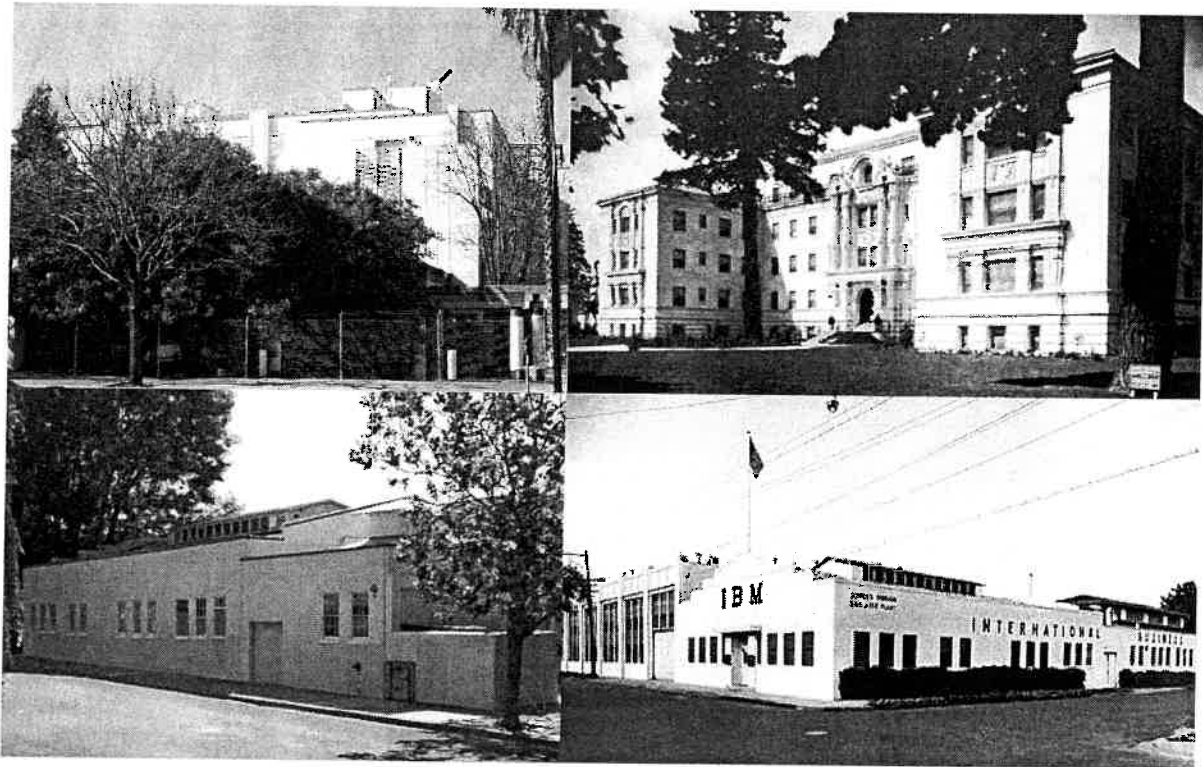


HISTORIC RESOURCES EVALUATION REPORT

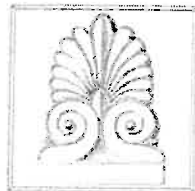
San Jose Hospital
San Jose, California

May 28, 2008

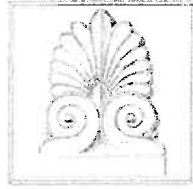


Prepared for
David J. Powers & Associates

Prepared by



CAREY & CO. INC.
ARCHITECTURE



CAREY & CO. INC.
ARCHITECTURE

**SAN JOSE HOSPITAL
HISTORIC RESOURCE EVALUATION REPORT**

May 28, 2008

TABLE OF CONTENTS

I. Introduction & Methodology.....	1
II. Summary of Findings.....	2
III. History of the San Jose Hospital Campus.....	3
IV. History of Building 800	10
V. Regulatory Framework – Federal, State and Local Significance Criteria	11
VI. Evaluation of Significance and Integrity.....	16
VII. Regulatory Framework – California Environmental Quality Act (CEQA).....	23
VIII. Impacts and Mitigation Measures.....	24
IX. Bibliography.....	26
X. Appendices.....	after 28

I. INTRODUCTION & METHODOLOGY

David J. Powers & Associates has engaged Carey & Co. to prepare a historic resources evaluation of the San Jose Hospital site. This report provides David J. Powers & Associates and the City of San Jose with descriptions of the San Jose Hospital and the associated IBM Building, as well as evaluations of historic significance. The report concludes with a consideration of potential project-related impacts to historic resources and specification of measures designed to mitigate those impacts.

In the summer of 2006, Richard Brandi and David Falser of Carey & Co. performed archival research and conducted two site visits in preparation of the first draft of this report. The report has since been revised and expanded considerably by preservation planner Matthew Davis and architectural historian and curator Laura Brown, both of Carey & Co. Ms. Brown conducted additional archival research in San Francisco and San Jose on the hospital and IBM Building, and visited the site on July 17, 2007 and February 22, 2008. Based on Ms. Brown's additional research, Ms. Brown and Mr. Davis rewrote the report to ensure consistency and completeness.

Ms. Brown is an architectural historian and conservator. Her work experience includes surveys of historic resources, documentation, conditions assessments, conservation and historic resource evaluations. Matthew Davis is a preservation planner with experience in urban land use planning and policy, environmental assessment and historical research and writing. He has assessed the implications of a variety of plans and projects for historical resources, and has been integrally involved with several historic resource surveys. He specializes in CEQA compliance.

This report includes five appendices:

- A. Map of the San Jose Hospital Campus
- B. Photographs and Drawings of the San Jose Medical Campus
- C. Photographs of Building 800 (Temple Laundry and IBM Building) and Related Documents
- D. DPR Primary Records (523A), DPR Building, Structure, and Object Records (523B) and City of San Jose Historic Evaluation Sheets for the San Jose Hospital and Building 800
- E. Sanborn Maps of the Project Site

II. SUMMARY OF FINDINGS

In Carey and Co.'s professional opinion, the San Jose Hospital complex itself and its individual buildings are not eligible for the National Register of Historic Places (NRHP), the California Register of Historic Resources (CRHR), or City of San Jose Landmark status. The hospital complex consists of many buildings with varying dates of construction that were extensively altered and remodeled over the past several decades. The buildings' exteriors and interiors were repeatedly changed and the relationships among the buildings were reconfigured to meet the changing needs of the hospital. As a result, there has been a nearly complete loss of integrity. The hospital site and its buildings have lost their ability to convey their historic associations with one exception.

The oldest portion of Building 800, however, which was the former Temple Laundry and later an IBM card processing plant, appears to be eligible for the NRHP and CRHR, under Criteria A/1, as the first IBM facility on the West Coast. It also appears eligible for San Jose Structure of Merit status. Due to subsequent alteration, the extant 1928 addition to this building does not appear eligible for listing in the CRHR or NRHP, nor does it appear eligible for City of San Jose Structure of Merit status.

III. HISTORY OF THE SAN JOSE HOSPITAL CAMPUS

The area that became the site of the San Jose Hospital was partially developed with scattered residential and small commercial buildings by the late 19th century. The Sanborn map of 1891 shows the three blocks that would later comprise the hospital site – bounded by North Priest Street (14th Street today), North 14th Street (17th Street today), East St. John Street and East Santa Clara Street – divided into about 30 lots of varying sizes (see Appendix E). Fewer than half were developed, mostly with residential properties.

More lots were developed by 1915. The future site of the hospital was occupied by a windmill, a water tank and was the homestead of Joseph Lee. The seed Lee brought from the Santa Cruz Mountains and planted in front of his house in 1860 later became a large redwood tree in front of the future hospital. The tree was removed in 1994.

By the early 1920s, when the hospital was constructed, San Jose was a commercial and canning center for the orchards and farms of the Santa Clara Valley. The population of San Jose steadily increased from about 30,000 in 1910 to 40,000 in 1920. Due to advances in medicine and surgery, more people were using hospitals. A boom in hospital construction occurred between 1918 and 1923, with a growth from 5,323 to 6,830 buildings with the number of beds increasing from 612,000 to 755,000¹ following increased surgery survival rates and advances in medical technology. Medical advancements included the use of rubber gloves and antiseptics during surgery and the greatly increased survival rate of mother and child when delivering in a sanitary hospital. Childbirth survival rates improved with the availability of surgery equipment in case of emergencies. The improved conditions of medical facilities lead to a variety of successful new surgeries capable of curing maladies that formerly had been common causes of death. The first appendectomy, for example, was performed in 1887, the first repair of inguinal hernias in 1888, the first perineal proctectomy in 1902, and the first removal of tonsils in 1911.²

In response to these successes, hospitals were constructed throughout California during the early 1900s. Some examples of hospitals built in nearby Redwood City and San Mateo County are the Middlefield Hospital, the South San Francisco General Hospital, and the Mills Memorial Hospital, now called Mills-Peninsula Health Center. Constructed in 1907, Middlefield Hospital operated in a building that resembled a house, although it was constructed from the beginning for hospital purposes. Middlefield Hospital was not a comprehensive facility, but was originally used as a general hospital specializing in surgical operations. By the 1940s, it had no house doctor, and was used primarily for maternity care. It handled an average of ten patients at a time. In 1906 the South San Francisco General Hospital was established to care for victims of the San Francisco Earthquake and Fire. It was originally located in a converted house. The Mills Memorial Hospital was constructed in 1908. This small hospital was located in San Mateo and was originally called the Church of St. Matthew Red Cross Guild. In 1912, it was renamed Mills Memorial Hospital. From 1914 to the present the hospital has undergone successive alterations

¹ City directories of 1922 mention 11 hospitals and homes in San Jose, of which the larger ones were O'Connor Hospital (founded 1889) or the Columbia Hospital (founded 1913) that bought The Garden City Sanatorium (founded 1897). Also in: Arbuckle, Clyde, Clyde Arbuckle's History of San Jose. San Jose 1986, 489.

² *Vision and Progress: A Commemorative History of San Jose Hospital 1923-1983*, 7.

and additions to keep up with the needs of the community and the evolution of hospital technology.³

In response to public outrage over the substandard conditions of the San Mateo County Hospital and Poor Farm, the San Mateo Community Hospital was built in 1922, one year before San Jose Hospital. This hospital was featured in *Architect and Engineer*, in September of 1922, as one of the first examples of modern hospital design. Its adoption of "modern" features included the "T shaped ward which [was] so strongly recommended by hospital authorities because it [afforded] maximum service to patients with minimum energy by hospital attendants."⁴ Fire and earthquake-proof construction and increased numbers of private room are among the many features of the new hospital noted in the article. The T-shaped stucco clad structure bears a close resemblance to the original San Jose Hospital.⁵

Before widespread establishment of hospital facilities, called sanitariums at the time, the term "hospital" had negative connotations, and hospitals were seen as primarily places for the elderly, the mentally unstable, or the terminally ill. They were seen not as places where people became well again, but where people died. Following advances in surgery, however, the hospital became a place to get better. Due to the improved prosperity and education of the newly settled community, more people than ever sought out treatment in hospitals rather than at home.

Some hospitals were constructed in response to the national influenza outbreak in 1918, but these were not the majority. These hospitals were typically built for and by underrepresented ethnicities that experienced inadequate health services due to cultural barriers during the outbreak and who wanted to have a hospital of their own. One example of this type of hospital was the Nippon Hospital which was a fully modern facility constructed in Stockton in 1919 to cater to the local Japanese community.⁶

The first medical facility in San Jose, a small residential structure rented at \$40.00 per month for medical use, was developed in 1855 on the old Levy property. Soon after, the county bought "the old Sutter House and twenty-five acres of land in the northeastern part of the city for \$5,500." Because there was only one doctor at the time, Dr. G.B. Crane, who limited his workload to "no more than seven patients a day for \$4,600 a year," many patients were relocated to other buildings when he was unable to attend to them all.⁷ It wasn't until 1871 that the county finally realized the need to build a structure strictly for hospital use. For this purpose, the county purchased 114 acres for \$12,000 on the west side of the San Jose along Los Gatos Road (now Bascom Avenue). The building erected at this site came to be known as the Santa Clara Valley Medical Center.

³ Galvin & Associates. "Historic Resource Evaluation, 170 Alameda de las Pulgas, Redwood City." March 2005.

⁴ *Architect and Engineer*, July-December, 1922, 101

⁵ This 1922 portion of the San Mateo Community Hospital, now called the San Mateo County General Hospital, no longer remains. According to a DPR prepared for the Sequoia Hospital, "the old sections of the Hospital were demolished in 1998" as a result of "the Alquist Act, a state law that requires hospital buildings to be able to withstand specific forces generated by an earthquake" (Galvin & Associates, 8).

⁶ http://www.uop.edu/cop/jacobycenter/projects/Stockton%20Historical/agtp_e02.html.

⁷ David D. Hrubby, "Mines to Medicine: the exciting years of Judge Myles O'Connor, his hospital and the pioneer physicians of the Santa Clara Valley, O'Connor Hospital, San Jose, California, 1965, 62.

Fourteen years later, it became apparent that there was a need for San Jose to have more than one hospital. In 1889, the O'Connor Sanitarium was opened to the public. Originally meant to serve as a "home for the aged and needy," the O'Connor Sanitarium was administered by the Daughters of Charity. By the end of the 19th century, the sanitarium was converted into a full-fledged hospital facility with electric lighting, sanitary flooring, and a surgical staff. In 1897, Dr. Lewis Belknap, in an effort to better serve residents on the east side of the valley, built the Garden City Sanitarium "on a five-and-a-half-acre parcel of land on the north side of what is now East Santa Clara Street, just east of Coyote Creek."⁸ By 1913, Columbia Hospital, controlled by the Columbia Hospital Company, had developed a facility at 375 South Market Street. Columbia Hospital prospered long enough to take over the Garden City Sanitarium in 1921 and rename it East Columbia Hospital.⁹

This merger resulted in a reduction in the already insufficient number of hospital beds available to the growing population of the city. It also resulted in the elimination of privileges at the hospital to local doctors who were not hospital staff. A week and a half following the merger, a group of San Jose doctors gathered together in the offices of the Santa Clara Medical Society and decided that the establishment of a "new fire-proof and up-to-date hospital" was needed as a "community necessity" and that "community benefit shall be the foremost consideration in the maintenance and management of such hospital."¹⁰ Local businessmen and lawyers obtained a charter for the San Jose Hospital Corporation in 1921.

The hospital founders promised that charges to patients would not be greater than necessary to pay fixed dividends and fund necessary equipment and enlargements. The San Jose Mercury Herald on January 1921 announced: "The San Jose Hospital attracted widespread attention because of the organization backing it, an organization composed of some 700 stakeholders ... San Jose will have one of the most modern, completely equipped, and scientifically arranged hospitals in the entire West."

