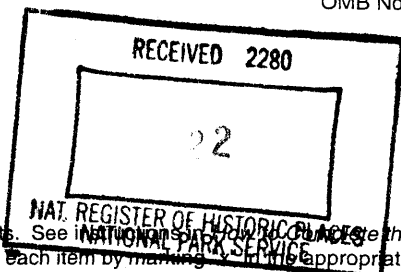


United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form

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



1499

1. Name of Property

historic name **Santa Fe Coast Lines Hospital**

other names/site number

2. Location

street & number **610-30 South St. Louis Street** NA not for publication

city or town **Los Angeles** NA vicinity

state **California** code **CA** county **Los Angeles** code **037** zip code **90023**

3. State/Federal Agency Certification

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

W. Wayne Conner 18 NOV 2005
Signature of certifying official/ title Date

California Office of Historic Preservation
State or Federal agency and bureau

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

Signature of commenting or other official Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that this property is:

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

Edson R. Beall Signature of the Keeper Date of Action 1-3-06

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

Number of Resources within Property
(Do not include previously listed resources in the count.)

Contributing	Noncontributing	
2		Buildings
		Sites
		Structures
		Objects
2		Total

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

N/A _____

Number of contributing resources previously listed in the National Register

0 _____

6. Function or Use

Historic Functions
(Enter categories from instructions)

HEALTH CARE - Hospital _____

Current Functions
(Enter categories from instructions)

VACANT _____

7. Description

Architectural Classification
(Enter categories from instructions)

LATE 19TH & 20TH CENTURY REVIVALS - _____

Spanish Colonial Revival _____

MIXED _____

Materials
(Enter categories from instructions)

foundation Concrete _____

roof Terra Cotta & Synthetics _____

walls Concrete & Other _____

other _____

Narrative Description

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

8. Statement of Significance

Applicable National Register Criteria

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

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

Criteria Considerations

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

Property is:

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

Narrative Statement of Significance

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

Areas of Significance

(Enter categories from instructions)

HEALTH/MEDICINE

Period of Significance

1925-1955

Significant Dates

1925-39 – Buildings Constructed

Significant Person

(Complete if Criterion B is marked above)

NA

Cultural Affiliation

NA

Architect/Builder

Gilman, H.L., architect

9. Major Bibliographical References

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

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested.
- previously listed 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 # _____

Primary Location of Additional Data

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

Name of repository:

10. Geographical Data

Acreage of Property

3.2 acres

UTM References

(Place additional UTM references on a continuation sheet)

	Zone	Easting	Northing	Zone	Easting	Northing
1	11	388420	3766820	3		
2				4		

See continuation sheet.

Verbal Boundary Description

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

Assessor's Parcel Number 5183-023-003 corresponding to Hancock Survey Block 59 Lot 6

Boundary Justification

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

The legal lots with which the buildings historically and currently occupies.

11. Form Prepared By

name/title Teresa Grimes

organization _____ date June 30, 2005

street & number 4211 Glenalbyn Drive telephone 323-221-0942

city or town Los Angeles state CA zip code 90065

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

A **USGS map** (7.5 or 15 minute series) indicating the property's location.

A **Sketch map** for historic districts and properties having large acreage or numerous resources.

Photographs

Representative **black and white photographs** of the property.

Additional items

(Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of the SHPO or FPO.)

name Buena Vista Lofts LLC, Daniel Sullivan

street & number 2901 Waverly Drive telephone 323-221-0942

city or town Los Angeles state CA zip code 90039

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 *et seq.*).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503.

