such is the tendency of the civic structures being built in Southern California.³⁷

On December 12, 1933, the Acute Unit began taking in its first patients with a focus on all maternity cases.³⁸ The building was recognized as “the largest in the world for acutely ill people” and 42 separate contractors had been involved in its construction.³⁹ After operations fully opened in early 1934, journalist Chapin Hall investigated the new building, stating that “to attempt an adequate description of this great institution seems as futile to me as efforts to word-paint the Grand Canyon or Hoover Dam.”⁴⁰ Hall noted that when the County Hospital first began in 1879, 238 patients were treated in the first year; the hospital was in 1934 estimated to be treating 60,000 a year. Though the project cost was now being reported at approximately \$13,000,000, Hall argued that “the county obtained a great bargain” and finished his thoughts noting that “On the whole the Los Angeles County General Hospital is an outstanding example of a public health service; amazing in its magnitude. It is a plant in which the people of this community should take an honest pride and as it comes to be better understood and its possibilities for public service more definitely appreciated I believe that much of the criticism will give way to approbation.”⁴¹

The years following the opening of the Acute Unit were challenging as the Great Depression resulted in budget cuts and personnel shortages that in turn affected the level of service in the new building. A polio epidemic in Los Angeles in 1934 caused an uptick in new patients at the hospital even before all of the existing patients had been moved from the older facilities, and many hospital employees contracted the disease as well.⁴² In addition, the advent of World War

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid.

³⁸ “Acute Unit of Hospital Open Today,” *Los Angeles Times*, December 12, 1933: 19, 20.

³⁹ Ibid.

⁴⁰ Chapin Hall, “Hospital Set for Rites,” *Los Angeles Times*, April 15, 1934: 11, 13.

⁴¹ Ibid.

⁴² Martin, 119.

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It led to some of the attending staff and house staff to be drafted, creating yet another personnel shortage at the hospital.

As the result of several evaluations and reports on hospital operations and conditions, the County decided it was in its best interest to have two medical schools – the University of Southern California (USC) School of Medicine and College of Medical Evangelists (CME) – supervise the medical care, with contracts signed on December 29, 1953.⁴³ The schools would have a dedicated hospital environment to teach students, and the hospital would gain additional medical staff to help care for patients. In 1966, CME, renamed the Loma Linda University School of Medicine, ended its contract with the County, with their services taken over by USC. USC would subsequently develop a decades-long relationship with the campus, which would be renamed the Los Angeles County-University of Southern California (LAC+USC) Medical Center on July 1, 1968.⁴⁴

With this new partnership in place, the 1950s through 1970s saw the addition of new buildings on the larger General Hospital campus, though many were concentrated to the west and south of the 1933 expansion below the raised promontory on which the Acute Unit stands. The Acute Unit gained nationwide attention in 1963 when it was featured in the opening credits of the television soap opera General Hospital. In 1994, the Northridge Earthquake caused substantial damage to the Acute Unit and other buildings on the campus. As part of subsequent FEMA earthquake recovery efforts, the Acute Unit and other related surrounding resources such as the entrance forecourt and gateways on Marengo Street and Zonal Avenue, were formally determined eligible for listing in the National Register through Section 106 review and thus listed in the California Register.⁴⁵ Photographic recordation of the Acute Unit taken according to Historic American Building Survey (HABS) specifications were submitted to California State Archives in 2001, though has not been formally submitted to the Library of Congress.

The support from the FEMA funding allowed for development of a new \$1.02 billion medical center that was constructed in 2008, south of the Acute Unit and replacing several 1960s buildings, to now serve as the primary medical facility on the campus.⁴⁶ The new medical center contains space for 600 beds, much less than the Acute Unit it replaced. Though the Acute Unit was officially decommissioned as a hospital, the bottom four floors of the building were kept open for offices while all of the upper floors closed and remain vacant. In 2014, a rehabilitation project on the first floor led to creation of the Wellness Center that continues to provide services to the community.

The County Board of Supervisors voted to change the name of the LAC + USC Medical Center to the Los Angeles General Medical Center in 2023 to help create a more consistent brand for the

⁴³ Martin, 160.

⁴⁴ Martin, 225.

⁴⁵ Mellon & Associates, 5.

⁴⁶ Rong-Gong Lin II, "Hospital patients move to new site," *Los Angeles Times*, November 8, 2008, 41.

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site and reduce confusion with the nearby Keck School of Medicine of USC.⁴⁷ Later that year, the County selected developer Centennial Partners, composed of a partnership between Primestor and Bayspring Development, to lead rehabilitation of the Acute Unit into housing and creation of a larger “Healthy Village” including retail, offices, and community services on the campus.⁴⁸ The project is currently in a master plan phase under an exclusive negotiating agreement with the County.

The County continues to manage four hospital sites today: the Los Angeles General Medical Center, Harbor-UCLA Medical Center in Torrance, Olive View-UCLA Medical Center in Sylmar, and Rancho Los Amigos National Rehabilitation Center in Downey.

Activism for Better Health Practices in Underrepresented Communities

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.⁴⁹ 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.”⁵⁰ 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.⁵¹ 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.”⁵² Dolores Madrigal served as the lead plaintiff after hearing about protests related to the

⁴⁷ Jonathan Lloyd, “LA County-USC Medical Center Has a New Name,” *NBC Los Angeles*, May 3, 2023, <https://www.nbclosangeles.com/news/health-wellness/la-county-usc-medical-center-new-name/3146531/> accessed August 15, 2025.

⁴⁸ Alex Medina, “Developer chosen for General Hospital reuse project,” *Boyle Heights Beat*, December 18, 2023, <https://boyleheightsbeat.com/developer-chosen-for-general-hospital-reuse-project/> accessed August 15, 2025.

⁴⁹ 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.

⁵⁰ Robert Rawitch, “Latin Women File Suit on Sterilization,” *Los Angeles Times*, June 19, 1975: 8.

⁵¹ 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.

⁵² Rawitch, 8.

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sterilization practices and later finding out she had also been one the victims.⁵³ The court case against the County was initiated 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.

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.”⁵⁴ 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.⁵⁵

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.”⁵⁶ 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.”⁵⁷ 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.”⁵⁸

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 2022.⁵⁹ 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

⁵³ Gustavo Arellano, “Latina was lead plaintiff in landmark sterilization case,” *Los Angeles Times*, December 4, 2024: B001.

⁵⁴ 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.

⁵⁵ Ibid.

⁵⁶ Arellano, B001.

⁵⁷ City of Los Angeles, SurveyLA, “Latino Los Angeles Historic Context Statement,” September 15, 2015, 72.

⁵⁸ Ibid.

⁵⁹ Arellano, B001.

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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.⁶⁰

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.”⁶¹ 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 1990.⁶² Activists argued that this was not enough to address “a current average daily census of 60 hospitalized patients with AIDS and AIDS-related illnesses.”⁶³

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.”⁶⁴ 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.”⁶⁵

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.”⁶⁶ 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.⁶⁷ 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.”⁶⁸

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

⁶⁰ 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.

⁶¹ Peter Cashman, John Fall, and Enric Morello, “Fumbling on AIDS Causes Waste, Suffering,” *Los Angeles Times*, February 13, 1989: 31.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ “Bulletin Board,” *LA Weekly*, January 26, 1989: 71.

⁶⁵ Doug Sadownick, “Gay Writes,” *LA Weekly*, February 23, 1989: 48.

⁶⁶ Doug Sadownick, “AIDS Bottleneck,” *LA Weekly*, August 1, 1991: 14-16.

⁶⁷ Ibid.

⁶⁸ Ibid.

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a sense that “with their deaths, an era of militancy has come to an end.”⁶⁹ 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.”⁷⁰

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.⁷¹ 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.⁷²

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.