Despite rising unemployment due to the 1920-21 recession, the public responded to the solicitation for help in building the hospital. A parade was held downtown in the spring of 1922 to promote the sale of stock in San Jose Hospital Corporation. The founder of the hospital was Dr. Thomas L. Blanchard, later the first president of the medical staff.¹¹

A site on Santa Clara Street was chosen for the hospital because it was in a middle-class area and easily reached by the fruit growers and other farmers of the Santa Clara Valley. Construction of the hospital began in April 1922, but progressed slowly because of union problems, difficulty in obtaining skilled labor, and failures of subcontractors to deliver materials

⁸ Clyde Arbuckle, "Clyde Arbuckle's History of San Jose", San Jose Smith & McKay Printing Company, 1985. 486.

⁹ Arbuckle, 488.

¹⁰ Documents in the Hospital minutes collection at the research center at "History San Jose" show that initially 24 doctors signed the proposal and in a later version 43 signatures, including those of well known and influential residents of San Jose, were collected.

¹¹ The lawyer S.G. Tompkins was elected president of board, J.L. Haskins secretary of board of directors and insurance executive, A.B. Wastell executive secretary of the hospital and Lucy W. Wayland chairman of the Women's Hospital Board.

on time. The building was designed by the firm of Binder & Curtis.¹² William Binder and E.N. Curtis were well known local architects who built many other important buildings in San Jose. William Binder, "San Jose's first major modern architect," was born in 1871 in San Francisco.¹³ After working for George W. Page, one of San Jose's leading architects, he founded a partnership with Fairly Weiland in 1895 and built a number of local residences.

In the late 1890's, Binder worked on his own and realized more substantial projects, such as the Alcantara Building (1903), the San Jose Theater (1904), the Carnegie Library Building (1903), the seven story Garden City Bank (San Jose's first steel frame high rise structure in 1907), the YMCA (1913) and the Elks Club (1913). He built almost all of the local movie theaters in San Jose. Between 1902-1910 he provided plans for many of the homes in T.S. Montgomery's Naglee Park. Later his firm planned almost all buildings on Fifth Street from San Antonio to San Carlos and beyond. He also designed the Montgomery Hotel in 1911, the Wilder-Hait House in 1923 and a commercial building at 22 N. First Street in 1926 and a Stanford Campus house in 1929.

Ernest Curtis, partner of Binder and Curtis, was a major contributor to many of San Jose's buildings from 1920 to 1950. He was born in 1889 in San Jose and worked, as did Binder, for George W. Page in the first years. Most probably, Binder went into semi-retirement during the Great Depression and Curtis was the major designer of the firm, designing buildings such as the Civic Auditorium, the Natatorium in Alum Rock Park and the Water Company building in San Jose.

Binder and Curtis' design for the San Jose Hospital took shape as a four-story over a daylight basement Spanish Revival Style building with a C-shaped plan in 1923. The building permit gives a value of \$ 172,280. The building was constructed in reinforced concrete in order to make it fireproof and resistant to earthquakes.

The 1923 San Jose Hospital was stucco clad above a rusticated basement and had an accessible hipped tile roof. All secondary elevations were undecorated; only the primary south facade facing Santa Clara Street featured terra cotta decorative elements. The central arched entry was accessed via a flight of stairs and flanked with a pair of inverted fluted pilasters on each side. Above the lintel was the name "San Jose Hospital", the lower pilasters were continued with Doric columns whose shaft was decorated with a diamond pattern in the lower part and a fluting in the upper part. The broken frieze above the columns carried a round shaped cornice element on each side. Between the columns over two stories, there were double windows which were horizontally separated with stucco decorations. The fourth story was recessed and accentuated with a round arched window in the symmetrical axis of the facade. The projecting wings to the east and west of the entrance were decorated in a similar design as the central entrance.

¹² A historic photo shows the founders of San Jose Hospital and other involved in its construction gathered for the ground-breaking ceremony on March 20, 1922. There, the architects Binder and Curtis are shown, whereas the text describing the photo mentions Alec Binder (and not William Binder) as one of the architects. In "Vision and Progress: a Commemorative History of San Jose Hospital," produced by Editorial Consultants, Inc., with Crawshaw and Company Design. San Jose 1983, 5.

¹³ Douglas, Jack, Historical highlights of Santa Clara Valley. History San Jose. San Jose 2005, 172.

The use of projecting wings made it possible for each room to have an outside view and ample ventilation and sunlight. There were 44 private rooms and nine four-bed wards. The private rooms were furnished and each floor had a nurses' station, bathrooms, and a diet kitchen. A surgical suite, containing five operating rooms, was located in a penthouse. The hospital was lauded at the time for its advanced features. "In constructing a fireproof building, placing most beds in private rooms with attached lavatories or bathrooms, restricting wards to four beds, providing central kitchen and linen facilities, and establishing radiology and pathology laboratories, the new hospital, [like most hospitals built in the 1920s], conformed to the recommendations of the most advanced hospital planners of the day."¹⁴ In the basement of the west wing there was radiographic and fluoroscopic equipment, the main section of the laboratory, an emergency room, a pharmacy, a morgue, hydrotherapy, a central linen room, a bake shop, a kitchen, a cafeteria for nurses and a dining room for staff.

A two-story over a daylight basement Nursing School was built in a C-shaped plan to the northeast of the hospital. It was stucco clad and had a hipped roof. Its primary east facade faced 15th Street. The architect was Frank Edmans. The first nurses graduated in 1926. In 1925/1926, a 33-room addition to the west wing was completed by Edmans. By this time, a laundry and a water supply system was installed, using a deep well sunk on the hospital grounds. In 1936, a generator was installed. It was demolished, replaced and moved to its present location north of building 800 many years later.

Meanwhile, demand for hospital services increased significantly in the 1930s with the introduction of a hospitalization insurance for residents of San Jose in 1933 as well as new X-ray machinery, which enhanced the hospital's position as the area's leading resource for radiology diagnosis and therapy. William Butler, manager of the hospital between 1932 and 1951, reorganized the hospital as a nonprofit institution. In 1937, San Jose Hospital became a community hospital that enabled poorer people to afford needed hospitalization.

During WWII, San Jose's population dramatically increased as families of servicemen stationed at military bases, civilian employees of the military, and employees of war industry migrated west. San Jose Hospital was crowded and there was a shortage of nurses during the war years. In 1941 nurses began to form groups to petition the hospital for increased wages, paid holidays and vacations and higher rates for overtime. One of these groups was the Staff Nurses Guild which ultimately dissolved as its members joined the California Nurses Association the following year. After prolonged negotiations during which they threatened to strike, nurses were eventually awarded a five percent wage increase, 8-hour work days, six working days per week and compensation for overtime. In addition, the nurses were granted seven sick days, five holidays, and one week of vacation per year. These modest improvements were accepted at the urging of the California Nurses Association. While the benefits for nurses improved only slightly, the professional relationship between doctors and nurses had changed significantly. Prior to the negotiations, nurses had been closely supervised and expected to lead a cloistered existence with limited responsibilities. Following the conflict's resolution, they began to take on a more empowered role in the hospital community and were treated like professional colleagues. As

¹⁴ *Vision and Progress*, 12.

evidence of this change, the Nursing School at the San Jose Hospital, which had closed in 1932, reopened in 1944 with an improved curriculum.¹⁵

San Jose's population further increased after WWII. San Jose Hospital, which had previously provided medical services to a community of 60,000 people had to serve an area with more than 200,000 residents. Private rooms were converted to hold more patients, four barracks were purchased from the San Bruno Naval base, and additional 34-bed wards were installed.

In 1953, the construction of a multistory addition was completed, along with a one-story addition on the front of the west wing to house an expanded laboratory and x-ray department. The architects were Douglas Dacre Stone and Lou B. Mulloy of Stone and Mulloy, San Francisco. In order to gain space for the addition, the nursing school building was moved to the opposite side of the street. One half of the multi-story addition is four-stories to match the existing height of the 1923 structure. The western side of the addition comprises approximately two thirds the width of the addition and is one story with a flat roof adorned with a vertically detailed parapet. The front of the west wing addition features a glazed wall with pop-out shed roof windows, linear orientation and stucco cladding. The one story eastern addition runs along 14th Street and wraps around the extant 1923 structure. This linear addition features no windows and a flat roof.

The additions, along with considerable renovation of the old building, increased the bed capacity to 240, "making San Jose Hospital one of the largest institutions of its kind in the San Francisco Bay area."¹⁶ But overcrowding was still a problem and the penthouse surgical suite was increasingly inadequate for the steadily increasing number of major operations.

In 1956, a campaign was launched for the construction of a four-story, 120- bed addition to the west wing (including a surgical suite with ten operating rooms). It was opened in November 1958. The architects of the reinforced concrete building were Stone, Mulloy, Marraccini & Patterson of San Francisco. This addition features a projecting frame that starts at the second story and extends around the top of the structure. The frame now holds a weather screen to protect the multi-lite windows from exposure to sun and rain and blocks the view of the façade windows from the street. The weather screen distorts the underlying features of the hospital elevations and extends along the eastern elevations of both the 1958 addition and the 1923 structure creating, obscuring the boundaries of the two structures. The lower level of this addition is linear and windowless. The scale and massing of the lower level matches the 1953 addition and the two structures have been merged to create one continuous linear structure that wraps around the outside of the 1923 structure.

In 1963, the front of the hospital was rebuilt to provide a spacious waiting room and admitting area and to allow for the expansion of the radiology department. The eastern portion of the addition is modern with a flat roof, no windows and stucco cladding. The waiting room was constructed of steel and glass, creating an interior atrium. To preserve the venerable redwood tree, the waiting room was built around it. This construction destroyed the decorative features of

¹⁵ *Vision and Progress*, 26-27.

¹⁶ *Vision and Progress*, 35.

the original south facade of the 1923 hospital complex, which were replaced with a flat stucco finish and exterior stairwells. The architect of the one-story steel and glass addition was William E. Short of Palo Alto.

In 1966, the hospital was named the "San Jose Hospital & Health Center, Inc." with the following vision: "The property, assets, profits, and net income of the corporation are irrevocably dedicated to charitable, scientific, educational, and hospital purposes only."¹⁷

In 1968, a four-story reinforced concrete addition was built. It was a 252-bed building, rectangular in plan with a central courtyard. It contained a large extended-care facility and one of the first psychiatric units located in a voluntary, acute-care hospital. The architect was William E. Short, who designed the 1963/65 addition to the hospital. The separate building was named "The Oaks" to distinguish it from the old building, which was given the name "The Redwoods". "The Oaks" were built for the anticipated increase in the number of patients due to the enactment of the Medicare and Medicaid programs in 1965. With this addition, San Jose Hospital grew to a capacity of 607 beds.

The San Jose Hospital Annex building complex was built adjacent to East St. John Street, with several storage buildings, class rooms, and an office building. These buildings occupied a portion of the former IBM complex.

Across North 14th Street, more buildings related to the hospital were constructed over time, including doctor's offices, a clinic, apartment buildings and parking garages. A multi-story medical building at the corner of E. Santa Clara and North 14th Street was built in 1965. Only the uppermost level of this complex was rented to the San Jose Hospital and later connected to the 1958 addition via a small passageway.

In the 1970s, with slowing population growth, growing unemployment, rising prices, the development of suburban communities and other factors, less people were seeking medical care at the San Jose Hospital. Nevertheless, critical care units were expanded to 20 beds in the early 1970s and sophisticated medical equipment was installed. San Jose Hospital became a principal health-care resource for many elderly and indigent residents of the area.

In 1970, the 121-bed Doctors General Hospital merged with San Jose Hospital and was renamed the Park Alameda Hospital. With a total of 728 beds, San Jose Hospital was one of the largest medical centers in California. In order to strengthen its financial situation, San Jose Hospital sold the Park Alameda Hospital in 1974 and closed and demolished the nursing school. A new corporate name was adopted in 1978: San Jose Health Center.¹⁸

In 1977, the Surgicare Center was constructed as a separate building on the hospital grounds. It was one of the first buildings specially designed for outpatient surgery in the country. In 1979, an expansion for diagnostic radiology and clinical laboratories opened and more changes occurred in the early 1980s. The Nursing School was replaced with a radiology department.

¹⁷ See: Hospital minutes data, History San Jose Archive.

¹⁸ *Vision and Progress*, 43.

North 15th Street, which had divided the campus, was closed and converted into a hospital owned driveway and parking lot. Also in the 1980s, the northwestern portion of the former Temple Laundry/IBM building was demolished.

In the late 1980s, a 24-bed Cancer Care Center was established to the east that was connected with the entry pavilion via an open passageway. In 1987, a new reception pavilion was constructed in the eastern portion of the original building, replacing the steel and glass waiting room that was built in 1963. As a three-stepped, two story building in a light steel and glass construction, it was called "The Landmark Project" in reference to the majestic redwood that stood on the campus before the hospital was built. The architects were Kaplan, McLaughlin, Diaz of San Francisco. The buildings built in the 1980s included a cancer care center, a freestanding outpatient surgery facility, a trauma-care program, psychiatric and clinical dependency units for child and adolescents, a family practice center, a maternity center and a neonatal intensive nursery, a microsurgery and rehabilitation center, a center for diagnostic procedures and emergency units. San Jose Medical Center was closed on December 9, 2004.

The chronological construction history of the existing San Jose Hospital complex is shown in Appendix A. The dates shown on the map refer to the original construction date and exclude later alterations.

IV. HISTORY OF BUILDING 800

Before building its own laundry, San Jose Hospital likely used the services of the nearby Temple Laundry, which occupied the northern half of the middle block of the subject property between East St. John, North 15th and 16th Streets. Now known as Building 800, the laundry building was a separate property until it became part of the hospital complex in 1961. Its original owner, Erve C. Strickland, (b. 1874) was a war veteran from the Spanish-American War, a musician and local businessman active with a number of fraternal and business organizations.

Prior to the Building 800 location, Temple Laundry was located along the west bank of Coyote Creek at 801-811 East Santa Clara Street, directly across North 17th Street (then North 14th Street) from the project site. Temple Laundry first appears in the 1908 City Directory, at this location. Based on the 1915 Sanborn Map (see Figure 5 in Appendix E), this building was wood frame with wood siding. The building was approximately 200 feet long and varied in width from 12 to 20 feet, and included an ironing room, a wash room, a marking room, and a mangling room. Figure 3 in Appendix C appears to be a c. 1910 photo of this earlier location. The building does not appear on the 1950 Sanborn Map of the area.