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National Register of Historic Places
Continuation Sheet

Section number 7 Page 1 Santa Fe Coast Lines Hospital, Los Angeles County, California

SUMMARY: The Santa Fe Coast Lines Hospital is located across from Hollenbeck Park in Boyle Heights. South St. Louis Street on the west, South Chicago Street on the east, East Sixth Street on the north, and Inez Alley on the south bound the property. There are two historic buildings on the lot: the hospital building and the nurses' dormitory. The hospital building sits in the approximate center of the property and faces the park across South St. Louis Street. The nurses' dormitory also addresses the park and sits at the south end of the property. A driveway between these two buildings leads to a surface parking lot at the rear. The parking lot can also be accessed from South Chicago Street. There is an expansive lawn in front of the hospital building. A pair of sidewalks with a raised landscaped area in between leads to the main entrance of the hospital building. About halfway up the sidewalks, there are walls to each side with built-in benches. Roman-style, red brick is used to construct the garden walls. A different kind of brick is used to trim the sidewalks, indicating that it is probably not original. Another driveway off South St. Louis Street has a roundabout at the end. It was designed for the emergency room drop off. Both buildings retain a high level of physical integrity. The hospital building remains substantially unaltered with the exception of the addition of a surgical wing in 1961 and a clinical wing in 1966. No significant changes have been made to the nurses' dormitory.

HISTORICAL BACKGROUND: The Santa Fe Railway Company purchased the property in 1901 and constructed a hospital building on the site for the employees of the Santa Fe Coast Lines in 1905. Later an employees' dormitory building, heating plant, and garage were constructed as well. The hospital building was located in approximately the same location as the existing hospital building. It was a wood-framed Mission Revival style structure consisting of a central mass, two side wings, and various facilities to the rear. The central mass housed the administrative offices, surgical rooms, and private wards. Wards that were racially segregated occupied the two wings. The one on the north was for Japanese and Mexican patients, while the one on the south was for White patients. The rear was a series of symmetrically organized masses connected to the rest of the building by long enclosed hallways. The uses included a dining room in the center with a kitchen to the rear and dormitory rooms for male and female employees to each side.

The prominent architect Charles Whittlesey designed the original hospital building. He is most famous in Los Angeles for his design of Philharmonic Auditorium (demolished), but also designed numerous buildings for the Santa Fe Railway Company including the El Tovar Hotel on the south rim of the Grand Canyon and the Alvarado Hotel in Albuquerque, New Mexico.

The original buildings were demolished in phases as the existing buildings were constructed. The hospital building and nurses' dormitory were designed by H.L. Gilman who also supervised alterations and additions through the 1950s. Gilman was a Santa Fe employee who was also one of several architects responsible for the design of Union Station.

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Section number 7 Page 2 Santa Fe Coast Lines Hospital, Los Angeles County, California

HOSPITAL BUILDING: Each phase of the hospital building was designed slightly differently so that the entire structure is not characteristic of any particular style. Elements of Spanish Colonial Revival, Classical Revival, Art Deco, and Streamline Moderne styles were utilized. The various wings of the building range in height from one to six stories. Most of the building was constructed of reinforced concrete with a stucco finish. Roofs are generally flat with some use of red tile over pitched areas.

Located toward the north end of the property, is a patient wing that was completed in 1925. (It is referred to as the north wing on the original drawings.) It has four stories, a T-shape, and a flat roof. The main portion of the building is rectangular in shape with an east-west orientation. A slightly narrower bay is attached to the west end. A second, much shorter wing extends south to connect to the rest of the building. Details include a horizontally scored base, a continuous sill along the fourth story, and quoins on the corners of the end bay. Steel sash windows are recessed and those on the second and third stories have pronounced sills. The window units have a horizontal fixed sash on the bottom and one or two vertically divided sashes on the top. Many of the windows are boarded, as the glass has been broken. A steel fire escape is located in the center of the end bay as well as the center of the north and east elevations. Windows on the end bay are also steel sash, but they are set in pairs and have horizontally divided panes. In 1941, the interior of the first floor was remodeled. In 1961, a one-story surgical wing was added to the east elevation. It is not a character-defining feature of the building.