Criterion C: Architecture

Allied Architects Association of Los Angeles

The Allied Architects Association⁷³ of Los Angeles (Allied Architects) was founded in 1921 with the purpose “to promote architectural beauty and the best expression in public buildings at the least possible cost.”⁷⁴ Originally formed as a coalition of 33 Los Angeles-based architects, membership had ballooned to 70 by the time the firm began preparing designs for the Acute Unit. Octavius Morgan served as the founding president, with Edwin Bergstrom as first vice president, David C. Allison as second vice president, H.M. Patterson as treasurer, and J.J. Backus as secretary. Along with Morgan, Bergstrom, and Allison, Reginald Johnson and Myron Hunt comprised the Board of Directors. Other charter members included Sumner P. Hunt, Pierpont Davis, and Gordon B. Kaufmann.

⁶⁹ Douglas Sadownick, “AIDS, Inc.,” *LA Weekly*, May 12, 1994, 16-21.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Ibid.

⁷³ Often written in historic newspaper articles as Allied Architects’ Association. Original drawings omit the apostrophe.

⁷⁴ “33 Architects of L.A. Form Association,” *Los Angeles Evening Express*, July 8, 1921: 2.

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Membership to Allied Architects was open to all architects with “proper qualifications and technically established reputation” and all members could contribute ideas to the projects attained by the firm.⁷⁵ Operations within the firm were intended to be democratic, with members having felt that “too often when a public job is offered, the architect is selected through politics and wire-pulling, and that the talented architects, the real designers, the men who have shown signal ability in their work, do not ordinarily have an opportunity to function on this important work.”⁷⁶ Allied Architects was intended to provide that opportunity to local architects with a focus on public rather than private construction.

The bylaws of Allied Architects emphasized “[providing] municipal, county, state, and national governments with the highest and best expression of the art of architecture in the designing, planning and construction of public buildings, structures and improvements.”⁷⁷ As part of outreach to gain support for the new organization, architect Reginald Johnson noted to the Pasadena Rotary Club that “while there had been much progress and development in Southern California in architectural excellence and beauty as expressed in residences and homes, there had not been the same development in the architecture of public buildings, except that in recent years there have been erected some schoolhouses of commendable architecture.”⁷⁸

Allied Architects quickly accumulated a variety of public projects, winning bids across the Los Angeles regions for both architectural reviews and design. A 1925 *Monrovia Daily News* article describes the success the firm had in the years following its formation:

A month after the inception of the Association, which was formed early in the summer of 1921 for the purpose of affording civic governments throughout Southern California the best in architecture, it performed its first public service namely the reviewing of plans for the Los Angeles Coliseum at the request of the Community Development Association. Two months later the County authorized the body to undertake the architectural designing of the exterior, courtrooms, and elevator lobbies of the new Hall of Justice. In 1922, the Association prepared plans for the restoration of a portion of the San Fernando Mission and also accepted a contract with the county for designing and superintending the erection of the Museum of History, Science and Art at Exposition Park. The preliminary drawings for this work were accepted by the county June 23, 1924, as were those for the Patriotic Hall, which contract was given the organization in 1923.

Services rendered civic governments during the past year include the designing of architectural features of the bridges and viaducts which the city is to erect over the Los Angeles river, performed without financial remuneration on the part of the Association; the designing of a monument for the Big Pines Recreation Center for the county, also without compensation; a county contract for the designing and superintending the

⁷⁵ “33 Architects of L.A. Form Association,” *Los Angeles Evening Express*, July 8, 1921: 2.

⁷⁶ “Would Improve Architecture in South,” *Pasadena Star-News*, July 28, 1921: 12.

⁷⁷ “33 Architects of L.A. Form Association,” *Los Angeles Evening Express*, July 8, 1921: 2.

⁷⁸ “Would Improve Architecture in South,” *Pasadena Star-News*, July 28, 1921: 12.

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building of a 1500 bed acute general hospital; similar work to be performed in the erection of a Recreational Club House in Echo Park; a commission from the city and county for the preparation of plans for the proposed Civic Center; and another county contract for the improvement and beautification of the Hollywood Bowl. All these contracts are being prepared and will be executed at an early date.

At the request of the University of Southern California, and as part of its contribution toward the cultural development of the community, the Association has taken over the Architectural Department of the University, establishing quarters for the senior class in its own headquarters. It has also established an architectural library, one of the finest of its kind in the country, on the eleventh floor of the Citizen's National Bank Building. This, the only exclusively architectural library west of Chicago, contains many rare volumes dealing with architecture and the arts, and is maintained at the expense of the Association, which hopes to make it the best in the country.⁷⁹

As referenced in the above excerpt, the Allied Architects collaborated with the USC Department of Architecture, opening up its library to students and providing recommendations in 1925 for a five-year program of study prior to the ultimate creation of the stand-alone School of Architecture that year.⁸⁰ Members of Allied Architects sat on an advisory council to support the program though “the Allied Architects’ Association profile at USC diminished through the late-1920s, as the association became embroiled in mounting legal entanglements regarding its system of collective compensation, among other issues.”⁸¹

Besides the Acute Unit expansion at General Hospital, Allied Architects is most celebrated for its design of the 1925 Hall of Justice, the “oldest surviving government building in the Los Angeles Civic Center,”⁸² and the 1926 National Register-listed Bob Hope Patriotic Hall. Shortly after forming, Allied Architects had also pursued design of the future Los Angeles Central Library, reaching out directly to the Library Board. When the Board selected architect Bertram G. Goodhue from New York to design the building, Allied Architects voiced their opposition to “the hiring of eastern architects in preference to local talent.”⁸³ Goodhue was ultimately retained to design the library. In 1926, Allied Architects designed the first shell at the Hollywood Bowl, which was replaced by a Lloyd Wright design only a year later.⁸⁴ Another shell was designed by Allied Architects in 1929, serving the Hollywood Bowl until its replacement in 2003.

As described, when Allied Architects was being sued by the State Attorney General over its contract to complete the Acute Unit, the County Board of Supervisors transferred the contract to

⁷⁹ “Allied Architects Finish Best Year,” *Monrovia Daily News*, February 12, 1925: 3.

⁸⁰ Deborah Howell-Ardila, “‘Writing Our Own Program’: The USC Experiment in Modern Architectural Pedagogy, 1930 to 1960,” December 2010, 29.

⁸¹ Ibid.

⁸² Los Angeles Conservancy, “Hall of Justice – LA Conservancy,” <https://www.laconservancy.org/learn/historic-places/hall-of-justice/> accessed August 5, 2025.

⁸³ “Local Talent is Anxious for Job,” *Los Angeles Evening Post-Record*, December 24, 1921: 10.

⁸⁴ Nicolai Ouroussoff, “Not much a shell shock,” *Los Angeles Times*, June 13, 2004: 63.

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five architects as individuals: Edwin Bergstrom, Myron Hunt, Sumner Hunt, Pierpont Davis, and William Richards. The section below provides a brief description of each architect:

George Edwin Bergstrom, FAIA (1876-1955). Bergstrom was a graduate of the Massachusetts Institute of Technology and Yale University, first practicing architecture in New York in 1899 and later partnering with architect John Parkinson in Los Angeles from 1905 to 1915. He was president of Allied Architects when the firm was engaged for the General Hospital project, acting as lead architect for the Acute Unit, and had also served two terms as president of the American Institute of Architects. Bergstrom designed the Bullock's building in Los Angeles, contributor to the National Register-listed Broadway Theater and Commercial District, and was notably Chief Architect of the Pentagon in Washington D.C.

Myron Hunt, FAIA (1868-1952). Myron Hunt received his degree in architecture from the Massachusetts Institute of Technology in 1893 and came to Pasadena in 1903. He was Co-Vice President of Allied Architects and is credited with designing several celebrated projects in the Los Angeles region, including the Hollywood Bowl, Huntington Library, Ambassador Hotel, and Occidental College.

Sumner P. Hunt (1865-1938). Sumner Hunt, unrelated to Myron Hunt, was born in New York and began working in Los Angeles in 1888. He was Co-Vice President of Allied Architects and designed the National Register-listed Ebell of Los Angeles, National Register-listed Bradbury Building, and the Southwest Museum.