Temple Laundry is listed in City Directories at the corner of East Santa Clara and North 14th Streets until the 1919 Directory, which lists the facility's address as St. John Street between 15th and 16th Streets. This corresponds with the current location of Building 800.

Strickland erected an approximately 60-foot by 100-foot garage and a warehouse at 15th and St. John Streets sometime between 1915 and 1919. This building, which today is part of Building 800, is a reinforced concrete building with a gabled roof that has an open wood truss and a

stepped parapet. A monitor with windows sits on the roof. The northwest elevation features wood-sash, six-over-six, double-hung windows, while the northeast elevation features single-pane, fixed windows, which appear to have been replaced.

In 1920, Strickland added an annex to the west along East St. John Street devoted entirely to family wash service.¹⁹ (This annex has since been demolished, except for a small section that sits immediately behind the original building and has been converted to a garage.) By 1920, the laundry called itself “the most modern and up-to-date laundry on the Pacific Coast.” It employed more than one hundred people and was described as the “largest and most complete plant between San Francisco and Los Angeles.”²⁰

In 1928, the original building was expanded to the south along North 16th Street. This addition, which remains today, is a reinforced concrete building with a flat roof and a stepped parapet punctuated by stylized pilasters on each elevation. Its primary window type is multi-paned, metal-sash. Sanborn maps from 1932 and 1939 show the Temple Laundry complex comprised of three rectangular buildings with gabled roofs and gabled monitors. All buildings were connected to each other.

Temple Laundry appears in City Directories at the corner of East St. John and North 15th Streets until the 1940 City Directory, which has no entry for Temple Laundry. Instead, it lists a Temple-Troy Laundry on Almaden Avenue (which is many blocks west of the project site) with the same phone number, Ballard 128, as the former Temple Laundry. The last reference to the Temple-Troy Laundry is in the 1943 Directory, after which the name of this facility was shortened to Troy Laundry. Troy Laundry last appears in City Directories in 1949.

In 1943, International Business Machines Corporation (IBM) moved into the former Temple Laundry buildings, making it IBM's first West Coast manufacturing facility. The property was purchased by IBM for \$65,000 and was remodeled at a cost of \$50,000. The card punching plant was dedicated by IBM President Thomas J. Watson, Sr., on September 10, 1943.

The plant met the entire demand of IBM customers on the Pacific coast and as far inland as Denver. From this one card plant, IBM's presence in San Jose grew to include a research and manufacturing center at Monterey and Cottle Roads, a card plant in Campbell, a large branch office, the Almaden Research Center and more than 3,000 employees.²¹ Punched card manufacturing was moved from San Jose to a new facility in Campbell, California in July 1960.

V. REGULATORY FRAMEWORK – FEDERAL, STATE AND LOCAL SIGNIFICANCE CRITERIA

The following identification of a potential historic resource is based primarily on architectural evaluation and the general history of the project site. The regulatory background provided below offers an overview of national and state criteria used to assess historic significance.

¹⁹ Strickland was honored with a one page article and a photo in: Sawyer, E.T., *History of Santa Clara County with biographical studies*. Los Angeles 1922, 866-7.

²⁰ Ibid.

²¹ http://www-03.ibm.com/ibm/history/exhibits/supplies/supplies_5404PH06.html.

Federal Criteria

National Register Bulletin Number 15, *How to Apply the National Register Criteria for Evaluation*, describes the Criteria for Evaluation as being composed of two factors. First, the property must be “associated with an important historic context.”²² The National Register identifies four possible context types, of which at least one must be applicable at the national, state, or local level. As listed under Section 8, “Statement of Significance,” of the National Register of Historic Places Registration Form, these are:

- 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 to prehistory or history.²³

Second, for a property to qualify under the National Register’s Criteria for Evaluation, it must also retain “historic integrity of those features necessary to convey its significance.”²⁴ While a property’s significance relates to its role within a specific historic context, its integrity refers to “a property’s physical features and how they relate to its significance.”²⁵ To determine if a property retains the physical characteristics corresponding to its historic context, the National Register has identified seven aspects of integrity:

Location is the place where the historic property was constructed or the place where the historic event occurred.

Design is the combination of elements that create the form, plan, space, structure, and style of a property.

Setting is the physical environment of a historic property.

Materials are the physical elements that were combined or deposited during a particular period of time and in a particular pattern or configuration to form a historic property.

²² National Park Service, National Register Bulletin 15, 3.

²³ National Park Service, National Register Bulletin 16A, 75

²⁴ National Park Service, National Register Bulletin 15, 3.

²⁵ *Ibid.*, 44.

Workmanship is the physical evidence of the crafts of a particular culture or people during any given period in history or prehistory.

Feeling is a property's expression of the aesthetic or historic sense of a particular period of time.

Association is the direct link between an important historic event or person and a historic property.²⁶

Since integrity is based on a property's significance within a specific historic context, an evaluation of a property's integrity can only occur after historic significance has been established.²⁷

Evaluation

See evaluation following state criteria below.

State Criteria

California Office of Historic Preservation's Technical Assistance Series #6, *California Register and National Register: A Comparison*, outlines the differences between the federal and state processes. The context types to be used when establishing the significance of a property for listing on the California Register of Historical Resources are very similar, with emphasis on local and state significance. They are:

1. It is associated with events that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States; or
2. It is associated with the lives of persons important to local, California, or national history; or
3. It 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
4. It has yielded, or is likely to yield, information important to prehistory or history of the local area, California, or the nation.²⁸

Like the NRHP, evaluation for eligibility to the California Register requires an establishment of historic significance before integrity is considered. California's integrity threshold is slightly lower than the federal level. As a result, some resources that are historically significant but do not meet NRHP integrity standards may be eligible for listing on the California Register.²⁹

²⁶ Ibid., 44-45.

²⁷ Ibid., 45.

²⁸ California Office of Historic Preservation, Technical Assistance Series 6, 1.

²⁹ Ibid., 1.

California's list of special considerations is shorter and more lenient than the NRHP. It includes some allowances for moved buildings, structures, or objects, as well as lower requirements for proving the significance of resources that are less than 50 years old and a more elaborate discussion of the eligibility of reconstructed buildings.³⁰

In addition to separate evaluations for eligibility to the California Register, the state will automatically list resources if they are listed or determined eligible for the NRHP through a complete evaluation process.³¹

California Historical Resource Status Codes

The California Historical Resource Status Codes (status codes) are a series of ratings created by the California Office of Historic Preservation (SHPO) to quickly and easily identify the historic status of resources listed in the state's historic properties database. These codes were revised in August 2003 to better reflect the many historic status options available to evaluators. The following are the seven major status code headings:

1. Properties listed in the National Register or the California Register.
2. Properties determined eligible for listing in the National Register or the California Register.
3. Appears eligible for National Register or California Register through Survey Evaluation.
4. Appears eligible for National Register or California Register through other evaluation.
5. Properties recognized as historically significant by local government.
6. Not eligible for listing or designation.
7. Not evaluated for National Register or California Register or needs reevaluation.

City of San Jose Criteria

The San Jose General Plan states that: "Because historically or archaeologically significant sites, structures and districts are irreplaceable resources, their preservation should be a key consideration in the development review process" (City of San Jose, 1994). According to the City of San Jose's Historic Preservation Ordinance (Chapter 13.48 of the Municipal Code), a resource qualifies as a City Landmark if it has "special historical, architectural, cultural, aesthetic or engineering interest or value of an historical nature" and is one of the following resource types:

1. An individual structure or portion thereof;
2. An integrated group of structures on a single lot;
3. A site, or portion thereof; or
4. Any combination thereof. (Sec. 13.48.020.C)

The ordinance defines the term "historical, architectural, cultural, aesthetic, or engineering interest or value of an historical nature" as deriving from, based on, or related to any of the following factors:

³⁰ Ibid., 2.

³¹ All State Historical Landmarks from number 770 onward are also automatically listed on the California Register. (California Office of Historic Preservation, Technical Assistance Series 5, 1.)

1. Identification or association with persons, eras or events that have contributed to local, regional, state or national history, heritage or culture in a distinctive, significant or important way;
2. Identification as, or association with, a distinctive, significant or important work or vestige:
 - a. Of an architectural style, design or method of construction;
 - b. Of a master architect, builder, artist or craftsman;
 - c. Of high artistic merit;
 - d. The totality of which comprises a distinctive, significant or important work or vestige whose component parts may lack the same attributes;
 - e. That has yielded or is substantially likely to yield information of value about history, architecture, engineering, culture or aesthetics, or that provides for existing and future generations an example of the physical surroundings in which past generations lived or worked; or
 - f. That the construction materials or engineering methods used in the proposed landmark are unusual or significant or uniquely effective.
3. The factor of age alone does not necessarily confer a special historical, architectural, cultural, aesthetic or engineering significance, value or interest upon a structure or site, but it may have such effect if a more distinctive, significant or important example thereof no longer exists. (Sec. 13.48.020.A)

The ordinance also provides a definition of a district: "a geographically definable area of urban or rural character, possessing a significant concentration or continuity of site, building, structures or objects unified by past events or aesthetically by plan or physical development." (Sec. 13.48.020.B)

Although the definitions listed are the most important determinants in evaluating the historic value of San Jose resources, the City of San Jose also has a numerical tally system that must be used in identifying potential historic resources. The "Historic Evaluation Sheet" requires resources to be rated according to visual quality/design; history/association; environment/context; integrity; reversibility; interior quality and conditions; and NRHP/CRHR status.

Based upon the criteria of the City of San Jose Historic Preservation Ordinance, the San Jose Historic Landmarks Commission has established a quantitative process by which historical resources are evaluated for significance. The numerical evaluation system has the following categories of significance:

- Candidate City Landmark (CCL): 67-134 points
- Structure of Merit (SM) and/or Contributing Structure (CS): 33-66 points
- Non-Significant (NS)/Non-Contributing (NCS): 0-32

According to the City of San Jose's *Guide to Historic Reports*, a City Landmark is "a significant historic resource having the potential for landmark designation as defined in the Historic

Preservation Ordinance. Preservation of this resource is essential.” The preservation of Structures of Merit “should be a high priority.”³² The list of historically significant resources in San Jose is called the “Historic Inventory List.”

For CEQA purposes, the City considers designated City Landmarks, structures scoring 67 points and above (Candidate City Landmark) as a threshold of significance.³³ Structures scoring lower than 67 points may have historical importance, but for the purposes of CEQA, are not automatically considered historically significant. In particular, Structures of Merit are typically properties that, while currently ineligible for the California Register, may become eligible in the future through advancing age, through inclusion in a newly identified historic district, or through additional historical research.

VI. EVALUATION OF SIGNIFICANCE AND INTEGRITY

A records check verified that no structures on the project site are listed on the National Register of Historic Places, California Register of Historical Resources, or as a California Historical Landmark or Point of Interest. Furthermore, no structures on the project site are listed in the California Office of Historic Preservation’s Directory of Properties in the Historic Property Data File for Santa Clara County.

1. San Jose Hospital

While the San Jose Hospital has had a prominent role in the community as one of the main hospital facilities since 1923, it is not the first or the most significant hospital on a local, state or national level. Furthermore, the hospital has undergone significant alterations over time and is now unrecognizable. It does not therefore possess sufficient integrity to qualify for the National or California Register of Historic Places.

Federal and State Criteria

In Carey and Co.’s professional opinion, the San Jose Hospital complex itself appears not to be eligible for the NRHP or the CRHR under any of the criteria, as explained below.

Criterion A/1 (Event)

The San Jose Hospital does not appear to possess sufficient association with events that have made a significant contribution to the broad patterns of our history at the local, state or national level. During the time period that San Jose Hospital was built, other similarly designed hospitals throughout northern California were being constructed in response to technological advances and growing populations. Nearby San Mateo Community hospital was also constructed a year before the San Jose Hospital in order to meet the needs of an underserved community. Like the objectives cited by the founders of the San Jose Hospital, the Community Hospital embraced a construction design that promoted greater productivity and efficiency with capabilities to serve a growing population. While the San Jose Hospital was one of the earlier facilities to adopt the modern hospital design, it was not the first, most significant, nor did it contribute to any future developments impacting the history of the community, the state or the nation.

³² City of San Jose, *Guidelines for Historic Reports*. 12.

³³ This threshold has been reflected in EIRs promulgated by City staff, certified by the Planning Commission, and approved by the City Council.

Although San Jose Hospital is associated with San Jose's growth in the 1920s, World War II and post war periods, research has not uncovered that the hospital itself contributed to the broad patterns of history in a way that can be considered particularly significant within the context of the many other hospitals in California and the nation of a similar age. Population booms following the Depression and World War II were a statewide phenomenon that affected many downtown areas and were driven by many contributing factors. These factors cannot be directly tied to the San Jose Hospital or to hospital development in general. While San Jose Hospital responded to the needs of the community and modified its administrative procedures as a result of its communication with the community, it is not associated with a specific event marking an important moment in the history of San Jose, California or the nation. In particular, the threatened nurses' WWII-era strike is not an event that contributed to broad patterns of local, state or national history. The threatened strike was, instead, part of a general campaign being waged by the California Nurses Association to improve nurses' working conditions. We uncovered no evidence that the threatened strike at the San Jose Hospital was the first or largest such confrontation. Moreover, the Nursing School has since been demolished, attenuating the association of the threatened strike with the remaining hospital buildings.

Criterion B/2 (Person)

The San Jose Hospital does not appear to be associated with any persons significant to local, California, or national history. Although the founding members of the San Jose Hospital, including Dr. Charles Wayland, Lucy M. Wayland, Dr. Thomas Blanchard, were locally prominent doctors at the time of the hospital's construction, no historical evidence could be found that these persons achieved a general city- or area-wide importance. This is also the case for the members of the hospital's board.

The San Jose Hospital is also associated with Dr. William P. Butler, who managed the hospital from 1932 to 1951. Before joining the hospital, Butler held management positions with well known companies of the time, including the Pittsburgh Grinding Wheel Company in Pennsylvania and the General Oil Equipment Company of Oakland. During his administration of the San Jose Hospital, William Butler served as President-elect of the Association of Western Hospitals and the Association of California Hospitals, Vice-president of the American Hospital Association, and Regent of the American College of Hospital Administrators.³⁴

Butler was considered a health care industry leader and has been credited for putting San Jose Hospital on financially sound footing during the Depression.³⁵ He accomplished this through three main efforts. First, he installed the first laundry facility in the hospital, enabling all laundering needs to be taken care of on-site. Second, he attracted more patients to the hospital by introducing hospitalization insurance to local residents. This insurance, which covered the cost of a semi-private room, was based on a plan introduced by Raymond Brisbane at Sutter Hospital in 1932 as well as similar programs in several other American cities.³⁶ Third, Butler

³⁴ *Vision and Progress*, 33.