In 1931, a two-story utility wing was added to provide a new kitchen, dining room, laundry room, and steam plant. It extends east from the center of the main portion of the building and is mostly covered by a flat roof. A gabled roof fit with red clay tile covers the dining room in the northwest corner where the wing meets the main portion of the building. Window openings in this wing are much larger than in the rest of the building, but are also steel sash.

The two story heating plant off South Chicago Avenue is the only portion of the building that clearly embodies the distinguishing characteristics of a particular style - in this case - Art Deco. A raised parapet with a very gentle diamond pattern surrounds the flat roof. The north, south, and east elevations are identical in design. They are symmetrically organized in an A-B-A pattern. Pilasters between the stacked windows give the heating plant a strong vertical orientation. The end bays have stylized headers that project above the parapet. Windows are multi-paned steel sash with translucent wire glass. Those on the lower story have been covered to prevent the glass from being broken. A fire escape on the south elevation does not appear to be original. A gabled roof fit with red clay tile covers an elevator penthouse on the roof. A cooling tower, at least twice the height of the heating plant, sits at the northwest corner.

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Continuation Sheet

Section number 7 Page 3 Santa Fe Coast Lines Hospital, Los Angeles County, California

The main portion of the hospital building was constructed in 1938. (It is identified as the administrative wing on the original drawings.) It has a rectangular shape with a north-south orientation and is generally composed of two halves. The south half is five stories in height and covered by a flat roof, while the north half is six stories in height and covered by a series of hipped and gabled roofs fit with red clay tile. Like the north wing, the first story of the south half is differentiated as the base. In this case, it is clad in cast stone blocks. Between the windows, there are bands of Roman-style red brick. The windows are the same as those on the north wing. On the fifth story some of the window openings have segmental, arched headers.

Most of the details are concentrated on the north half, which includes the main entrance. Because of a change in grade, the main entrance is actually located on the second story. It has the same cast stone and brick finish as the first story of the south half. The main entrance is two stories in height, classically detailed and constructed of cast stone. It is flanked by fluted pilasters that support an entablature. A cast stone panel is located between the main doors and the windows above. The doors appear to be original. They have a brushed aluminum finish and Art Deco detailing. Centered above the entablature is a window surrounded by cast stone molding. North of the main entrance, cast stone is also used to unite and enhance the third through sixth story windows. At the fourth story the window opens onto a small, semi-circular balcony. At the sixth story, the decoration is similar to that around the main entrance.

The rear of the building is mostly plain; however, a gabled bay in the center of the north half has a single window on the sixth story and then Art Deco cast concrete decoration continuing down to the third story. A one-story gabled wing housing the library projects from south end of the rear. A pair of wood-framed French doors are centered on the east end and open onto a balcony surrounded by wrought iron railing. On the south elevation there is a very distinctive fire escape with semi-circular landings. The feature terminates on the first floor with a secondary entrance capped a segmental, arched opening.

During the 1960s, three Modern, one-story, rectangular-shaped buildings and additions were constructed on the north and east sides of the hospital building. Constructed in 1961, the surgical wing extends from the rear (east) of the 1925 patient wing. Two clinical buildings were constructed in 1966 at the far north end of the property. They are very similar in design, but the one on the east is a freestanding building, while the one on the west is actually connected to the 1925 patient wing by a narrow passageway. The free standing clinical building is not included in this application as it has been located on a separate legal lot and has been under separate ownership since the mid-1980s.

The interior of the building retains many original features and has the same feeling and combination of styles found at Union Station. The floor plan and finishes are mostly unchanged.

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Section number 7 Page 4 Santa Fe Coast Lines Hospital, Los Angeles County, California

The important public spaces are located in the main portion of the building and include the main lobby, pharmacy, and library. In the north wing and the upper floors of the main portion of the building there are offices and patient rooms off double-loaded corridors.

The building retains a high level of physical integrity. The only alterations on the exterior appear to be the addition of the surgical and clinical wings and the loss of some glass in the windows that can be easily replaced.