Francis Pierpont Davis, FAIA (1884-1953). Davis was born in Baltimore and came to Los Angeles in 1907. He served as president of the Southern California chapter of the American Institute of Architects and was a member and former president of the City of Los Angeles Art Commission. Known for his design of churches, including the National Register-listed St. John's Cathedral, Davis also was assistant to Bergstrom in the design of the Pentagon.

William Richards (1871-1945). Richards received his technical training at Cambridge University before coming to California in 1912. Richards designed several commercial buildings including the Professional Building in Pasadena and locally designated Pacific Mutual Building in Los Angeles.

It is unclear when Allied Architects formally dissolved, though reference to the firm in available historic newspaper articles vastly decreased into the 1940s. The Allied Architects Association of Los Angeles records, held by the UCLA Library Special Collections, contains material from 1921 through 1944.

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Art Deco in Los Angeles

The following is excerpted from the City of Los Angeles SurveyLA Citywide Historic Context Statement for the sub-theme “Art Deco, 1925-1938”.⁸⁵

Of the various related responses to Modernism, Art Deco was among the shortest lived, its zenith cut short by the onset of the Great Depression. It was also the most lavish and resplendent of this family of architectural styles. Its gilded, glitzy aesthetic left an indelible imprint on the built environments of cities across the nation, and particularly in Los Angeles, between the mid-1920s and mid-1930s.

The advent of the style that eventually became known as Art Deco is generally traced to the International Exposition of Modern Decorative and Industrial Arts, which was held in Paris in 1925 and marked the style’s formal debut to an international audience. But even prior to the exposition, cadres of American architects were designing buildings that broke from the orthodoxy of the Beaux Arts tradition and exhibited influence from such works as Bertram Goodhue’s Nebraska State Capitol (1922-32) and Eliel Saarinen’s never-constructed design for the Chicago Tribune Tower (1922). The very earliest examples of the Art Deco style tended to amalgamate elements of these influential commissions – and especially Saarinen’s – with features associated with the Gothic Revival style. Traditional elements associated with the latter such as elaborate cornices and heavy ornamentation were replaced with the clean lines, abstract motifs, and prevailing sense of verticality that rendered Saarinen’s submission so influential and enraptured architects across the nation. Both the American Radiator Building in New York City (1924) and Pacific Telephone Building in San Francisco (1924-25) were landmark buildings based on Saarinen’s design and were early examples of the Art Deco style in the United States. Notably, the former was designed by Howells and Hood, architects of the winning entry of the Tribune competition.

This new dialect of architecture was also taking root in Los Angeles, which was amid a period of unprecedented growth at the same time these ideas about modernity were beginning to coalesce into an identifiable movement. Buildings such as the Elks Lodge No. 99, also known as the Plaza Park Hotel, at 603-607 Park View Street (L.A. Historic Cultural Monument No. 267) built in 1924 by Curlett and Beelman, and the Transportation Building at 122-130 East 7th Street in Central City built in 1924 by Walker and Eisen, both pre-date the Paris exposition by a year but exhibit clear Art Deco influences. Stepped building volumes, uninterrupted vertical expanses, the elimination of superfluous ornament and overt Classical references, and the application of geometric and exotic motifs in their place infused some modern flair into an architectural program that was largely rooted in the past. Buildings such as these were notable for deviating from the rigid historicism that dominated Los Angeles’ architectural vocabulary at this time. Similar to their counterparts in New York, San Francisco, and other major cities,

⁸⁵ City of Los Angeles, SurveyLA, “Los Angeles Citywide Historic Context Statement – Architecture and Engineering, L.A. Modernism 1919-1980, Art Deco, 1925-1938,” August 2021.

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these buildings reflected a hybrid between the crisp, clean lines of Art Deco and the monumentality of the Gothic Revival style. [...]

With respect to architecture, the Art Deco style was expressed through a common set of characteristics that represented a balance of industrial technology and artistic sensibilities. Buildings designed in the style exhibited a strong vertical orientation, appearing as if they were jutting freely up into the sky. They were often composed of multiple stepped volumes, which augmented this prevailing sense of verticality and also added a dimension of visual and spatial complexity. Exterior walls were clad with terra cotta, cast stone, or another smooth material and expressed minimal depth or projection; ornament, sculpture, and other details were applied abstractly and in low relief. Classical elements like columns were stripped down to their most rudimentary form by fluting, reeding, and other reductive methods. Buildings were often polychromatic, an effect that was achieved through means such as the use of faience and the application of hued metals. Facades were replete with abstract, eye-catching geometric motifs that exploited the decorative value of mass-produced products and provided buildings with a glitzy appearance. Ornament was applied superficially to exterior walls and acted as a decorative “skin.”

By the time the exposition ended in October 1925, the Art Deco style had ascended popularity in the United States, and examples of the style could be found in abundance in the American urban environment. Its tasteful blend of modern aesthetics, fine craftsmanship, and sumptuous materials emerged as a bold, evocative symbol of modernity, and its keen ability to exploit the decorative qualities of mass-produced, machine made materials was a testament to the virtues of American ingenuity.

Los Angeles is home to a rich collection of Art Deco architecture, largely because the city “was booming just as Art Deco emerged, and they suited each other – both looked toward the future.” In the mid and late 1920s, when the Art Deco style peaked in popularity, Los Angeles was in an enviable economic and cultural position but was still a relatively young city, eager to establish its own sense of architectural identity and assert itself as a bastion of modernity and progress. Art Deco was embraced as an appropriate visual vocabulary for Los Angeles because it evinced a sense of excitement and painted a fresh, fast-paced, and optimistic picture that reflected Angeleno’s collective sense of self. The rise of the Hollywood entertainment industry at this time also helped to legitimize the style’s theatrical qualities. However, because of the onset of the Depression the style’s zenith was relatively short lived, and thus it is somewhat rare compared to others associated with the Related Responses to Modernism theme.

The vertical forms, crisp clean lines, and geometric patterns that characterized the Art Deco style could be adapted to a variety of building types, but in Los Angeles (and elsewhere) Art Deco was predominantly a commercial idiom. By the late 1920s, the style had supplanted the Beaux Arts, Italian, Renaissance Revival, and other historicist styles as the preferred idiom for office towers, skyscrapers, and other tall, monumental

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buildings throughout the Downtown commercial core. Masterfully executed examples of the style were generally constructed in and around the central business district, infusing the Downtown streetscape with an aura of modernity and sophistication. [...]

Art Deco is often considered to be a commercial style, but as the style gained traction its aesthetic was also embraced by public and private institutions that constructed new, state-of-the-art facilities. Bold, geometric forms and sleek vertical lines connoted these institutions' largesse. However, while commercial buildings designed in the Art Deco style tended to flaunt and exploit its glitzy aesthetic qualities for all their worth, their institutional counterparts tended to apply these features in a more tempered and conservative manner... When the County of Los Angeles built a new, twenty-story hospital building in Boyle Heights between 1927 and 1931, it elected for a building that embodied the characteristics of the Art Deco style as evidenced by its myriad setbacks and strong sense of verticality. [...]

The Art Deco style was unapologetically exuberant and lavish; it was a testament to the optimistic spirit and sense of prosperity that characterized the 1920s and permeated into virtually every facet of American culture. It was also a short-lived style that fell victim to unfortunate timing. Shortly after the style reached its zenith in the late 1920s, the stock market crashed and the Great Depression set in, and the bold, colorful, eclectic, and richly embellished aesthetic of the Art Deco style was generally seen as too ostentatious for a society mired in economic depression. Those who were able to commission new buildings at this time tended to be reluctant about investing in the application of ornament or other nonessential design features. Art Deco had largely faded away from American architecture by the early 1930s. Later examples of the style tended to incorporate the complex setbacks, vertical orientation, and geometric massing associated with the style but were stripped of its more ebullient details.