³⁵ *Vision and Progress*, 20.

³⁶ *Vision and Progress*, 21.

reorganized the hospital as a nonprofit institution to encourage endowments, bequests and donations to further reduce hospitalization costs for the “persons of limited means.”³⁷

While Butler played an important role in helping hospital administration evolve from general business management to a specialized profession in health-care organization and finance, Butler was one among many such administrators at the time. Many of the decisions that Butler made were shared by, and sometimes preceded by, his contemporaries. While his approach to administration may have influenced other hospitals in the area, Butler is not sufficiently influential in the development of hospital administration on a national, state or local level to satisfy Criterion B/2.

Criterion C/3 (Design/Construction/Work of a Master)

The San Jose Hospital building of 1923 is an example of early reinforced concrete hospital construction, and was meant to be fire-and-earthquake-proof. It was celebrated for its innovative interior plan organization, since it introduced modern concepts of private rooms for the patients with their own attached bathrooms and even telephones. While the design of the hospital was considered very modern for its time, it wasn't the first, only, or most significant example of modern hospital construction on a national or state level. As mentioned earlier, San Mateo Community Hospital was built a year before and employed many of the same hospital design concepts as the San Jose Hospital.

The architects, Binder and Curtis, can be considered local masters who built in the popular Spanish Revival style at the time. However, the original structure of 1923 has been so heavily altered over time (including the demolition of the original entrance, the wings and the interior, and the removal of significant architectural features from the building), that it can no longer meet the eligibility requirements under criterion C. (See discussion under integrity below)

The 1953 and 1958 additions do not qualify under Criterion C/3 because they are not architecturally distinct nor are they the only example of their type. The additions, designed by Stone, Mulloy, Marraccini & Patterson exhibit Modern elements that were characteristic of post World War II architecture, including a flat roof, simplified International style rectangular construction and lack of ornamentation. As examples of Modern-influenced architecture, however, these additions do not possess high artistic values, nor do they embody the characteristics of a distinctive type, period, or method of construction, or represent the work of a master architect or builder. They are thus not eligible under Criterion C/3.

Criterion D/4 (Information Potential)

Finally, archival research provided no indication that the building has the potential to yield information important in prehistory or history.

Integrity

Due to extensive alterations over the years, the 1923 San Jose Hospital building retains very little integrity of setting, design, materials, workmanship, feeling and association. While the

³⁷ *Vision and Progress*, 21.

building retains integrity of location, having never been moved, that alone is insufficient to enable it to convey any historic significance.

The original 1923 building is buried under later additions and alterations to such an extent that it is no longer visible. The original 1923 hospital façade was stripped of all of its distinctive architectural elements as part of the 1963 front reconstruction. The 1953, 1958 and 1963 additions further reduced the building's integrity because they not only obscured the original building, they also obscured its original style. These additions introduced to the facility a Modern architectural style at odds with the original building's Spanish Revival and Beaux Arts features, compromising the original hospital's integrity of setting, feeling and association as well as its integrity of design, materials and workmanship. Subsequent additions, also designed in a modern style, further separated the existing facility from the significant architectural features of the original Binder & Curtis-designed building.

As described above, the 1953 and 1958 additions to the hospital do not possess architectural significance. Archival research, moreover, indicates that the additions may have undergone significant modifications over time. Historical renderings of the 1953 and 1958 additions are not consistent with either structure as they exist today. While the massing remains the same, significant architectural details, such as window types and decorative devices, appear to have changed. The 1958 addition has been obstructed by a large metal perforated sunscreen. This sunscreen does not appear to be a part of the original 1958 design, as it does not appear on any of the plan drawings. Because it obscures the entire façade, a historic contemporary would not recognize the property as it exists today. In addition, the 1953 and 1958 structures are no longer readable as separate structures, and they appear to have been merged at some point. Based on historic plans and renderings, this merging of the two structures was not a part of the original design intention.

Because it fails to satisfy any of the four significance criteria and has lost nearly all of its historic integrity, the San Jose Hospital is not eligible for listing in the National Register of Historic Places or the California Register of Historical Resources. In addition, because neither the 1923 San Jose Hospital building nor any of its various additions appear to be eligible for the National Register of Historic Places or the California Register of Historical Resources, there does not appear to be any historic district associated with the hospital.

City of San Jose Criteria

Carey & Co. completed a separate City of San Jose Historic Evaluation Sheet for the San Jose Hospital Building, giving the original 1923 portion of the building a total of 38.75 points (see appendix below). This places the structure in the Structure of Merit category.

Although not eligible for the California Register of Historical Resources, the original 1923 portion of the San Jose Hospital does have some historic importance due to its association with early hospital development in the San Jose area (City criterion 1); its association with the San Jose Hospital Corporation and William Butler (City criterion 1); and with the architectural team of Binder & Curtis (City criterion 2). As described above, however, neither of these associations is sufficient to make the buildings eligible for listing on the California or National

Registers. Whatever architectural importance the 1923 San Jose Hospital building may have had has been critically weakened by its compromised integrity.

The San Jose Hospital Corporation and, in particular, William Butler, can be considered a person/organization of secondary importance (leading but not decisive role) intimately connected with the hospital. Accordingly, the 1923 San Jose Hospital building was given a rating of "Very Good – Person/Organization of Secondary Importance" in response to question 6 (Person/Organization) of the Historic Evaluation Sheet.

The local boom in hospital development during the early twentieth century should be considered a pattern of secondary importance, as it was not a primary driver of history. As a result, the 1923 San Jose Hospital Building, which is intimately connected with this pattern, was given a rating of "Very Good – Patterns of Secondary Importance" in response to question 8 (Patterns) of the Historic Evaluation Sheet.

While Binder & Curtis could be considered designers of primary importance for their leading role in the development of San José in the first half of the twentieth century, San Jose Hospital is not representative of their signature style or their most significant period of work. As a consequence, the 1923 San Jose Hospital building was given a rating of "Very Good – Designer of Secondary Importance" in response to question 3 (Designer) of the Historic Evaluation Sheet.

As detailed on the Historic Evaluation sheet, the 1923 San Jose Hospital building was given significant point reductions for its extensive loss of integrity. While the building has not been moved and appears to exhibit only minor surface wear, entire features have been removed and the building has been altered beyond recognition.

None of the later additions to the hospital should be considered part of the structure of merit. In particular, the 1926 west wing addition to the original 1923 Binder and Curtis San Jose Hospital building does not qualify as a structure of merit because it lacks architectural distinction and is almost completely obscured by subsequent additions. This addition was built by Frank Edmans, not Binder and Curtis, and does not possess features that are in keeping with the original hospital design. It is likely that the addition was never intended for high visibility as it was constructed at the rear of the hospital and not directly associated with any interior courtyards. The west elevation of the structure would have been the most visible, and likely to possess the most architectural distinction, and is now completely obstructed by an addition that was built in 1958. The east elevation is the only visible elevation of this addition and is facing a narrow interior corridor that is not accessible to the public.

2. Building 800 (Temple Laundry and IBM Building)

A separate evaluation was done for Building 800, the former IBM card processing plant that became part of the San Jose Hospital complex in 1961.

Federal and State Criteria

In Carey and Co.'s professional opinion, the original portion of Building 800 (c. 1919) appears to be eligible for listing in the NRHP and CRHR, at the state level of significance, under criterion A/1. It also appears eligible for listing as a California Historical Landmark. The 1928 addition does not appear eligible for listing due to significant loss of integrity.

Criterion A/1 (Event)

Building 800 is historically significant for serving as the first International Business Machines (IBM) manufacturing facility on the West Coast, beginning in 1943. From this first location, IBM expanded into San Jose and Silicon Valley as the company grew in the post-war years. As the first IBM plant on the West Coast, Building 800 has historic significance at the state level.

Building 800's period of significance extends from 1943, the year IBM moved into the building, to 1952, when IBM opened a second San Jose plant at 99 Notre Dame Avenue. This plant, built in 1949 as a single-story steel reinforcement concrete structure for Huber Printing and Litho Co., was established as the Advanced Systems Development Division of IBM in 1952. It was nominated as a San Jose City Landmark in 2002.

Criterion B/2 (Person)

While the structure was associated with a significant corporate entity, IBM, archival research uncovered no associations with specific persons significant to local, regional, or national history. The property therefore does not appear eligible for the NRHP or CRHR under Criterion B/2.

Criterion C/3 (Design/Construction/Work of a master)

Although the Temple Laundry Building was referred to in *Vision and Progress* as "the most modern and up-to-date laundry on the Pacific Coast," and the "largest and most complete plant between San Francisco and Los Angeles." Neither the original c. 1919 structure nor its 1928 addition is architecturally distinctive on a national, state, or local level, nor does either demonstrate the work of a master.³⁸ The property therefore does not appear eligible for the NRHP or CRHR under Criterion C/3.

Criterion D/4 (Information Potential)

Finally, archival research provided no indication that the building has the potential to yield information important to prehistory or history.

Integrity

Carey & Co. believes that the original c. 1919 portion of Building 800, along St. John Street, retains the essential physical features that made up its character and appearance during the period of significance. This portion of the building retains integrity of location, design, setting, workmanship, feeling and association. The building's integrity of materials has been slightly reduced by window replacement on the northeast elevation. The building retains its original cladding, however, as well as its original wooden truss roof, and thus retains sufficient integrity to convey its historic significance.

³⁸ Ibid.

The 1928 addition to the original Temple Laundry Building, however, has lost much of its integrity. Although the stepped parapet with cornice and pilasters remain, the building's exterior is otherwise unrecognizable. Most notably, the vast majority of the large multi-paned industrial sash windows that formerly dominated the northeastern and southeastern elevations have been filled in with stucco. The original entrances also appear to have been filled in and replaced with roll-up garages. These significant alterations greatly reduce this structure's integrity of materials, design, workmanship feeling and association. While the massing remains the same, the weight of the exterior of the building has increased and the amount of natural light capable of reaching the interior has been dramatically altered by the infill of the building's windows. Because the structure would be unrecognizable to a historic contemporary, this structure fails the most basic test of integrity and does not retain sufficient integrity to convey any historic significance.

California Historical Landmark

As the first IBM plant on the West Coast, Building 800 appears eligible for listing as a California Historical Landmark. California Historical Landmarks are sites, buildings, features, or events that are of statewide significance and have anthropological, cultural, military, political, architectural, economic, scientific or technical, religious, experimental, or other value. To be designated as a California Historical Landmark, a resource must meet at least one of the criteria listed below; have the approval of the chairperson of the County Board of Supervisors or the City/Town Council in whose jurisdiction it is located; be recommended by the State Historical Resources Commission; and be officially designated by the Director of California State Parks. To be eligible for designation as a Landmark, a resource must meet at least one of the following criteria:

- The first, last, only, or most significant of its type in the state or within a large geographic region (Northern, Central, or Southern California).
- Associated with an individual or group having a profound influence on the history of California.
- A prototype of, or an outstanding example of, a period, style, architectural movement or construction or is one of the more notable works or the best surviving work in a region of a pioneer architect, designer or master builder.

Since Building 800 was the first IBM manufacturing facility in California, it appears to meet the first criterion for a California Historical Landmark.

City of San Jose Criteria

Carey & Co. completed a separate City of San Jose Historic Evaluation Sheet for Building 800, giving the building a total of 63.96 points (see appendix below). This places the structure near the top of the Structure of Merit category. The building is historically significant due to its association with the IBM and the early development of Silicon Valley (City criterion 1). Because it was IBM's first West Coast manufacturing facility, the structure is associated with a group having a profound influence on the history of California, and was consequently given a

rating of “Excellent – Person/Organization of Primary Importance” in response to question 6 (Person/Organization) of the Historic Evaluation Sheet. Due to its role in the early development of Silicon Valley, the building was given a rating of “Very Good – Patterns of Primary Importance Loosely Connected” in response to question 8 (Patterns) of the Historic Evaluation Sheet.

The 1928 addition to the Temple Laundry building was evaluated on a separate Historic Evaluation Sheet. While it has the same historic associations as the original c. 1919 portion of the building, its extensively altered state led to a much lower Historic Evaluation Sheet score of 27.78.

VII. REGULATORY FRAMEWORK – CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

When a proposed project may adversely affect a historical resource, the California Environmental Quality Act (CEQA) requires a city or county to carefully consider the possible impacts before proceeding (Public Resources Code Sections 21084 and 21084.1). CEQA equates a substantial adverse change in the significance of a historical resource with a significant effect on the environment (Section 21084.1). The Act explicitly prohibits the use of a categorical exemption within the CEQA Guidelines for projects which may cause such a change (Section 21084).

A “substantial adverse change” is defined as “physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the significance of an historical resource would be materially impaired.” Further, that the “significance of an historic resource is materially impaired when a project “demolishes or materially alters in an adverse manner those physical characteristics of an historical resource that convey its historical significance and that justify its inclusion in, or eligibility for inclusion in the California Register of Historical Resources;” or “demolishes or materially alters in an adverse manner those physical characteristics that account for its inclusion in a local register of historical resources...” or demolishes or materially alters in an adverse manner those physical characteristics of a historical resource that convey its historical significance and that justify its eligibility for inclusion in the California Register of Historical Resources as determined by a lead agency for purposes of CEQA.”

CEQA effectively requires preparation of a mitigated Negative Declaration or an EIR whenever a project may adversely impact historic resources. Current CEQA law provides that an EIR must be prepared whenever it can be fairly argued, on the basis of substantial evidence in the administrative record, that a project may have a significant effect on a historical resource (Guidelines Section 15064). A mitigated Negative Declaration may be used where all potentially significant effects can be mitigated to a level of insignificance (Section 21080). For example, a mitigated Negative Declaration may be adopted for a project which meets the Secretary of Interior’s Standards for Rehabilitation and local historic preservation regulations, and so will not adversely affect the resource.