NURSES' DORMITORY: Located at the southwest corner of the property, the nurses' dormitory was completed in 1931. Spanish Colonial Revival in style, it is a two and three story reinforced concrete structure finished with stucco. The short wing of the L-shaped building has a north-south orientation and faces South St. Louis Street. The long wing of the L extends east. The open space at the intersection of the two wings faces the alley on the south side of the property. The nurses' dormitory is more lushly landscaped than the rest of the property, but it does not appear to be historic. It mostly consists of Italian cypress, Mexican fan palms, and clipped hedges. The open space behind the building is simply a grass lawn.

The short wing of the L is covered by a cross-gabled roof fit with red clay tile. The main entrance is located in the approximate center of the primary elevation and consists of a wood paneled door surrounded by a cast concrete frame intended to simulate rusticated stone. Directly above is a small window that opens over a shallow balcony. Notable details include a set of three arched windows surrounded by concrete molding to the south at the first story and a cantilevered wrought iron balcony wrapping the northwest corner at the third story. The long wing of the L is covered by a flat roof with red tile coping. One of the more interesting features of the roof is the scalloped molding along the edge. As the building steps from three to two stories about midway in the length, the molding changes also from three to one row of scallops. Windows throughout the building are multi-paned steel sash casements set in twos and fours. The interior retains its original floor plan and most of the original finishes such as doors and moldings. It includes a common living room off the lobby and dormitory rooms off of double-loaded corridors. Unaltered, the building retains a high level of physical integrity.

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Section number 8 Page 5 Santa Fe Coast Lines Hospital, Los Angeles County, California

SUMMARY: The Santa Fe Coast Lines Hospital appears to be eligible for listing in the National Register under Criterion A in the context of the history of industrial medicine and health care in California. Railroads were one of the first industries to organize a system to respond to the accidents and illnesses of their labor force. The hospitals and physicians associated with railroads helped develop the field of industrial medicine and the concept of pre-paid health care. The Atchison, Topeka & Santa Fe Railway Company was one of several railroads to establish their own system of hospitals. The Santa Fe Coast Lines Hospital is one of only two hospitals constructed by the company that still survives. Although the company continued to own the hospital through the mid-1980s, the period of significance ends in 1955 because nothing of exceptional significance occurred thereafter. The only other remaining railroad hospitals in California are the Southern Pacific Railroad Hospital in San Francisco and the Western Pacific Railroad Hospital in Portola.

HISTORIC CONTEXT: In the early and mid-nineteenth century, health care was provided largely by individual physicians (sole practitioners) on a fee for service basis. The use of professional physicians was limited by the inability of the great mass of the population to afford services, the persistence of traditional remedies, and the ineffectiveness of contemporary treatments. The high cost of travel, for both the physician and the patient's emissary, contributed to the inaccessibility of professional health care. In rural areas many families only sought a physician in grave circumstances. No matter the locality, major injuries could tumble a working class family into poverty as social welfare programs had yet to be established.

With the development of urbanization and the modern means of transportation and communication, access to health care improved. Railroads and telegraphs helped widen physicians' markets by expanding the territory they could cover. Physicians as well as patients were frequent users of railroads. Railroads, however, posed risks for workers as well as passengers. Poor sanitation, climate exposure, and train wrecks led to a high rate of sickness and injuries. The work of brakemen was particularly hazardous. Their duties were to couple cars during the link-and-pin era. Consequently, they suffered from mangled hands, legs, and crushed bodies. It was often the misfortune of a brakeman on top of a boxcar to be thrown off. Trackwalkers and switchmen also had risky duties. They could have a foot caught in the track from which they could not be released and run over by a moving car. The problems posed by such injuries were especially burdensome for railroad workers as they were mostly single men. Even if they could afford to seek treatment from a physician, they often had no place to stay or family to care for them.