In spite of its bold, eye-catching aesthetic, the Art Deco style largely faded from public memory in subsequent years. It was not until the 1960s that it was "rediscovered" when English art historian Bevis Hillier published his first major academic treatise on the style and its significance, which placed it into context and gave it credence for the first time in history. Hillier coined the term "Art Deco" in 1968, an abbreviation of the Paris exposition that had catapulted the style into fame some forty years prior.

Criteria Consideration G

The period of significance for the Acute Unit under Criterion A ends in 1978 to include the advocacy associated with the sterilization of primarily Chicana women that led to larger changes in how the hospital system in California operated. As described, between 1968 and 1974, more than 200 women were sterilized at the Acute Unit, often under pressure by the medical staff and without full understanding or consent of patients. As these injustices became illuminated through whistleblowers and public testimony, a lawsuit was initiated in 1975 that would ultimately become the court case *Madrigal v. Qulligan*. While all these events currently do meet the

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threshold of over 50 years for the property, it wasn't until June 7, 1978, that Judge Jesse W. Curtis ruled in favor of the defendant finding that there was no deliberate intent by hospital staff to harm the women.

This 1978 date represents a clear cutoff for the period of activism associated with the history of sterilization at the Acute Unit. Though the judge did not ultimately agree with the women who filed the lawsuit, *Madrigal v. Quilligan* left a lasting impact across the state as the California Department of Health implemented new sterilization procedures such as bilingual information materials providing better explanation of process and consequences. While the results of the court case impacted hospitals throughout California, it is uniquely associated with events at the Acute Unit and likely caused substantial change in policy due to the property's status as a public County-owned hospital and is thus exceptionally important under this criteria consideration. *Madrigal v. Quilligan* continues to be taught in university courses and was featured in the PBS documentary "No Más Bebés" which reintroduced this history to national audiences in 2016. When Dolores Madrigal died in 2024, her obituary was published across the country including by the *New York Times* and NPR.

While the history of AIDS activism of the LGBTQ+ community at the Acute Unit is important to note in this nomination, this period, largely from 1988 through 1993, is wholly outside of the 50-year threshold and more evaluation is necessary to argue exceptional importance under this criteria consideration. While this period of activism reflects broader changes in the approach that community leaders used to voice their needs, shifting from organized protests to direct involvement within public and private agencies, it did not necessarily impact state policy in the same way as the described advocacy associated with the sterilization of Chicana women and is less directly tied with the hospital itself.

Similarly, while the Acute Unit served as a hospital from 1933 to its decommissioning in 2008, additional scholarly research and evaluation is necessary to extend the period of significance to this decommission date which is only less than 20 years in the past.

State Level of Significance

The legacy of the Acute Unit extends beyond local significance due to both the unique nature of its design and construction, and the impacts associated with the advocacy of Chicana women in the 1980s that led to policy changes statewide.

When compared with other hospital buildings throughout California, the Acute Unit stands apart as a monumental endeavor that uniquely captures the design aesthetics informed by its late 1920s and early 1930s Depression-era construction. No other hospital building, public or private, exists in this state from this period that is comparable to the scale of the 19-story Acute Unit. While other Art Deco-style hospitals were constructed and are extant, such as the 1930 Cedars of Lebanon Hospital (now the west coast headquarters of the Church of Scientology) in Los Angeles and 1931 Palo Alto Hospital (now Hoover Pavilion) in Palo Alto, these were generally

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of a much more modest size in comparison. It is likely due to the large size of the Acute Unit that it was able to continually operate as a hospital for a lengthy 75 years, from 1933 to 2008.

In addition, the roughly 20-acre site which contains several contributing buildings and structures that date back to the original 1933 construction is unique, and the only other hospital sites in California that are listed in the National Register and exceed this acreage are the 63.3-acre Dewitt General Hospital (a former World War II U.S. Army hospital) in Auburn and the 506-acre West Los Angeles Veterans Affairs Historic District in Los Angeles. Most other California hospitals listed in the National Register are under three acres. The size of the 1933 expansion was necessary to address the fast-growing post-World War I population of Los Angeles and funded largely through bond measures.

As described in the discussion of Criteria Consideration G, the legacy of advocacy related to the period of sterilization of Chicana women at the Acute Unit left an impact across California, influencing the California Department of Health to implement new sterilization procedures such as bilingual information materials. While similar injustices related to sterilization were being done at other hospitals throughout the state, the landmark court case *Madrigal v. Quilligan* which led to heightened awareness and change is directly related to procedures that happened at the Acute Unit and not associated with any other hospital building.

While it is possible that the Acute Unit meets national level significance, additional research and evaluation is necessary to inform this classification. When it was first constructed, the Acute Unit made headlines across the country as the largest hospital of its kind in the world, a record previously held by the National Register-listed Cook County Hospital in Illinois. It is not known how long the Acute Unit held this title for or how many other comparable hospital complexes were constructed and are still extant from the same period. At least one hospital, the 1938 medical building at the Jersey City Medical Center, exhibits similar Art Deco-style design as the Acute Unit at a large scale. The now demolished Cowell Memorial Hospital in Berkeley is the only hospital building in California listed in the National Register with national level significance.

Conclusion

As described, the Los Angeles County General Hospital – Acute Unit meets National Register Criteria A and C at the state level of significance. Under Criterion A in the area of Health/Medicine, the Acute Unit is associated with the largescale 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

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of a public health institution serving the community. Upon completion, the Acute Unit was praised as the largest single unit hospital in the world.

Under Criterion C 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.

The period of significance is 1933, when construction of the Acute Unit and its related resources was finished and the hospital formally began serving patients in the new facilities, to 1978, capturing the ruling of the *Madrigal v. Quilligan* court case that led to larger changes in how the hospital system in California operated. The property meets Criteria Consideration G extending the period of significance to 1978 as the court case *Madrigal v. Quilligan* was exceptionally important, influencing state policy and bringing awareness to the issue of forced sterilization across the state and even nationwide. Due to the importance of this court case in prompting changes in statewide health practices and the status of the Acute Unit as a singular hospital of its design and scale in California, the property exceeds local significance and meets eligibility for state level of significance.

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9. Major Bibliographical References

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Previous documentation on file (NPS):

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

Primary location of additional data:

- State Historic Preservation Office
 Other State agency
 Federal agency
 Local government
 University
 Other
Name of repository: California State Archives

Historic Resources Survey Number (if assigned): _____

10. Geographical Data

Acreage of Property ~19.5 acres

Latitude/Longitude Coordinates

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

- | | |
|------------------------|------------------------|
| 1. Latitude: 34.061066 | Longitude: -118.208881 |
| 2. Latitude: 34.060088 | Longitude: -118.206480 |
| 3. Latitude: 34.058456 | Longitude: -118.207681 |

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- | | |
|------------------------|------------------------|
| 4. Latitude: 34.059178 | Longitude: -118.209702 |
| 5. Latitude: 34.057859 | Longitude: -118.210038 |
| 6. Latitude: 34.057960 | Longitude: -118.210228 |
| 7. Latitude: 34.059797 | Longitude: -118.210926 |
| 8. Latitude: 34.060770 | Longitude: -118.210149 |

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

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.

Boundary Justification (Explain why the boundaries were selected.)

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 help provide a clear separation between the 1933 expansion and later construction not associated with the significance of the property. The boundary as presented also represents the earliest intact concentration of buildings and structures on the campus as other areas to the west, south, and east have undergone several phases of redevelopment and do not retain sufficient integrity to convey historic associations.