For the purposes of CEQA (Guidelines Section 15064.5), the term "historical resources" shall include the following:

1. A resource listed in, or determined to be eligible by the State Historical Resources Commission, for listing in, the California Register of Historical Resources (Pub. Res. Code SS5024.1, Title 14 CCR, Section 4850 et.seq.).
2. A resource included in a local register of historical resources, as defined in Section 5020.1(k) of the Public Resources Code or identified as significant in an historical resource survey meeting the requirements of Section 5024.1(g) of the Public Resources Code, shall be presumed to be historically or culturally significant. Public agencies must treat any such resource as significant unless the preponderance of evidence demonstrates that it is not historically or culturally significant.
3. Any object, building, structure, site, area, place, record, or manuscript which a lead agency determines to be historically significant or significant in the architectural, engineering, scientific, economic, agricultural, educational, social, political, military, or cultural annals of California, may be considered to be an historical resource, provided the lead agency's determination is supported by substantial evidence in light of the whole record. Generally, a resource shall be considered by the lead agency to be "historically significant" if the resource meets the criteria for listing in the CRHR (Public Resources Code Section 5024.1, Title 14 CCR, Section 4800.3) as follows:
 - A. Is associated with events that have made a significant contribution to the broad patterns of California's history and cultural heritage;
 - B. Is associated with the lives of persons important in our past;
 - C. Embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of an important creative individual, or possesses high artistic values; or
 - D. Has yielded, or may be likely to yield, information important in prehistory or history. (Guidelines for the California Environmental Quality Act)

VIII. IMPACTS AND MITIGATION MEASURES

Historical resources include properties eligible for listing on the National Register of Historic Places, the California Register of Historical Resources or a local register of historical resources (as defined at Public Resources Code §5020.1(k)). According to Public Resources Code §15064.5(b), a project would have a significant effect on an historic resource if it would "cause a substantial adverse change in the significance" of that resource. Specifically, "[s]ubstantial adverse change in the significance of an historical resource means physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the significance of an historical resource would be materially impaired."

Impact: The proposed project entails demolition of all structures on the project site other than the c. 1919 portion of Building 800.

The c. 1919 portion of Building 800, as the first IBM facility on the West Coast, appears to be eligible for the National Register of Historic Places and the California Register of Historic Resources, as well as qualifying as a City of San Jose Structure of Merit. (As described above, the 1928 addition retains insufficient integrity to qualify as a historic resource.) The demolition of the other hospital buildings on the site, while it would substantially alter Building 800's surroundings, would not do so in a way that materially impairs the building's historical significance, since the structure was not part of, or related to, the hospital complex during Building 800's period of significance related to the IBM Corporation (1943-1952).

Implementation of the proposed demolition of the hospital campus, therefore, would not have a significant impact upon historic resources.

Although the project would not modify or remove the historically significant portion of Building 800, the following measure is recommended to ensure the exterior and interior of the c. 1919 portion of Building 800 is well documented prior to demolition activities adjacent to and near the structure.

Mitigation Measure 1: HABS documentation of the exterior and interior of the c. 1919 portion of Building 800 and its setting shall be prepared. Following the HABS guidelines, this documentation shall include full measured drawings, large-format photography, and an historical overview of the c. 1919 portion of Building 800. This overview shall include discussion of the building's relationship to other early IBM buildings in the San Jose area, including, but not limited to, (1) City Historic Landmark No. HL01-143 located at 99 Notre Dame Avenue, and (2) the buildings east of Cottle Road designed by architect John Savage Bolles.

The proposed project also entails demolition of the existing San Jose Hospital complex, including the original 1923 facility. As detailed above, we found the 1923 portion of the hospital to be eligible for consideration as a City of San Jose Structure of Merit. The 1923 San Jose Hospital building has undergone extensive loss of integrity that leaves it unable to convey its historic significance. While the building has not been moved and appears to exhibit only minor surface wear, entire features have been removed and the building has been altered beyond recognition. As a result, the building, which does possess historic interest for its association with early hospital development in Santa Clara County, was given a City of San Jose Historic Evaluation Sheet score of 38.75, placing it near the bottom of the Structure of Merit point range (33-66 points).

While Structures of Merit are not considered to automatically qualify as historic resources for purposes of CEQA, their preservation has been identified by the City as a "high priority." In light of this City policy, we conclude with the following suggestions regarding the treatment of the 1923 portion of the San Jose Hospital prior to its demolition.

Documentation. The project sponsor could undertake documentation of the exterior and interior of the 1923 portion of the San Jose Hospital and its setting prior to the building's demolition. This documentation could include photography (preferably large-format) and drawings (preferable full-measured), as well as an historical overview of the building's relationship to the history of medical services in the San Jose area. To ensure its public accessibility, this documentation could be filed with History San Jose and with the California Room of the Dr. Martin Luther King, Jr. Library in San Jose.

Salvage. The project sponsor could also consult with History San Jose, the Preservation Action Council of San Jose, and the Historic Landmarks Commission regarding the salvage of materials from the 1923 portion of the San Jose Hospital for public information or for reuse in other locations.

Finally, we suggest that the following mitigation be incorporated into any future development on the project site:

Commemoration. The project sponsor could, with the assistance of History San Jose or other professionals experienced in creating historical exhibits, incorporate into the publicly accessible portion of any subsequent development on the site a wall display featuring historic photos of the San Jose Hospital campus and a description of the historical significance of the hospital as a long-time San Jose medical center.

IX. BIBLIOGRAPHY

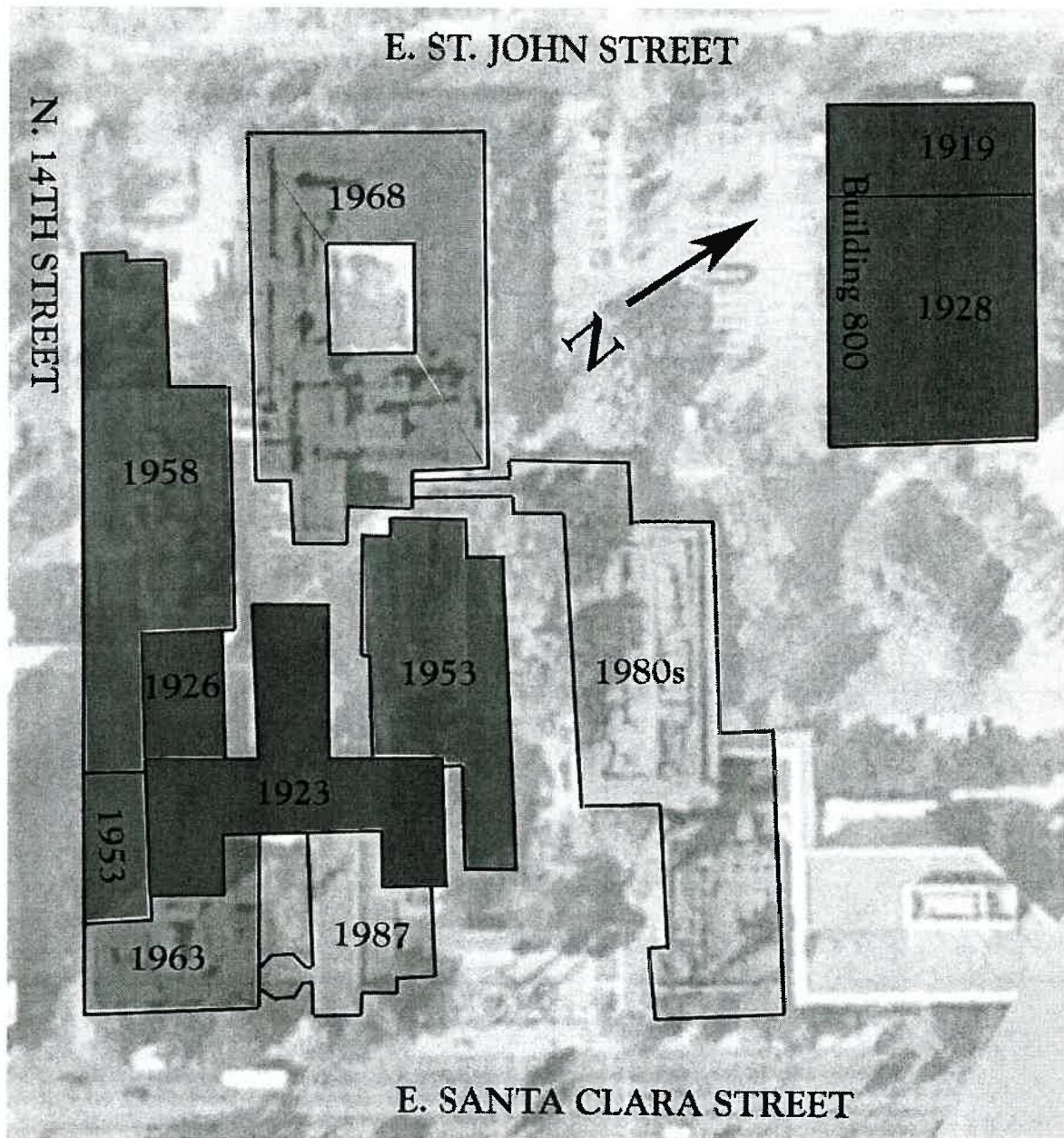
- Arbuckle, Clyde. *Clyde Arbuckle's History of San Jose*. San Jose: Smith & McKay Printing Co., 1986.
- California Office of Historic Preservation. *California Register of Historical Resources: The Listing Process*, Technical Assistance Series 5. Sacramento, CA: California Department of Parks and Recreation, n.d.
- California Office of Historic Preservation. *California Register and National Register: A Comparison*, Technical Assistance Series 6. Sacramento, CA: California Department of Parks and Recreation, 2001.
- California Office of Historic Preservation. *User's Guide to the California Historical Resource Status Codes & Historic Resources Inventory Directory*, Technical Assistance Bulletin 8. Sacramento, CA: California Department of Parks and Recreation, 2004.
- City of San Jose, Department of Planning, Building and Code Enforcement, Planning Division. "San Jose Medical Center." <http://www.sanJoseca.gov/planning/sjmc/>.
- City of San Jose, Department of Planning, Building and Code Enforcement, Planning Division. *Guidelines for Historic Reports*, http://www.sanJoseca.gov/planning/Historic/pdf/Historic_Report_Guides.pdf.

- City of San Jose, Department of Planning, Building and Code Enforcement, Environmental Review. "Heritage Tree Resolution No. 72274." [http://www.sanJoseca.gov/planning/eir/Resources_Environmental%20_Consultants/HeritageTrees%20\(72274\).pdf](http://www.sanJoseca.gov/planning/eir/Resources_Environmental%20_Consultants/HeritageTrees%20(72274).pdf).
- Douglas, Jack. *Historical Highlights of Santa Clara Valley*. San Jose: History San Jose, 2005.
- Editorial Consultants, Inc., with Crawshaw and Company Design. *Vision and Progress: A Commemorative History of San Jose Hospital 1923-1983*. San Jose, 1983.
- Hruby, Daniel D. *Mines to Medicine: the Exciting Year of Judge Myles O'Connor, his Hospital and the Pioneer Physicians of the Santa Clara Valley*. San Jose: San Jose Hospital, 1965.
- Galvin & Associates. "Historic Resource Evaluation, 170 Alameda de las Pulgas, Redwood City." March 2005.
- IBM. "IBM Archives: San Jose Card Plant." http://www03.ibm.com/ibm/history/exhibits/supplies/supplies_5404PH06.html.
- National Park Service. *How to Apply the National Register Criteria for Evaluation*, National Register Bulletin 15. Washington, DC: United States Department of the Interior, 1997.
- National Park Service. *How to Complete the National Register Registration Form*, National Register Bulletin 16A. Washington, DC: United States Department of the Interior, 1997.
- Nguyen, Ngoc Mai T. *San Jose Hospital: the Early Years, 1923-1968*. San Jose, 2000.
- Sanborn Fire Insurance Maps, San Jose, 1891-1969.
- San Jose Hospital Meeting Minutes, 1921-1965 (History San Jose collection).
- San Jose Hospital. *The New San Jose Hospital*. San Jose: San Jose Hospital, 1953.
- San Jose Hospital*, commissioned by John A. Aird, president of San Jose Hospital. San Jose, 1975 (History San Jose collection).
- Santa Clara County Medical Society. *The Bulletin of the Santa Clara County Medical Society*, 1953.
- Sawyer, Eugene. *History of Santa Clara County, California, with Biographical Sketches*. Los Angeles: Historic Record Co., 1922.
- "The San Mateo Community Hospital." *Architect and Engineer*. July-December, 1922.

United States Department of the Interior. *The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring and Reconstructing Historic Buildings*. Washington, DC: U.S. Dept. of the Interior, 1995.

University of the Pacific. "The Nippon Hospital." *Stockton: A Glance into the Past*.
http://www.uop.edu/cop/jacobycenter/projects/Stockton%20Historical/agtp_e02.html.

Appendix A: Map of the San José Hospital Campus



Note: The dates shown on the map refer to the original construction date and exclude later alterations.

Appendix B: Photographs and Drawings of the San Jose Medical Campus



Figure 1: The new entry pavilion on the south elevation, 1987.
(San Jose History Room)

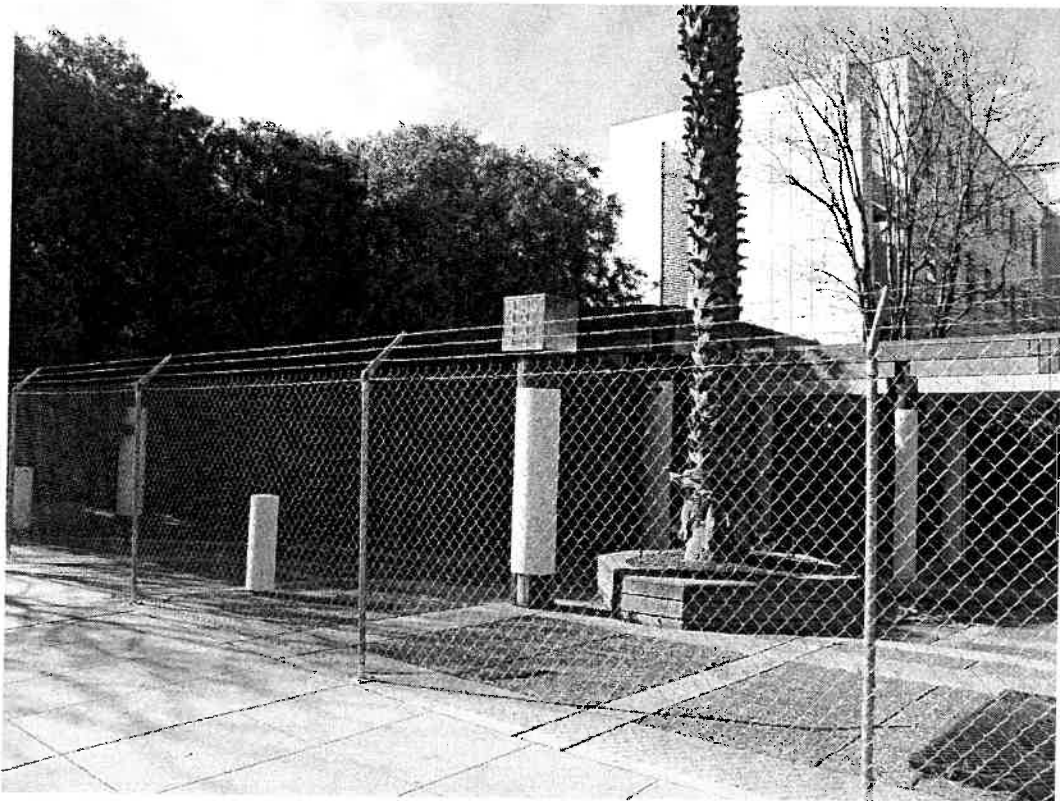


Figure 2: February 2008 photograph of the 1987 entry pavilion on the south elevation.
(Carey & Co. Inc.)