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Section number 8 Page 6 Santa Fe Coast Lines Hospital, Los Angeles County, California

Railroad companies were one of the first industries to arrange medical care for their employees.¹ These arrangements usually applied to passengers as well. In the early days, railroads retained private physicians along their routes to treat accident cases. The Baltimore & Ohio (B&O) may have had a physician as early as 1834. In 1849, as soon as the Erie Railroad came through the Delaware Valley, there was a company physician who cared for the inevitable casualties. In the late 1850s the Chicago & Galena Union, Illinois Central, Chicago & Milwaukee, Michigan Central, and Michigan Southern railroads all had some form of medical service.²

After the Civil War, both labor unrest and liability concerns led railroad companies to expand and formalize these arrangements. The three forms of organizations that arose reflected the geographic and economic circumstances in which each company operated. Western railroads, facing an almost complete lack of medical facilities, developed employee-funded hospital organizations. In the east, companies created medical organizations under a salaried chief surgeon and contracted with local physicians to provide care. A third model, pioneered by the Baltimore & Ohio Railroad in the 1880s, devised a beneficial society that provided medical care and compensation for injured workers.³

In the 1880s railroad physicians developed their own organizations, including the National Association of Railway Surgeons, in which they discussed problems of the medical profession and such medical matters as "railway spine." Concern with costs and labor turnover also led the carriers into preventative medicine. Some railroads provided smallpox and typhoid vaccinations, campaigned against malaria, improved passenger-car sanitation, required physical examinations of their employees, and trained them in first aid. By World War I, railroad medical organizations provided care to nearly two million employees and employment to about ten percent of all physicians.⁴

The Central Pacific was the first railroad to establish a hospital association, which was modeled on the U.S. Marine Hospital Service in San Francisco.⁵ The company ran a line from Sacramento, California to Ogden, Utah and had about 5,000 employees. The circumstances of

¹ Mining, lumber, chemical and oil are some of the other industries where companies established their own hospitals. After World War II most major industries increased their attention to issues of employee health and safety, stimulated partly by medical professionals and partly by new laws such as federal Occupational Health and Safety Act of 1970. It was around this time that the field of industrial medicine merged with the field of occupational medicine, which also include the study and prevention of diseases. For example, in 1974 the Western Industrial Medical Association changed its name to the Western Occupational Medical Association.

² Mark Aldrich, "Train Wrecks to Typhoid Fever: The Development of Railroad Medicine Organizations, 1850 to World War I," in *Bulletin of Historical Medicine*, p. 257.

³ Mark Aldrich, p. 254.

⁴ Mark Aldrich, p. 264.

⁵ Mark Aldrich, p. 258.

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Section number 8 Page 7 Santa Fe Coast Lines Hospital, Los Angeles County, California

western railroad construction compelled the company to build a hospital. With population density low, the local medical market was virtually nonexistent. Soon other companies including the Atchison, Topeka and Santa Fe Railroad emulated the Central Pacific model.

In 1869 the Central Pacific opened a temporary hospital in Sacramento and in 1870 it built a new structure with six wards, eight private rooms, and space for 125 patients. The hospital boasted the first antiseptic surgical room in the country and the Chief Surgeon, Dr. Thomas Huntington, explored the prevention of wound infections. All employees with the exception of the Chinese were required to pay dues of fifty cents per month. In 1887, the name of the hospital was changed to the Southern Pacific Railroad Hospital, reflecting the takeover of the Central Pacific by the larger company. When San Francisco replaced Sacramento as the company headquarters, the hospital became obsolete.⁶ In 1906, the Southern Pacific purchased a large tract of land on Fell Street for the construction of a new hospital. The hospital, which still stands, was constructed in phases: 1907-08, 1911, and 1930-31.

The other major railroad hospital in California was the Santa Fe Coast Line Hospital in Los Angeles, which was used by the employees of the Atchison, Topeka and Santa Fe Railroad Company. Founded in Kansas in 1859 by Cyrus K. Holliday as the Atchison and Topeka Railroad, the system became one of the largest and most profitable railroads in the Southwest.