11. Form Prepared By

name/title: Alvin-Christian Nuval, Principal Associate; Debi Howell-Ardila, Principal Associate; Robert Jay Chattel, AIA, President

organization: Chattel, Inc.

street & number: 13417 Ventura Boulevard

city or town: Sherman Oaks state: CA zip code: 91423

e-mail: alvin@chattel.us, debi@chattel.us

telephone: (818) 788-7954

date: September 30, 2025, Revised December 16, 2025

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Additional Documentation

Submit the following items with the completed form:

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

Photographs

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

Photo Log

Name of Property: Los Angeles County General Hospital – Acute Unit
City or Vicinity: Los Angeles
County: Los Angeles
State: California
Photographer: Robert Chattel
Date Photographed: July 18 and 23, 2025

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

- 1 of 30 Primary west elevation of Acute Unit from Entrance Forecourt, view east
- 2 of 30 South elevation of Acute Unit from State Street, view northeast
- 3 of 30 North elevation of Acute Unit from Zonal Avenue, view south
- 4 of 30 East and north elevations of Acute Unit, non-contributing barracks visible, view southwest
- 5 of 30 Main entrance to Acute Unit, view east
- 6 of 30 Entrance Forecourt, forecourt buildings also visible, view west
- 7 of 30 West and south elevations of Patient's Building, view northeast

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- 8 of 30 North and west elevations of Visitor's Building, view southeast
- 9 of 30 West elevation entrance wing to Acute Unit, view north
- 10 of 30 Detail of inscription at arch in entrance wing, view east
- 11 of 30 Lobby at Acute Unit, view northeast
- 12 of 30 Typical double-loaded corridor at Acute Unit with nurses' station visible, view east
- 13 of 30 Kitchen at Acute Unit, view east
- 14 of 30 Morgue at Acute Unit, view southwest
- 15 of 30 Former rehabilitation pool at Acute Unit, view northwest
- 16 of 30 South elevation of Acute Unit from former rehabilitation pool, view north
- 17 of 30 Typical stairs at Acute Unit, view northeast
- 18 of 30 Typical surgery room at Acute Unit, view south
- 19 of 30 Lower level of surgical auditorium at Acute Unit, view southeast
- 20 of 30 Upper level of surgical auditorium at Acute Unit, view northwest
- 21 of 30 Inside face of parapet at roof of Acute Unit, view northeast
- 22 of 30 Tunnel below Acute Unit, view southwest
- 23 of 30 Marengo Street Gateway leading to State Street, view northeast
- 24 of 30 Zonal Avenue Gateway (west) leading to State Street, view southeast
- 25 of 30 Zonal Avenue Gateway (central) and guard office leading to doctors parking, view southeast
- 26 of 30 Zonal Avenue Gateway (east) leading to pedestrian walkway east of Acute Unit, view southeast
- 27 of 30 Detail of typical board-formed Perimeter Walls at hospital campus, view south
- 28 of 30 Non-contributing Childcare Center from State Street, view northwest

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29 of 30 Non-contributing trailer across from Entrance Forecourt, view southwest

30 of 30 Non-contributing warehouse and underground sub-station, view southwest

Paperwork Reduction Act Statement: This information is being collected for nominations to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.). We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for each response using this form is estimated to be between the Tier 1 and Tier 4 levels with the estimate of the time for each tier as follows:

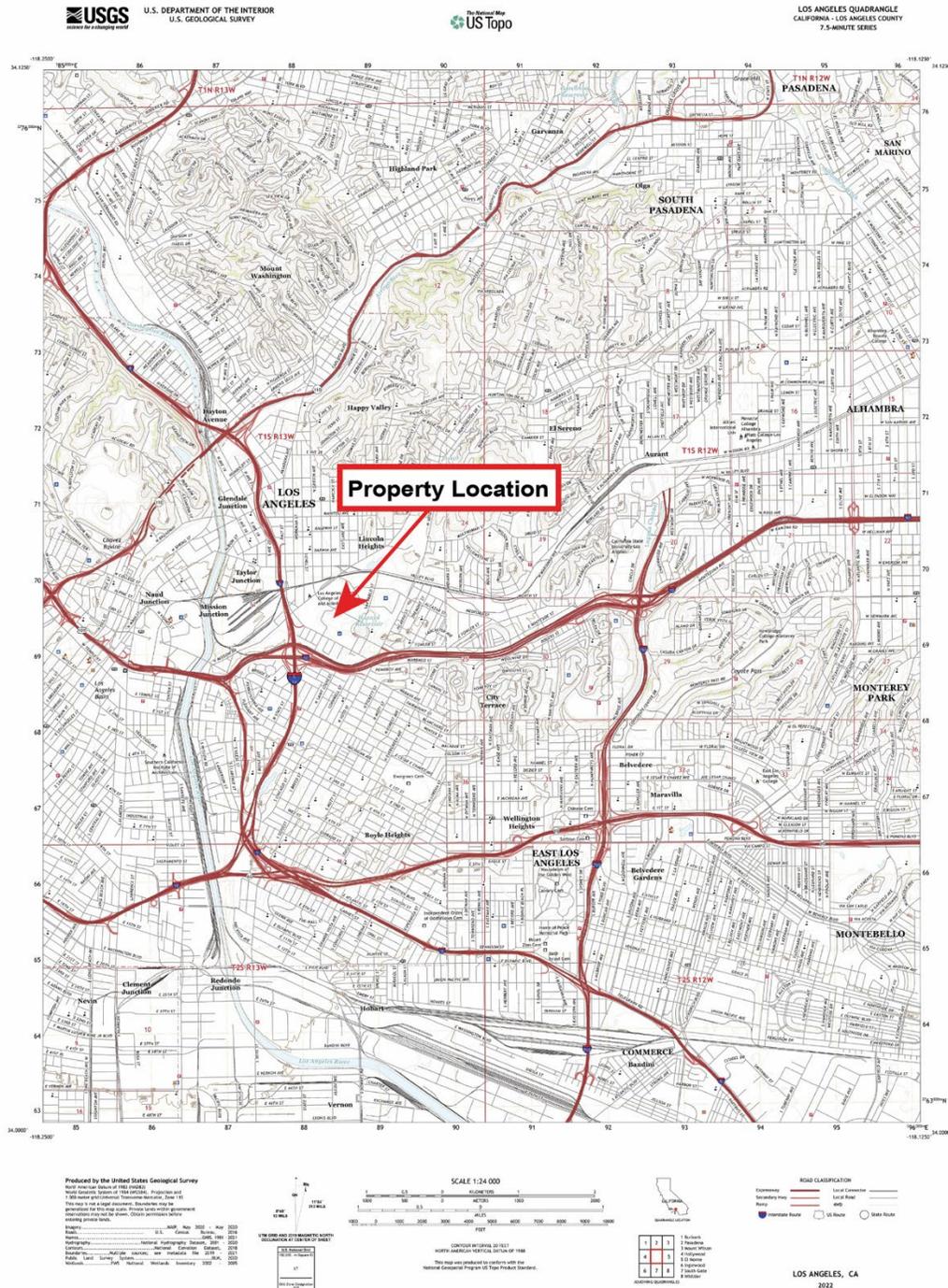
- Tier 1 – 60-100 hours
- Tier 2 – 120 hours
- Tier 3 – 230 hours
- Tier 4 – 280 hours

The above estimates include time for reviewing instructions, gathering and maintaining data, and preparing and transmitting nominations. Send comments regarding these estimates or any other aspect of the requirement(s) to the Service Information Collection Clearance Officer, National Park Service, 1201 Oakridge Drive Fort Collins, CO 80525.