Appendix B: Photographs and Drawings of the San Jose Medical Campus

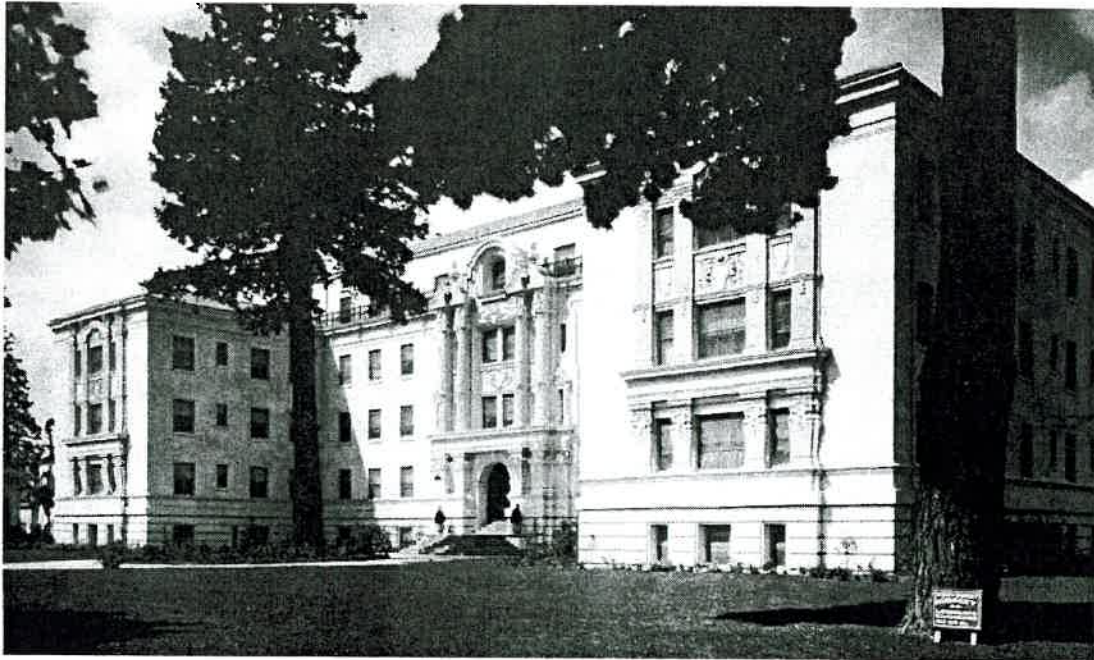


Figure 3: San Jose Hospital after its completion in 1923, view from southeast.
(*Vision in Progress*, 1983)

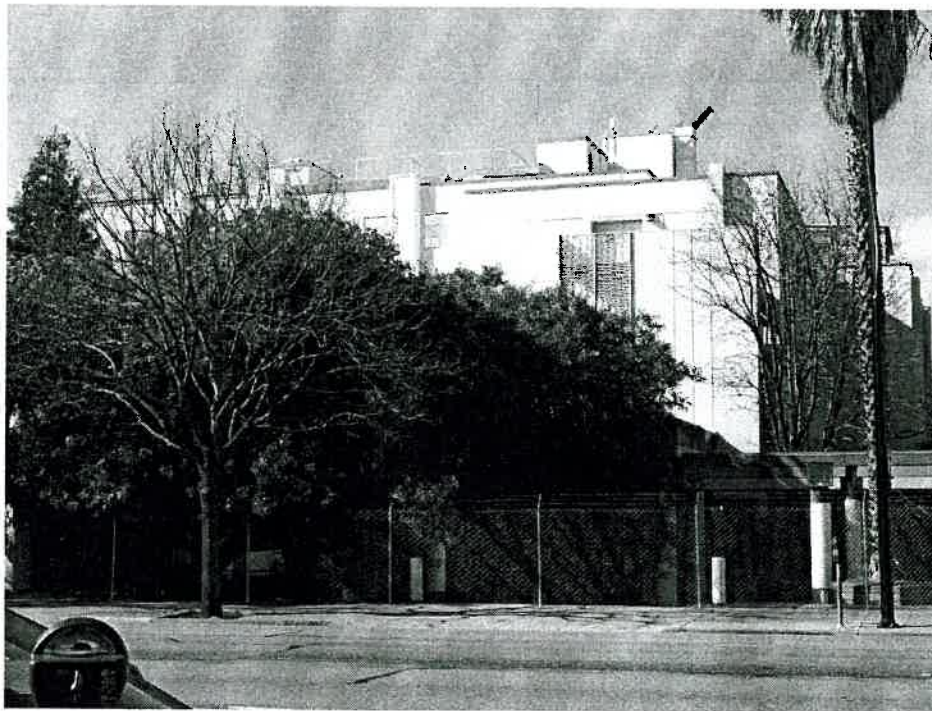


Figure 4: February 2008 photograph of San Jose Hospital, view from southeast.
(Carey & Co. Inc.)

Appendix B: Photographs and Drawings of the San Jose Medical Campus

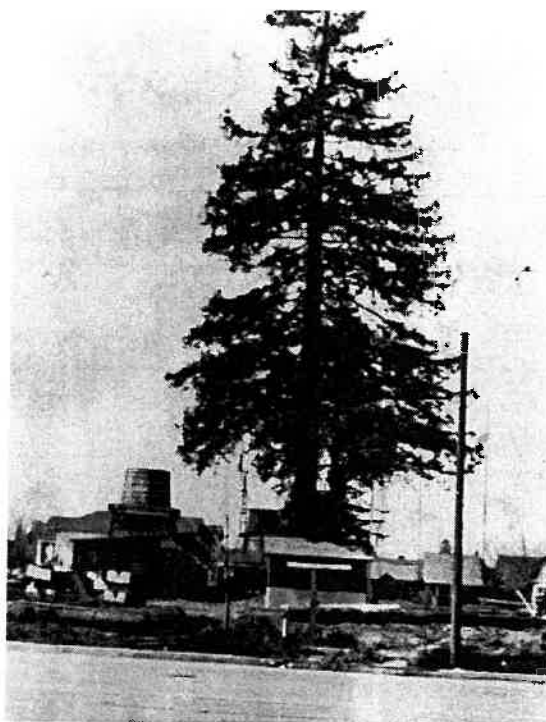


Figure 5: Giant redwood tree, April 1922, before the hospital was built.
(*Vision and Progress*, 1983)



Figure 6: The giant redwood tree shortly after construction of the hospital.

Appendix B: Photographs and Drawings of the San Jose Medical Campus



Figure 7: February 2008 view of front of hospital. Redwood tree has been removed and replaced.
(Carey & Co. Inc.)

Appendix B: Photographs and Drawings of the San Jose Medical Campus



Figure 8: The Nursing School Building, built in 1923.
(*The New San Jose Hospital, Three Decades of Progress*, 1953)



Figure 9: Barracks from San Bruno Naval Base, built 1945.
(*Vision and Progress*, 1983)

Appendix B: Photographs and Drawings of the San Jose Medical Campus

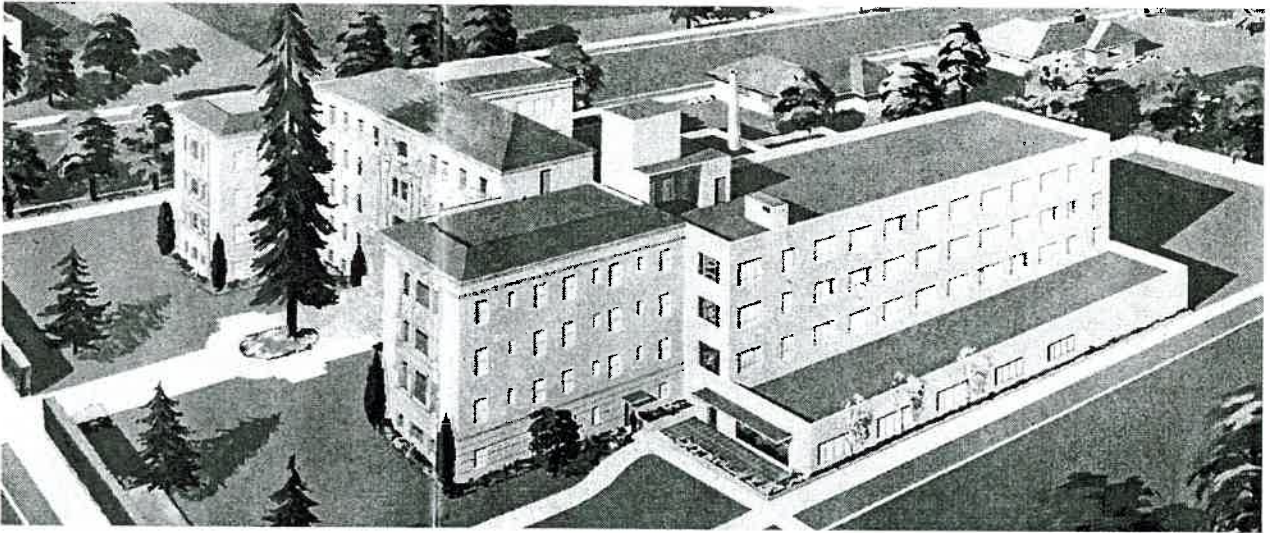


Figure 10: Illustration showing the 1951/53 addition to the east wing of the hospital.
(The Bulletin of the Santa Clara County Medical Society, September, 1953)

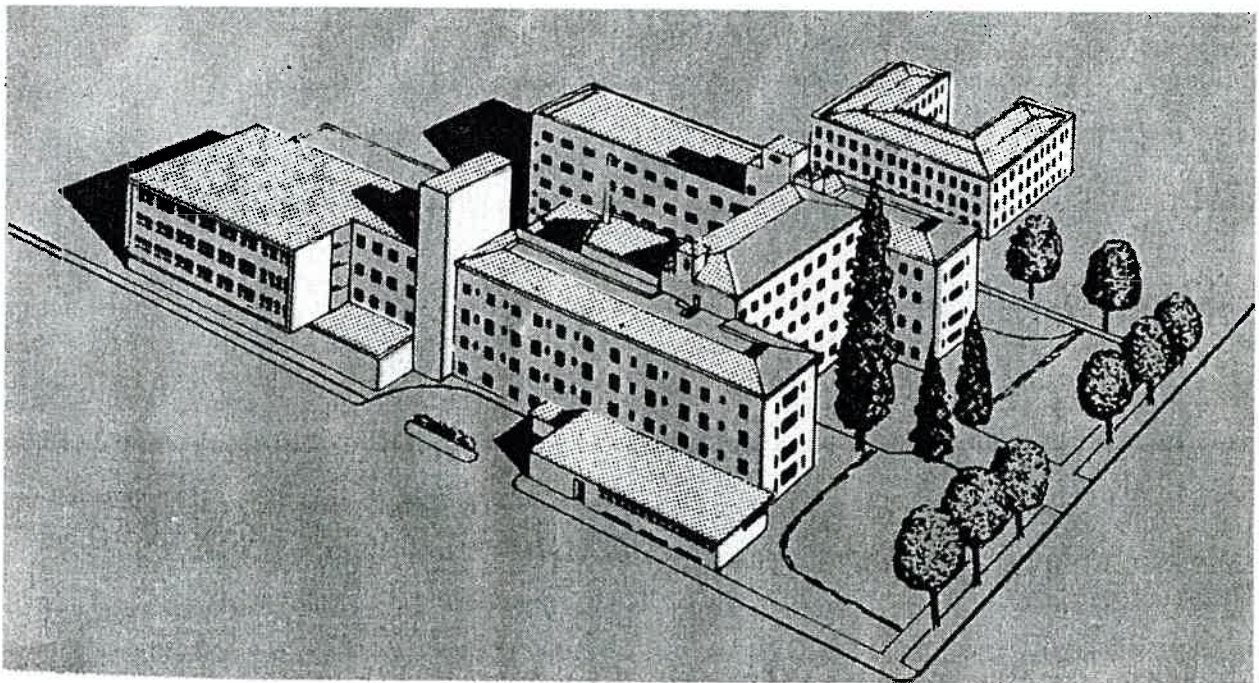


Figure 11: Illustration showing the 1958 addition to the west wing of the hospital.