The California division of the Santa Fe was known as the Santa Fe Coast Lines. Like many of the other lines, it was created through the purchase of smaller, older railways including the Atlantic & Pacific Railway and the Barstow & San Diego Railway. It traveled from the California state line, west to San Bernardino and eventually to Los Angeles along a route similar to present day US interstate 10. The north-south line connected San Diego and San Francisco along a route that roughly corresponds to the present day Golden State Freeway. Los Angeles was the headquarters of the Santa Fe Coast Lines.

During the last two decades of the nineteenth century the Santa Fe established a number of programs to create a loyal workforce. One of these programs was the development of a health care system that included the construction of hospitals. The company and employee associations jointly administered the hospitals.

Like other railroads at the time, the Santa Fe struggled with employee retention. Shop apprentices often abandoned the Santa Fe after serving only a portion of their training period. The problem became so severe that in 1892 the company began deducting a portion of their

⁶ J. Roy Jones, M.D. *The Old Central Pacific Hospital*, p. 9.

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Section number 8 Page 8 Santa Fe Coast Lines Hospital, Los Angeles County, California

wages, which were paid back when they completed their apprenticeship.⁷ Special rewards, usually in the form of cash bonuses, were also created for exemplary service and heroism. For injured employees there were more immediate needs than compensation. Good medical care was scarce in the Southwest. In most new railroad towns of the early 1880s there was no hospital and most of the men were single, eating in restaurants and sleeping wherever they could. When injured or seriously ill, they had no place to turn.

At least by the early 1880s the Santa Fe had company-appointed physicians in many towns on the line. In an attempt to deal more systematically with the problem of injured and ill workers, Santa Fe Vice-President A.E. Touzalin on March 1, 1884, issued a circular announcing the inception of the Atchison Railroad Employees' Association. The purpose of the organization was to build hospitals and contract with physicians throughout the line to care for sick and injured workers.⁸ Although workers were given input on the board of directors, the control of the associations rested securely with the company. Most of the hospitals were built and furnished by the Santa Fe on land donated by the company. Beyond this, the association was self-supporting.

All of the employees on the Santa Fe system contributed to the support of hospital organizations, which were incorporated under the laws of different states for the purpose of providing medical care for individuals while in the employ of the railroad. These associations included the Gulf, Colorado & Santa Fe Hospital Association, the Atchison, Topeka & Santa Fe Hospital Association, and the Santa Fe Coast Lines Hospital Association. The company collected the dues by deducting the amount from the paychecks of the employees. The deductions were made on the bases of one percent of the amount earned, with a minimum of forty cents and a maximum of \$1.25 per month.

The first hospital on the parent system was built in Las Vegas, New Mexico, and opened on October 11, 1884. The second hospital was built at La Junta, Colorado, and opened on November 21, 1884. Eventually there would be seven hospitals on the parent system. Four of them, those at Topeka, Kansas; Mulvane, Kansas; Clovis, New Mexico; and La Junta, Colorado were owned by the Atchison, Topeka & Santa Fe Hospital Association, and the other three, those at Fort Madison, Iowa (1888); Ottawa, Kansas (1888) and Las Vegas, New Mexico, were owned by the company. The other employees' associations constructed hospitals as well. In 1891, Gulf, Colorado & Santa Fe Hospital Association hired its own medical staff and built its own hospital, the Santa Fe Hospital in Temple, Texas.

⁷ James Ducker, *Men of the Steel Rails*, p. 42.

⁸ James Ducker, p. 45.

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Section number 8 Page 9 Santa Fe Coast Lines Hospital, Los Angeles County, California

In 1900, the Southern California Hospital Association purchased a four-acre parcel of land across from Hollenbeck Park in the Los Angeles neighborhood of Boyle Heights. The association had been saving money to construct a hospital on the site when they merged with the Santa Fe Pacific Hospital Association, thereby forming the Santa Fe Coast Lines Hospital Association. This new, larger association was able to complete the hospital in 1905 at a cost of \$147,000. Also on the grounds were flocks of chickens, a small herd of Jersey cows, and gardens, which supplied the hospital with fresh eggs, poultry, milk, and vegetables. Later an employees' dormitory building, heating plant, and garage were constructed as well.