Los Angeles County General Hospital – Acute Unit
Name of Property

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Location Map



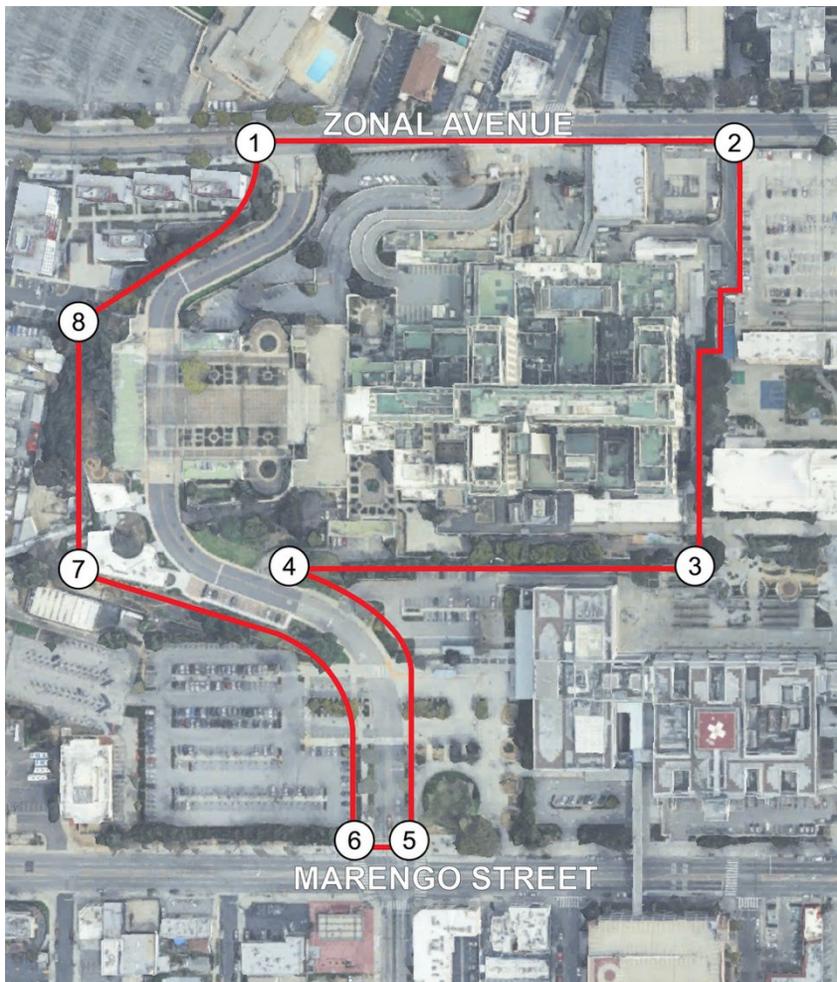
United States Geological Survey (USGS), 2022

Los Angeles County General Hospital – Acute Unit
Name of Property

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Boundary Map

- | | | |
|----|---------------------|------------------------|
| 1. | Latitude: 34.061066 | Longitude: -118.208881 |
| 2. | Latitude: 34.060088 | Longitude: -118.206480 |
| 3. | Latitude: 34.058456 | Longitude: -118.207681 |
| 4. | Latitude: 34.059178 | Longitude: -118.209702 |
| 5. | Latitude: 34.057859 | Longitude: -118.210038 |
| 6. | Latitude: 34.057960 | Longitude: -118.210228 |
| 7. | Latitude: 34.059797 | Longitude: -118.210926 |
| 8. | Latitude: 34.060770 | Longitude: -118.210149 |



Los Angeles
General Hospital - Acute Unit
1200 N. State Street,
Los Angeles, CA

100 ft  Property Boundary



Google Earth, 2025

Los Angeles County General Hospital – Acute Unit
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Sketch Map



Los Angeles
General Hospital - Acute Unit
 1200 N. State Street,
 Los Angeles, CA



Contributors

- 1. Acute Unit
- 2. Entrance Forecourt
- 3. Patient's Building
- 4. Visitor's Building
- 5. State Street
- 6. Marengo Street Gateway
- 7. Zonal Avenue Gateway (West)
- 8. Zonal Avenue Gateway (Central)
- 9. Zonal Avenue Gateway (East)
- 10. Tunnel
- 11. Perimeter Walls (throughout site, not shown on map)

Non-Contributors

- A. Childcare Center
- B. Telephone Exchange Building
- C. Warehouse
- D. Sub-Station
- E. Barracks D
- F. Barracks G

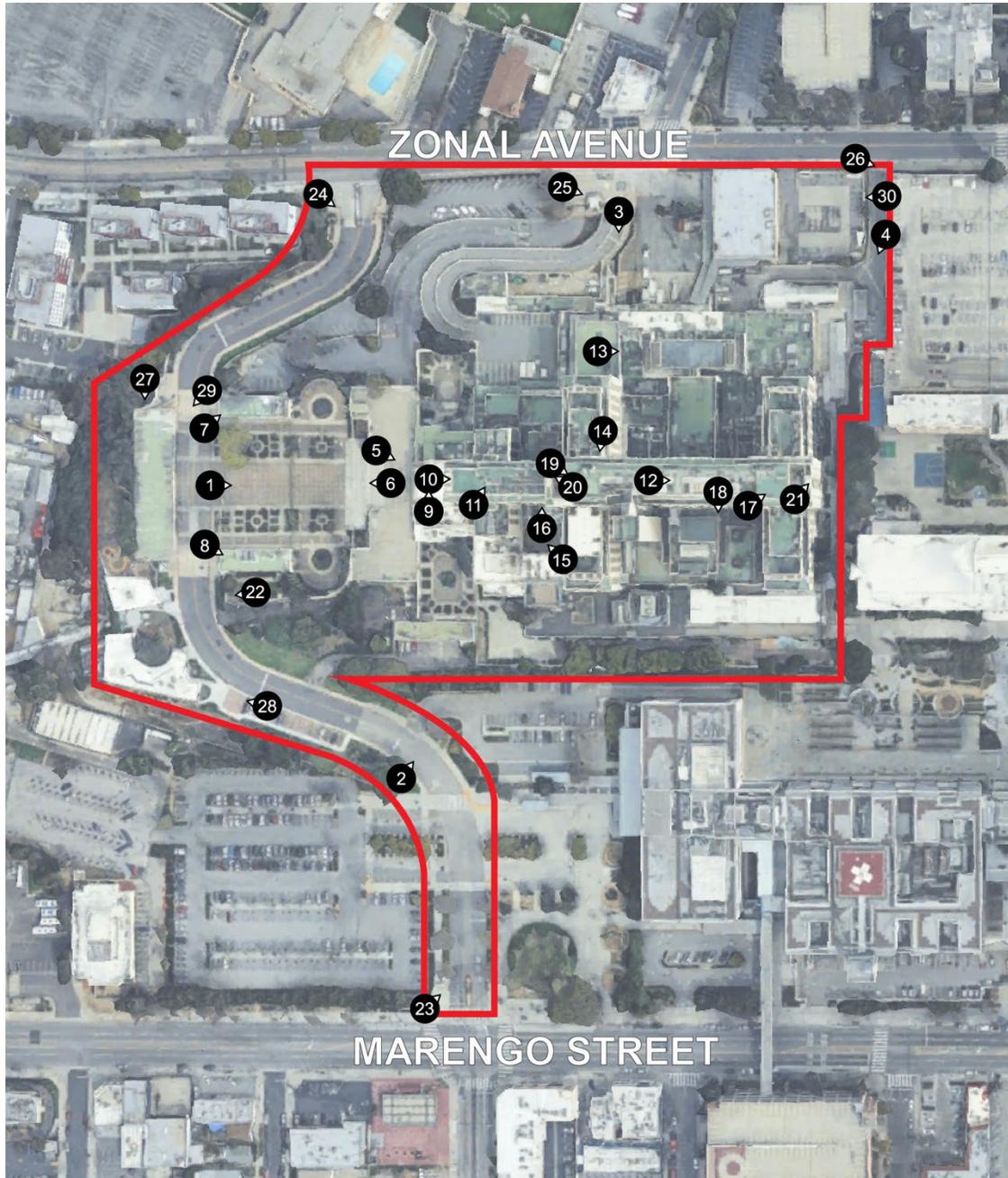
Temporary Trailers



Los Angeles County General Hospital – Acute Unit
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Photo Key