Appendix B: Photographs and Drawings of the San Jose Medical Campus

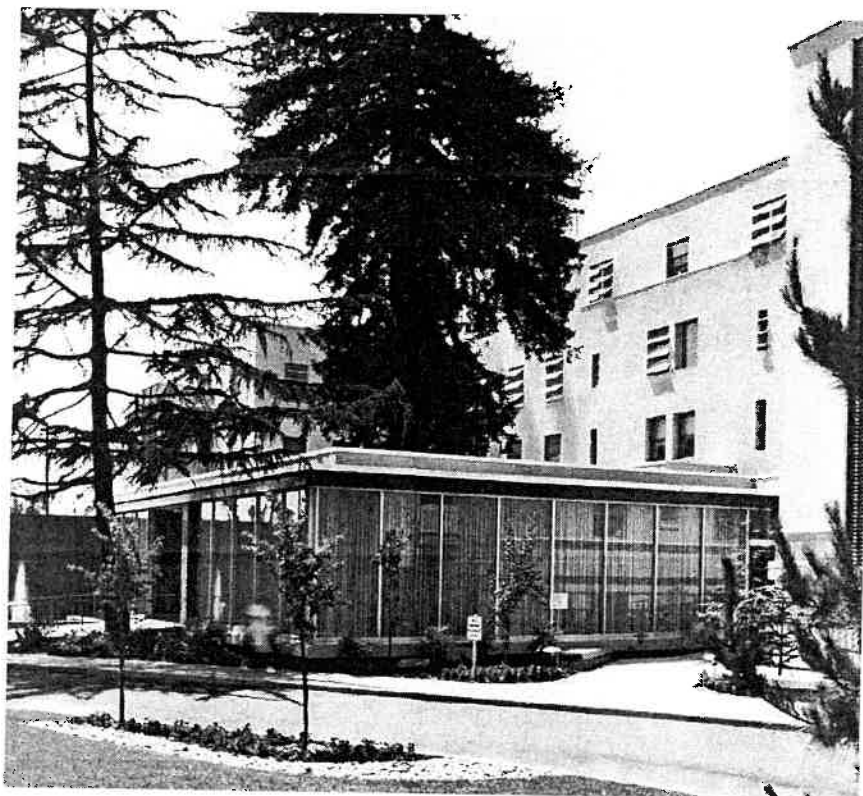


Figure 12: 1965 additions to the south elevation of the structure.
(*Landmark* (San Jose Hospital Foundation Newsletter), June 1965)

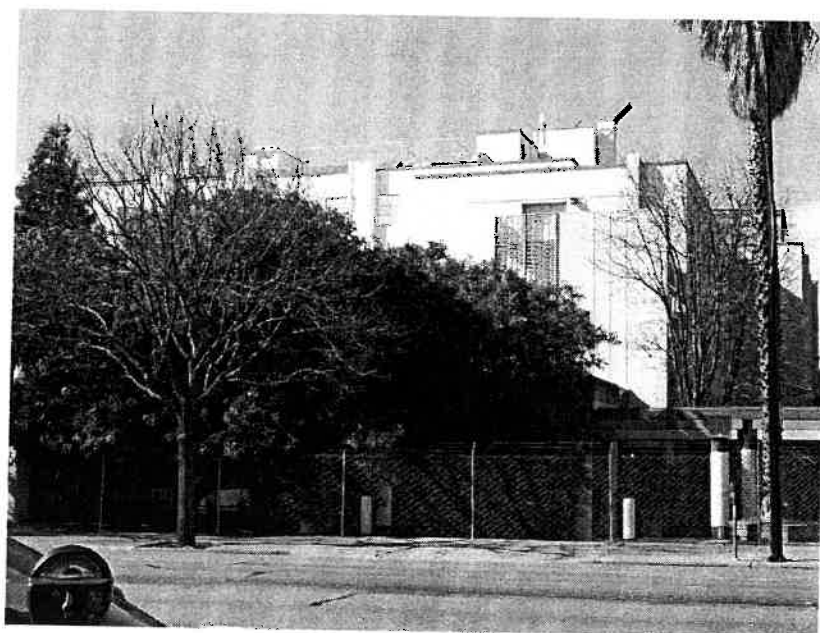


Figure 13: February 2008 view of the entrance of the structure
(Carey & Co. Inc.)

Appendix B: Photographs and Drawings of the San Jose Medical Campus



Figure 14: An aerial photo of the hospital with “The Oaks” building. 1969. The nursing building is on the opposite side of the street, having been moved there in 1950. (History San Jose, 1945)

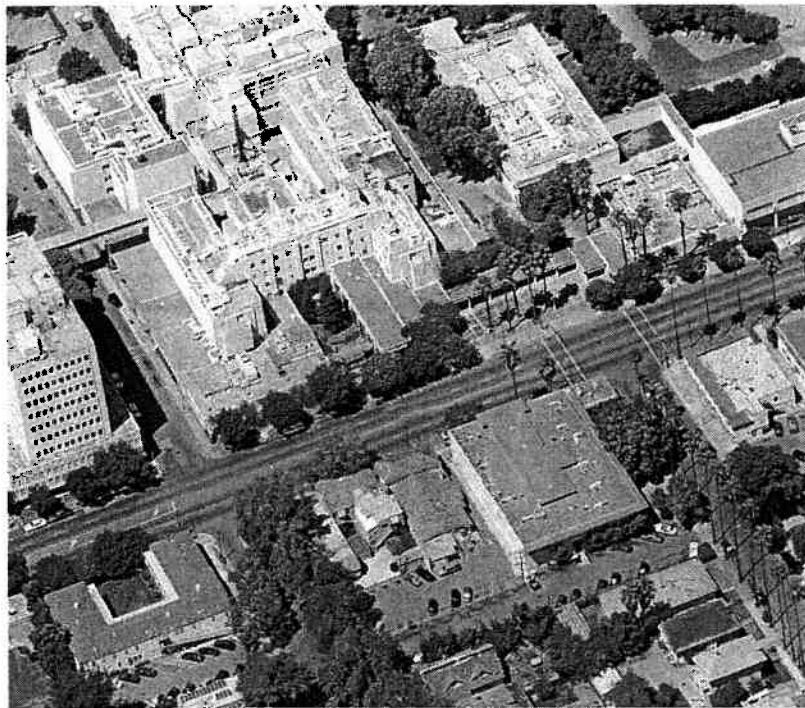


Figure 15: Current aerial photograph of the site of “The Oaks” building, 2008. (local.live.com., 2008)

Appendix B: Photographs and Drawings of the San Jose Medical Campus



Figure 16: "The Oaks" complex to the northwest of the campus.
(Carey & Co. Inc., 2006)

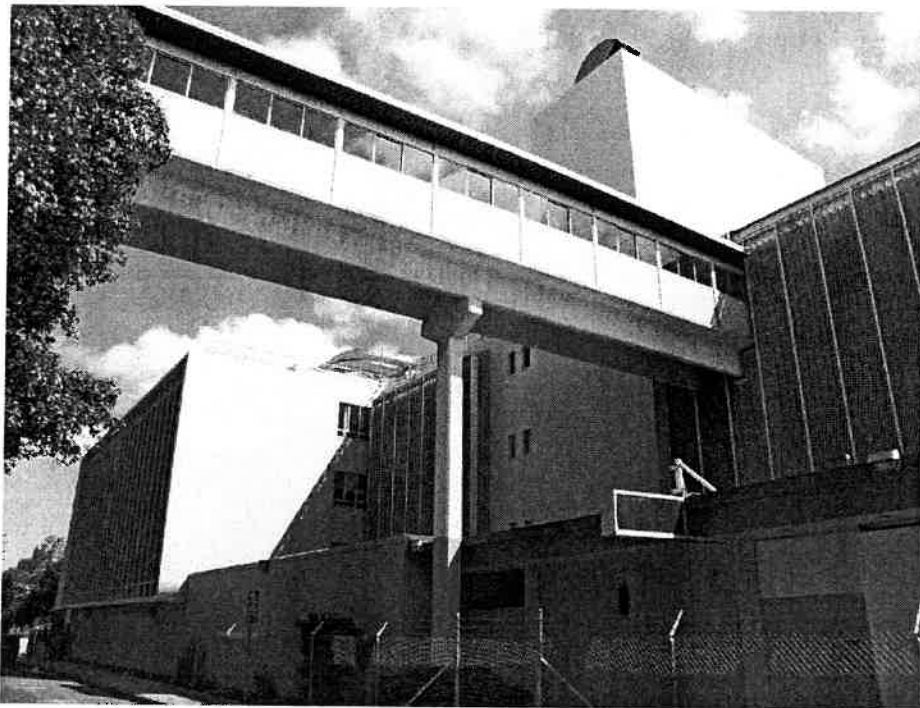


Figure 17: The passageway between the hospital and the large building across 14th Street.
(Carey & Co. Inc., 2006)

Appendix B: Photographs and Drawings of the San Jose Medical Campus



Figure 18: View of the San Jose Hospital from the southwest.
(Carey & Co. Inc., 2006)

Appendix C: Photographs of Building 800 (Temple Laundry and IBM Building) and Related Documents


TEMPLE LAUNDRY CO., INC. 
15th-16th and St. John Streets Phone S. J. 129 **E. C. STRICKLAND, Mgr.**
Most modern and up to date laundry on the Pacific Coast. Family Rough Dry & Finished Wash

Figure 1: Temple Laundry advertisement.
(San Jose City Directories, 1922)

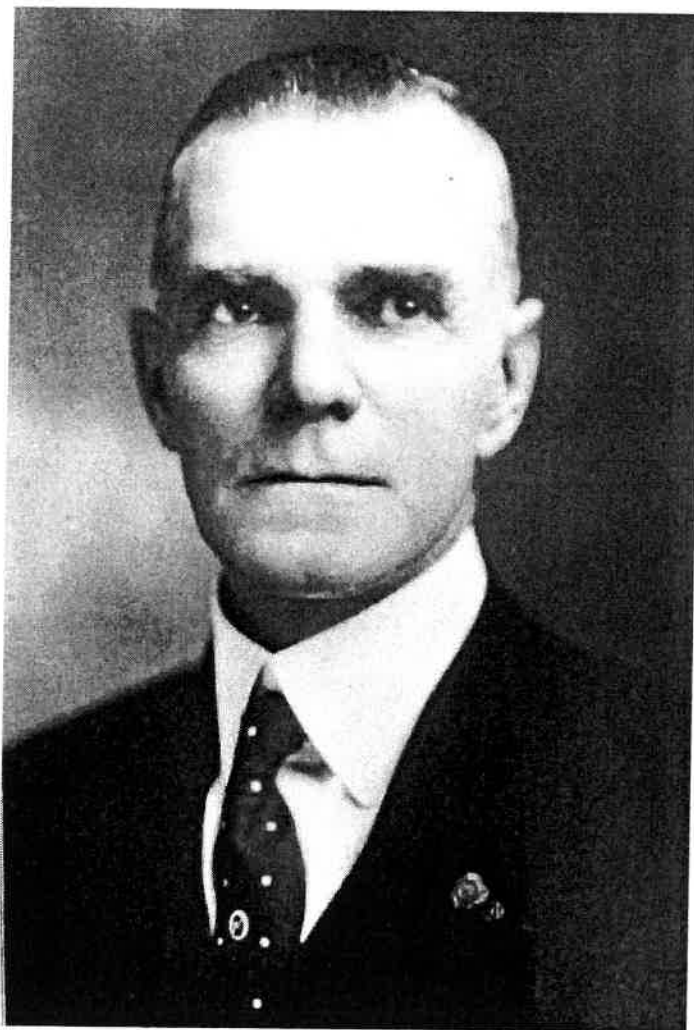


Figure 2: Erve C. Strickland, 1922.
(California Room, San Jose Public Library)

Appendix C: Photographs of Building 800 (Temple Laundry and IBM Building) and Related Documents



Figure 3: Temple Laundry at 800-811 E. Santa Clara St., c. 1910.
(California Room, San Jose Public Library)

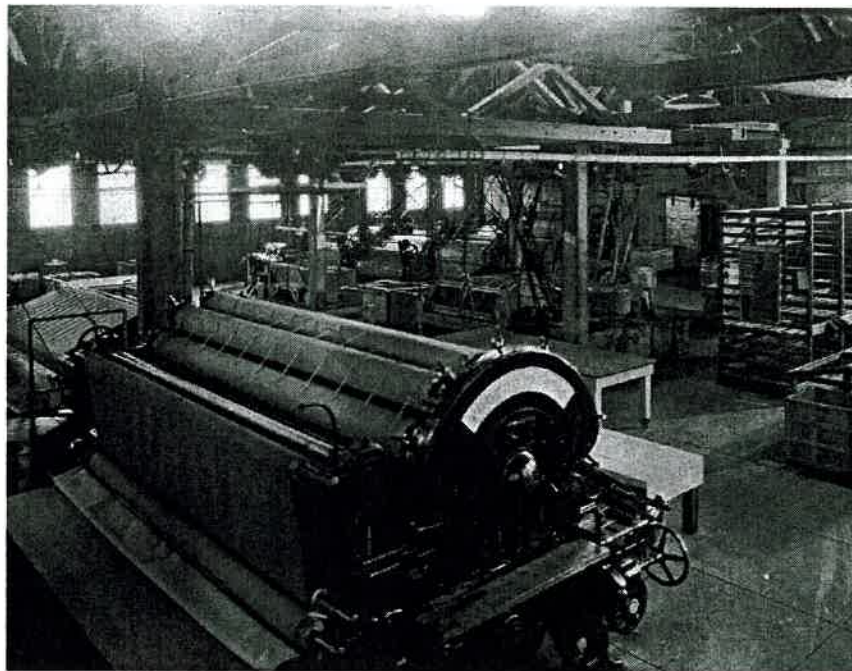


Figure 4: Interior photograph of Temple Laundry at N. 16th and E. St John Streets,
c. 1920. (History San Jose Photograph Collection)

Appendix C: Photographs of Building 800 (Temple Laundry and IBM Building) and Related Documents

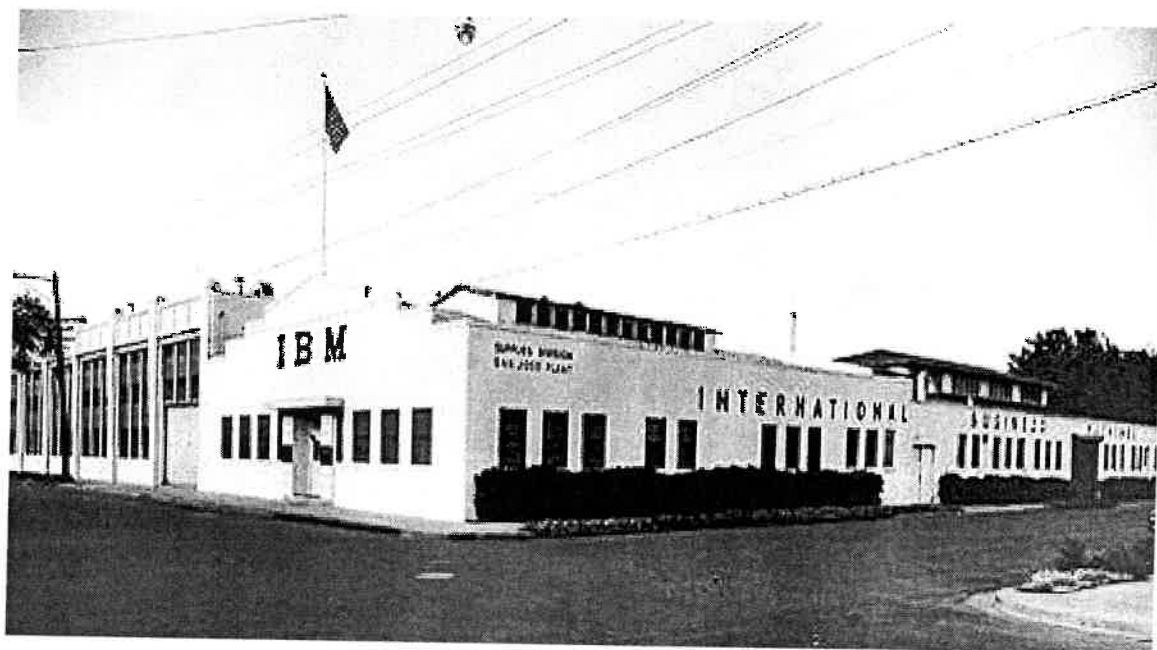


Figure 5: IBM in the former Temple Laundry buildings. The c. 1919 portion of the building is on the corner. The 1928 addition is to the left. The 1920 addition (since demolished) is on the right.