To serve its 80,000 employees, the Santa Fe Coast Lines Hospital Association also operated small branch hospitals Richmond, San Bernardino, Needles, Seligman, and Winslow and had contracts with hospitals and sanitariums in San Francisco, Oakland, San Diego, Fresno, Bakersfield, Williams, Gallup, Prescott, and Phoenix.⁹ Patients transferred to the main hospital in Los Angeles were generally met at the train station by an ambulance or private automobile. Eventually many of the smaller facilities were closed and services were consolidated in Los Angeles and San Bernardino where there was an outpatient and follow-up care facility. The idea of modernizing and enlarging the hospital faltered; however, because the City of Los Angeles would not allow extensive repairs or additions the old wood-framed buildings. As such, they were slowly demolished and reconstructed of reinforced concrete between 1925 and 1939.

Other railroads began to consolidate employee health care services at this time. Before the advent of modern medicine, it made sense to have numerous small hospitals along railroad lines. As diagnostic tools such as x-ray machines and sterilized surgical rooms became more common; however, smaller hospitals were closed as the cost of retrofitting buildings was not economical. The railroad hospitals that remained also met the rising cost of overhead by opening their doors to patients outside their employees associations. The Santa Fe Coast Lines Hospital is a case in point. By the 1920s, the hospital was already caring for dependents of Santa Fe employees on a private patient basis at a reduced rate.¹⁰ When the hospital was modernized and enlarged it began providing services on a contract basis to utility and the health insurance companies. The hospital continued to function in this fashion until the mid-1980s, when it was sold to the Linda Vista Hospital and operated as a private medical facility. It closed in 2004.

The Southern Pacific Railroad Hospital experienced a similar fate. In the 1960s, it became a community hospital open to the general public as well as Southern Pacific employees and the name was changed to Harkness Community Hospital. The hospital filed for bankruptcy and closed in the 1970s and was converted to a retirement home in the 1980s.

⁹ *Santa Fe Magazine*, November 1926, p25.

¹⁰ *Santa Fe Magazine*, November 1926, p. 22.

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Section number 8 Page 10 Santa Fe Coast Lines Hospital, Los Angeles County,
California

Likewise, when the Western Pacific Railroad Company decided to close its hospital in Portola due to increasing operating costs in 1963, the local community pulled together to keep the hospital open. A non-profit organization, The Save the Hospital League, was formed to operate the hospital and negotiated a lease for the building and operations. They formed the Eastern Plumas Community Hospital, Inc. to run the hospital. Voters approved the formation of a hospital district, which allowed the board to pursue public funds to build a new hospital facility in 1971.

CONCLUSION: The Santa Fe Coast Lines Hospital is historically significant in the context of industrial medicine and health care as one of few remaining railroad hospitals in California and one of the only remaining railroad hospitals associated with the Santa Fe. The other surviving railroad hospitals in California are the Southern Pacific Railroad Hospital in San Francisco and the Western Pacific Railroad Hospital in Portola. The Southern Pacific Railroad Hospital was listed in the National Register in 1989; however, the integrity of the Western Pacific Railroad Hospital is unknown. The Santa Fe Hospital in Temple, Texas may be the only other railroad hospital associated with the Santa Fe Railroad still standing. Railroad hospitals were initially established in response to the lack of medical care in the West. Later they provided general medical care to improve employee relations and reduce the appeal of unionization. The Santa Fe Coast Lines Hospital was the primary health care facility for company employees in California. The fact that the company decided to rebuild and expand the facility in the 1920s and 30s demonstrates the continued need for specialized health care for railroad workers even after World War II.

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SKETCH MAP

North ↗

Scale: 1" = 80'