Los Angeles
General Hospital - Acute Unit
1200 N. State Street,
Los Angeles, CA

— 100 ft — Property Boundary



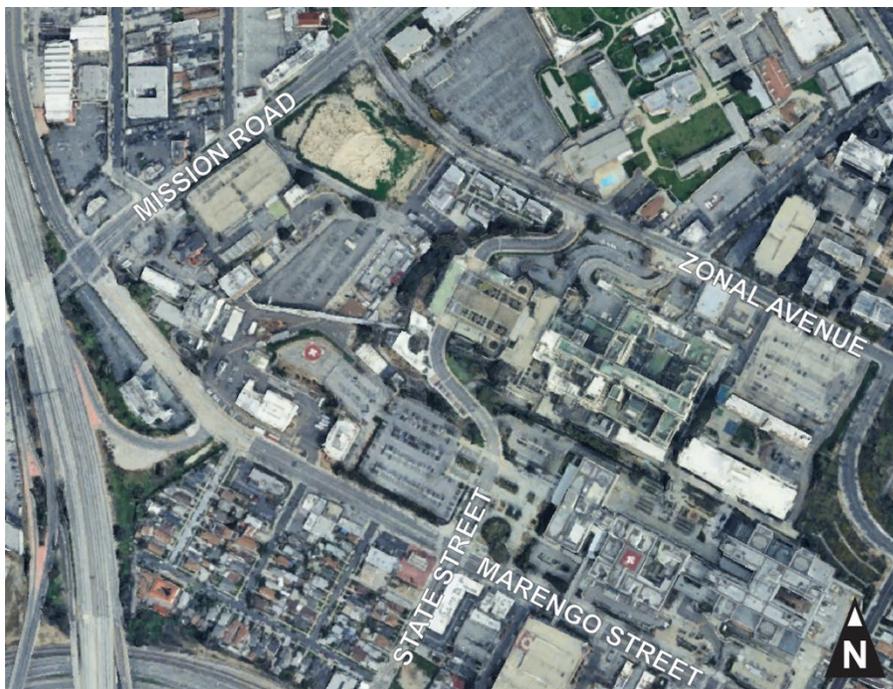
Los Angeles County General Hospital – Acute Unit
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Figure 1 Historic aerial of larger hospital campus with lower west campus at left separated from 1933 expansion at right by State Street, 1948; NETR Historic Aerials



Figure 2 Aerial photo from 2025, showing changes in surrounding setting, including construction of Interstate 5 and expansion of hospital campus footprint; Google Earth



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Figure 3 Original drawing showing primary west elevation, 1928, revised 1929; Allied Architects Association of Los Angeles

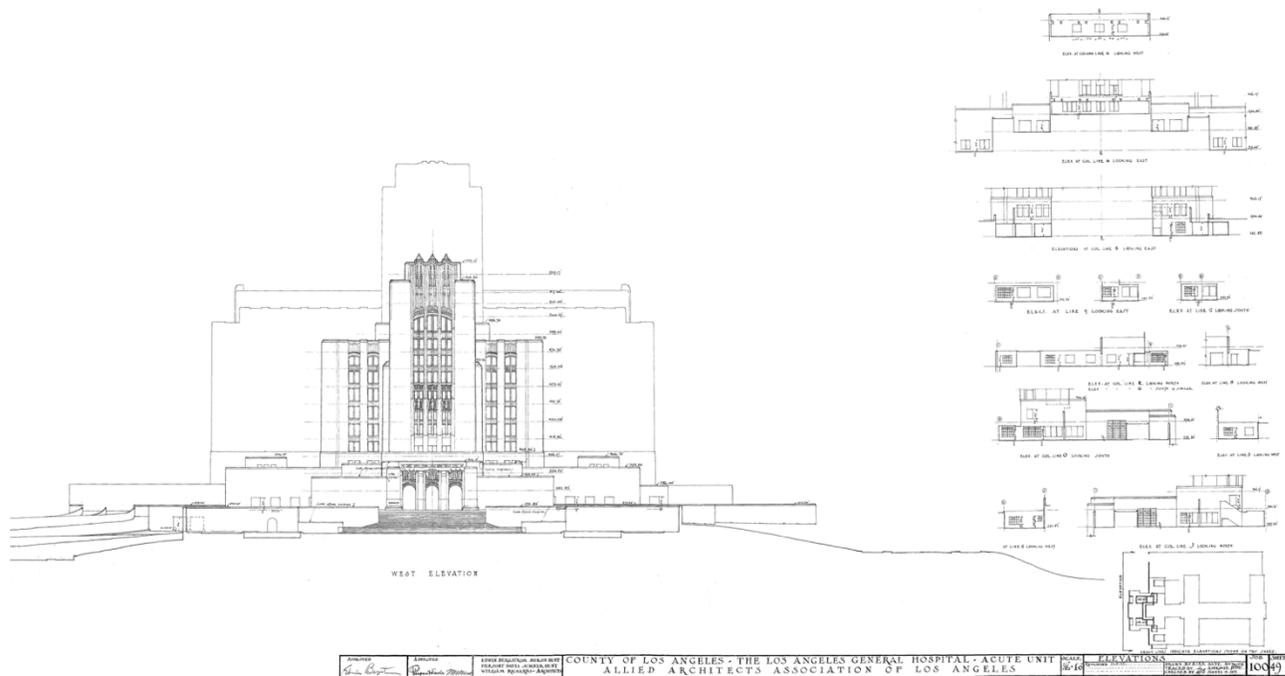
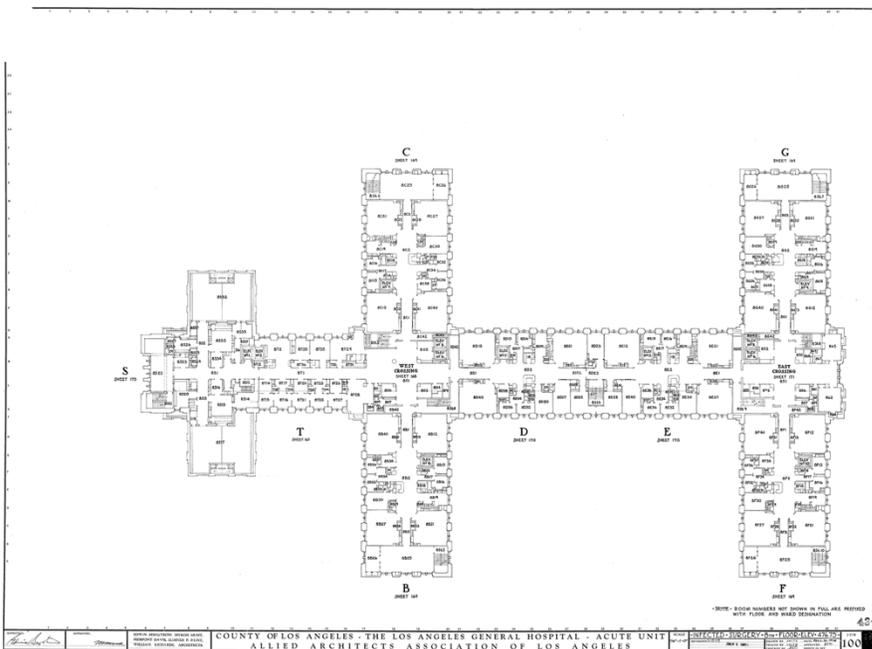


Figure 4 Original drawing showing typical upper floor plan, eight floor shown, 1928, revised 1929; Allied Architects Association of Los Angeles



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Figure 5 Acute Unit under construction with steel framing visible, c. 1928; University of Southern California (USC) Libraries, California Historical Society



Figure 6 Acute Unit under construction, 1930; USC Libraries, California Historical Society



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Figure 7 Newspaper article identifying Acute Unit as “largest institution of kind in world,” 1930; *Los Angeles Times*



Figure 8 West and south elevations of Acute Unit after construction with architects identified, 1933; *Los Angeles Times*



Los Angeles County General Hospital – Acute Unit
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Figure 9 Air photo of Acute Unit and lower west campus, 1933; *Los Angeles Times*



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Figure 10 Postcard showing aerial photo of south elevation of Acute Unit, c. 1933; Desert Souvenir Supply



Figure 11 Postcard showing primary west elevation of Acute Unit, c. 1933; Sawyer Scenic Photos



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Figure 12 Postcard showing Marengo Street Gateway and south elevation of Acute Unit, c. 1933; Publisher Unknown



Figure 13 Entrance Forecourt and Visitor's Building from main entrance steps, 1933; Los Angeles City Hall, constructed in 1928, appears in distance; California State Library



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Figure 14 North elevation of Visitor’s Building, 1933; California State Library



Figure 15 Detail of sculptures at Acute Unit’s primary west elevation entrance, 1933; California State Library



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Figure 16 Entrance wing at Acute Unit, 1933; California State Library



ASSOCIATED PHOTO

Figure 17 Lobby at Acute Unit, 1933; California State Library



MOTT STUDIOS

Los Angeles County General Hospital – Acute Unit
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Figure 18 Kitchen at Acute Unit, 1933; California State Library



Figure 19 Typical corridor at Acute Unit, 1933; California State Library



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Figure 20 Surgical auditorium at Acute Unit, 1933; California State Library



Figure 21 Surgical auditorium at Acute Unit, 1933; California State Library



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Figure 22 Contextual overview of Acute Unit site taken as part of HABS-specified photos submitted to California State Archives, 2001; Tom Zimmerman



Figure 23 Detail of windows at east elevation, 2001; Tom Zimmerman



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Figure 24 Reception desk at Acute Unit lobby, 2001; Tom Zimmerman



Figure 25 Typical nurses' station, 2001; Tom Zimmerman



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Photo 1 Primary west elevation of Acute Unit from Entrance Forecourt, view east



Photo 2 South elevation of Acute Unit from State Street, view northeast



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Photo 3 North elevation of Acute Unit from Zonal Avenue, view south



Photo 4 East and north elevations of Acute Unit, non-contributing barracks visible, view southwest



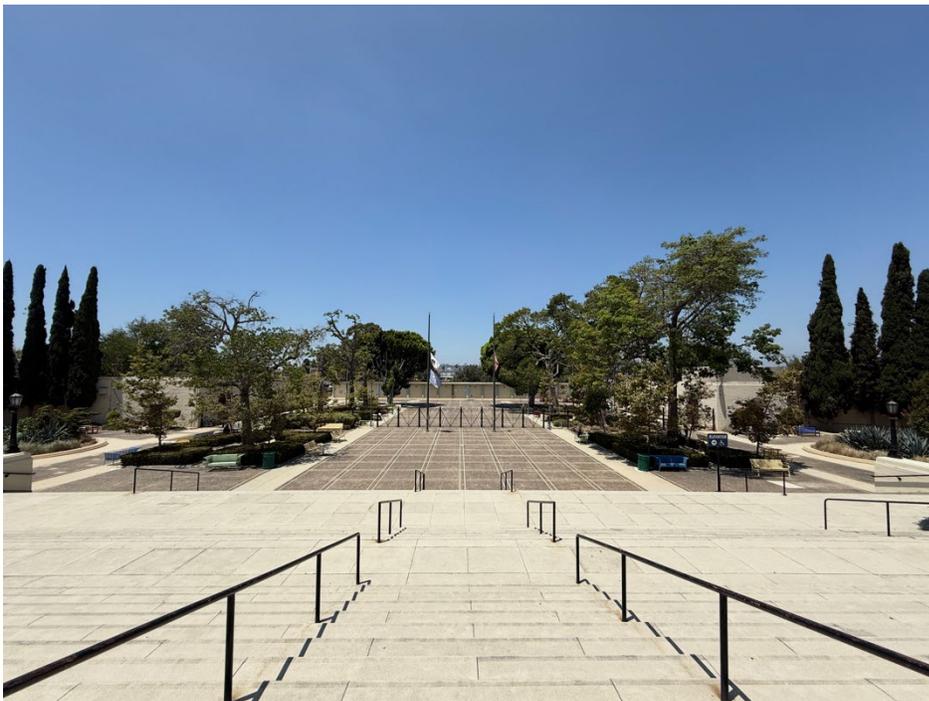
Los Angeles County General Hospital – Acute Unit
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Photo 5 Main entrance to Acute Unit, view east



Photo 6 Entrance Forecourt, forecourt buildings also visible, view west



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Photo 7 West and south elevations of Patient’s Building, view northeast



Photo 8 North and west elevations of Visitor’s Building, view southeast



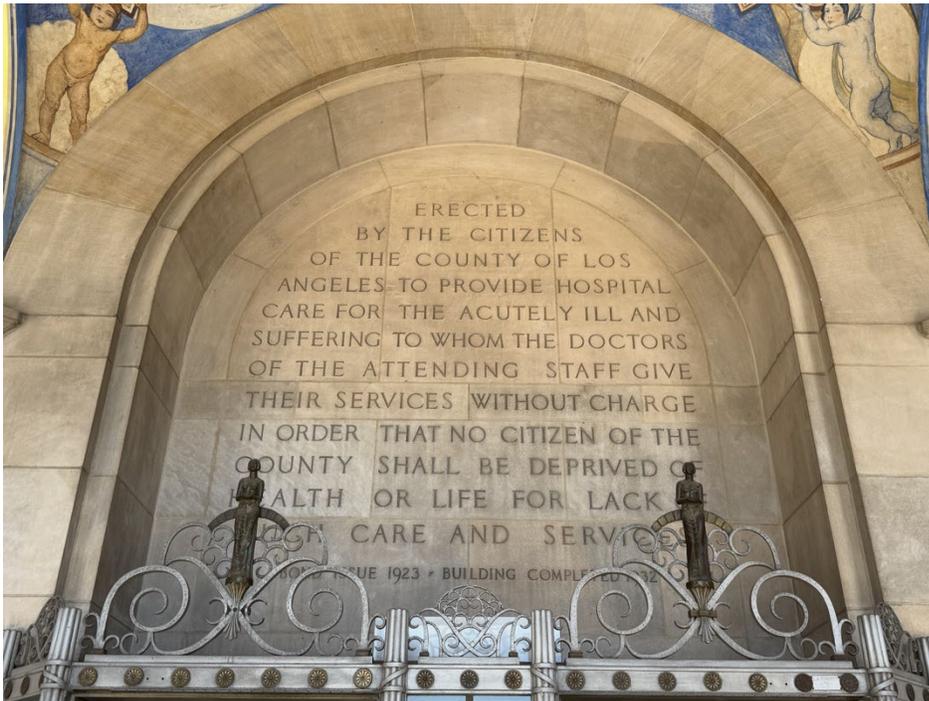
Los Angeles County General Hospital – Acute Unit
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Photo 9 West elevation entrance wing to Acute Unit, view north



Photo 10 Detail of inscription at arch in entrance wing, view east



Los Angeles County General Hospital – Acute Unit
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Photo 11 Lobby at Acute Unit, view northeast



Photo 12 Typical double-loaded corridor at Acute Unit with nurses' station visible, view east



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Photo 13 Kitchen at Acute Unit, view east



Photo 14 Morgue at Acute Unit, view southwest



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Photo 15 Former rehabilitation pool at Acute Unit, view northwest



Photo 16 South elevation of Acute Unit from former rehabilitation pool, view north



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Photo 17 Typical stairs at Acute Unit, view northeast



Photo 18 Typical surgery room at Acute Unit, view south



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Photo 19 Lower level of surgery auditorium at Acute Unit, view southeast



Photo 20 Upper level of surgery auditorium at Acute Unit, view northwest



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Photo 21 Inside face of parapet at roof of Acute Unit, view northeast



Photo 22 Tunnel below Acute Unit, view southwest



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Photo 23 Marengo Street Gateway leading to State Street, view northeast



Photo 24 Entrance gates to State Street from Zonal Avenue, view southeast



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Photo 25 Zonal Avenue Gateway (central) and guard office leading to doctors parking, view southeast



Photo 26 Zonal Avenue Gateway (east) leading to pedestrian walkway east of Acute Unit, view southeast



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Photo 27 Detail of typical board-formed Perimeter Walls at hospital campus, view south



Photo 28 Non-contributing childcare center from State Street, view northwest



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Photo 29 Non-contributing trailer across from Entrance Forecourt, view southwest



Photo 30 Non-contributing warehouse and underground sub-station, view southwest