Figure 6: February 2008 view of northeast and northwest elevations of c. 1919 portion of Building 800. (Carey & Co., Inc.)

Appendix C: Photographs of Building 800 (Temple Laundry and IBM Building) and Related Documents

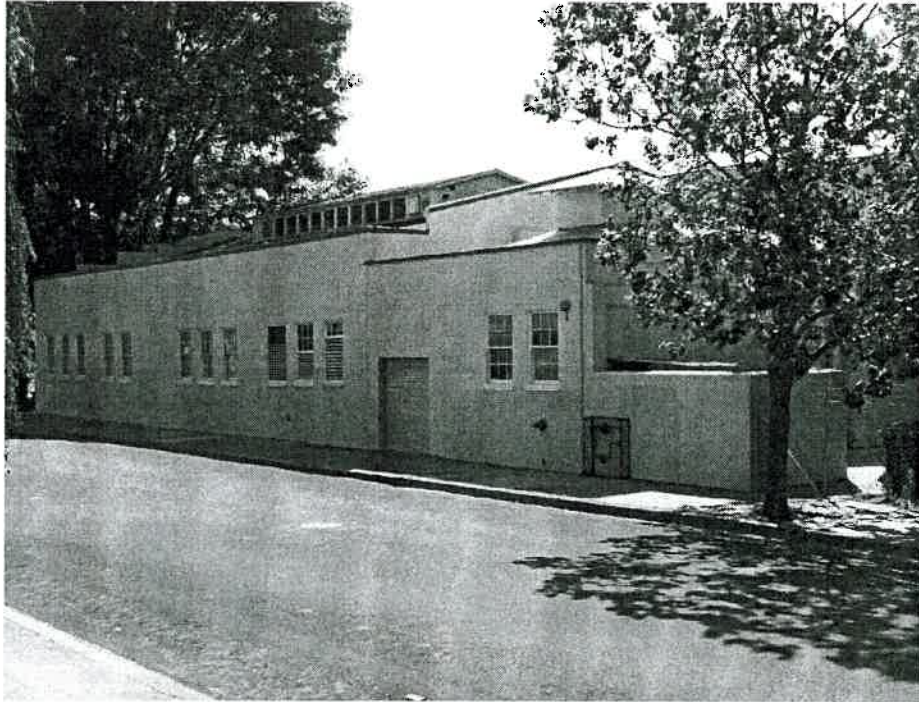


Figure 7: The northwest elevation of the c. 1919 portion of Building 800. (Carey & Co. Inc., 2006)

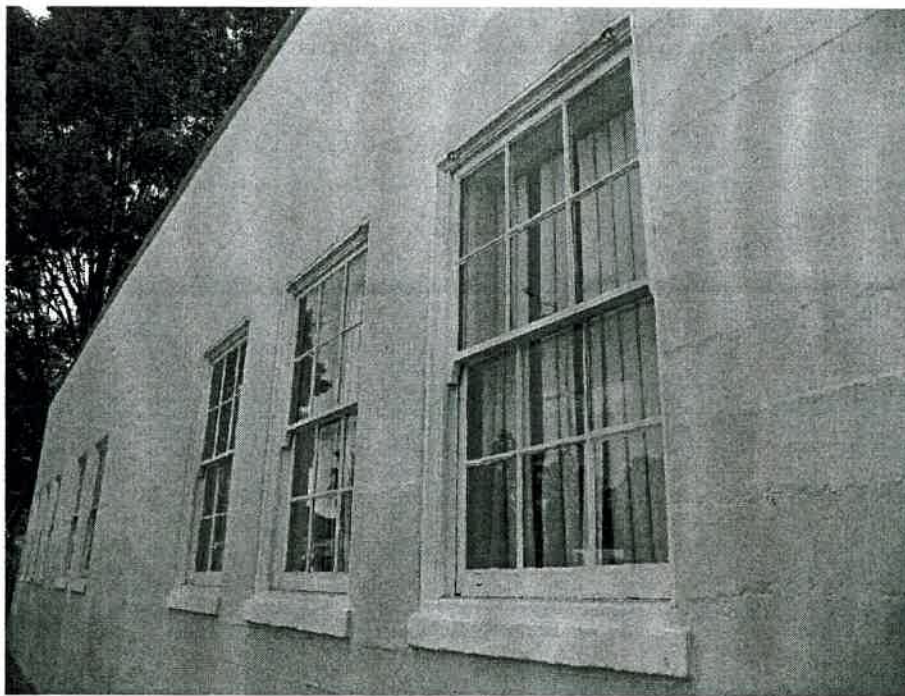


Figure 8: Wood sash windows along northwest elevation of the c. 1919 portion of Building 800. (Carey & Co. Inc., 2006)

Appendix C: Photographs of Building 800 (Temple Laundry and IBM Building) and Related Documents

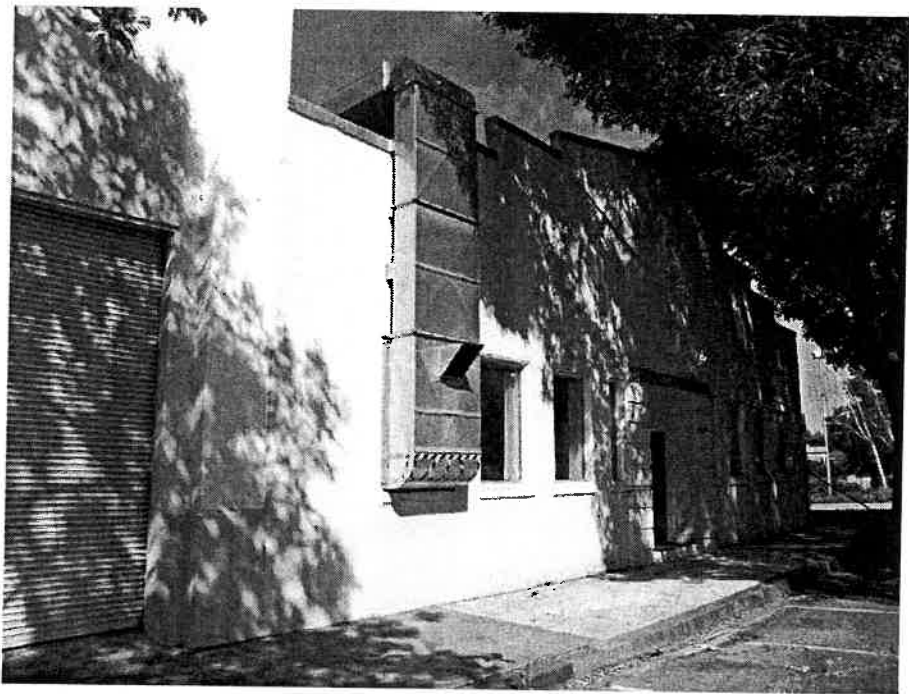


Figure 9: The northeast elevation of the c. 1919 portion of Building 800.
(Carey & Co. Inc., 2006)



Figure 10: The northeast and southeast elevations of the 1928 portion of Building 800.
(Carey & Co. Inc., 2006)

Appendix C: Photographs of Building 800 (Temple Laundry and IBM Building) and Related Documents



Figure 11: South end of southwestern elevation of 1928 portion of Building 800.
(Carey & Co. Inc., 2006)

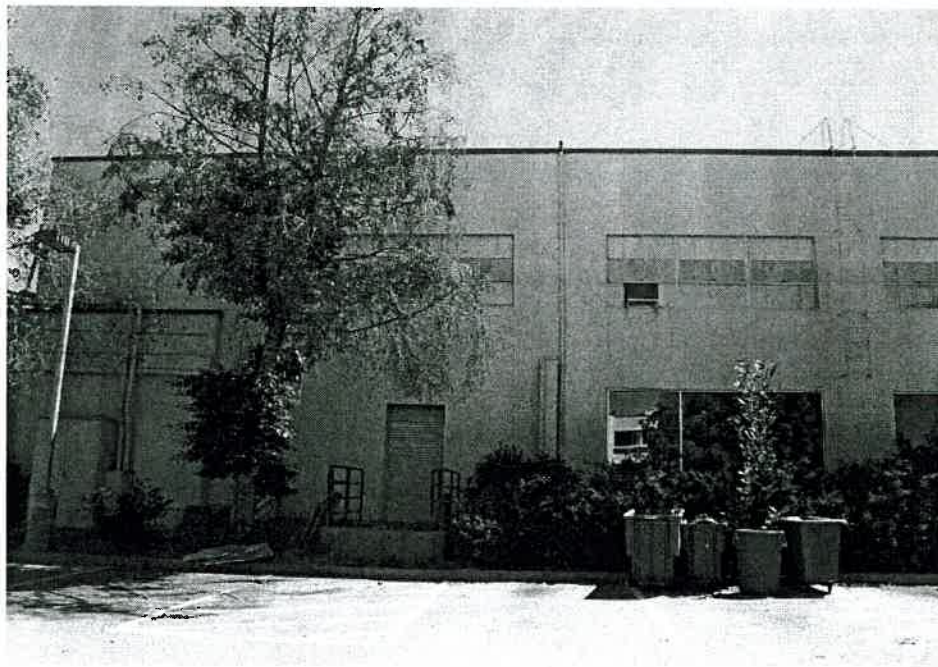


Figure 12: North end of southwestern elevation of 1928 portion of Building 800.
(Carey & Co. Inc., 2006)

Appendix C: Photographs of Building 800 (Temple Laundry and IBM Building) and Related Documents

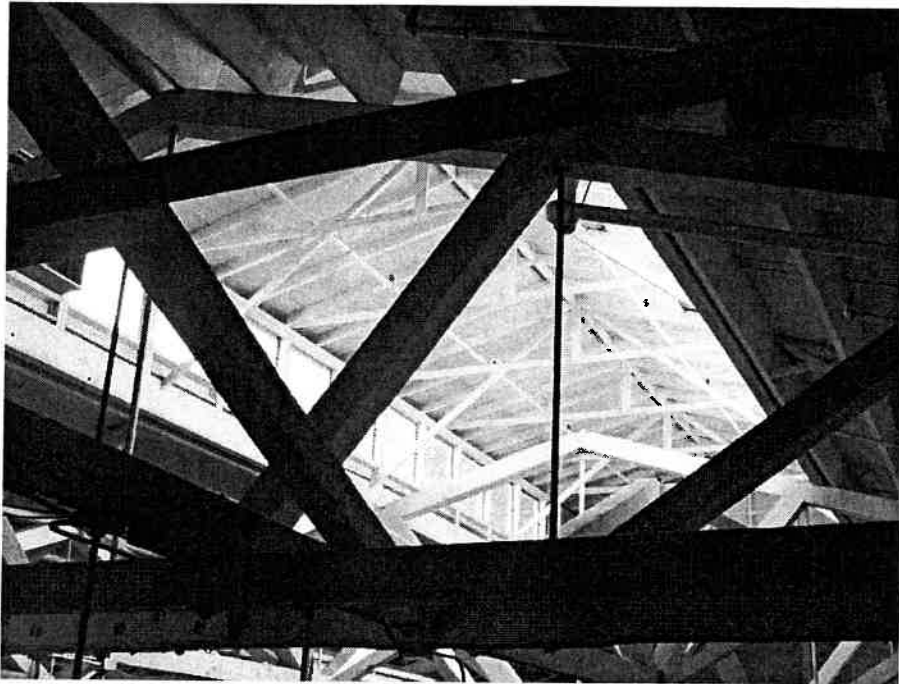


Figure 13: Photograph of wooden truss roof of c. 1919 portion of Building 800.
(Carey & Co. Inc., 2006)

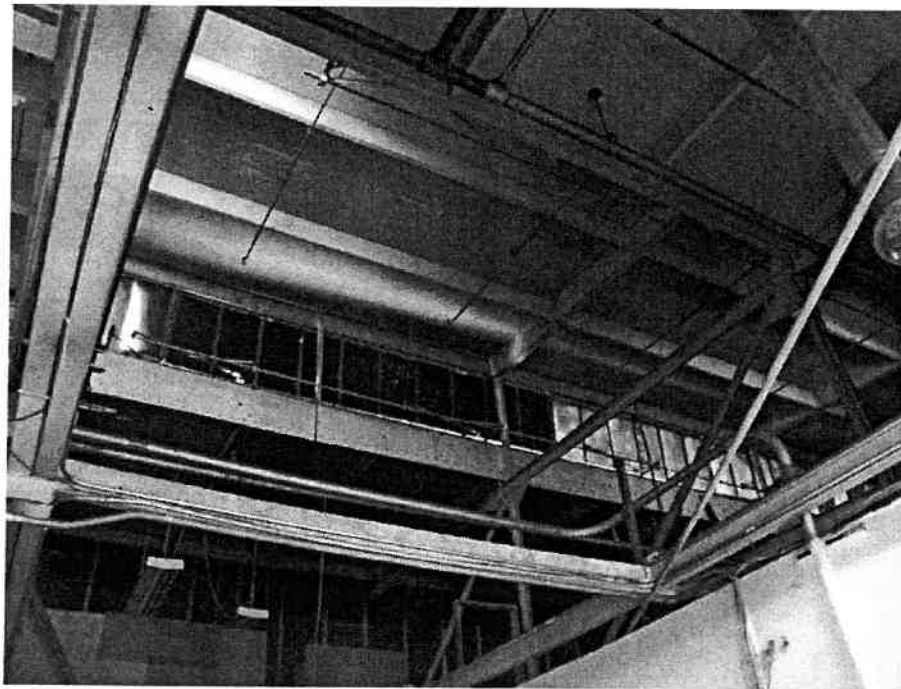


Figure 14: Interior photograph of c. 1919 portion of Building 800.
(Carey & Co. Inc., 2006)

State of California — The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary #
 HRI #
 Trinomial
 NRHP Status Code

Other Listings
 Review Code

Reviewer

Date

Page 1 of 14

*Resource Name or #: San Jose Hospital

P1. Other Identifier:

*P2. Location: Not for Publication Unrestricted

*a. County: Santa Clara

and (P2b and P2c or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad: San Jose

Date: T ; R ; ¼ of ¼ of Sec ; B.M.

c. Address: 675 East Santa Clara Street

City: San Jose

Zip: 95112

d. UTM: Zone: mE/ mN (G.P.S.)

e. Other Locational Data:

Elevation:

Assessor Parcel Numbers 467-14-052, 467-14-087, 467-14-089 and 467-15-084

*P3a. Description:

The San Jose Hospital campus is located on the north side of East Santa Clara Street between 14th Street and 17th Street. The campus comprises several buildings, the majority of which are connected through a central T-shaped, four-story stucco structure with a flat roof. All of the structures have flat roofs and are clad in stucco.

Along East Santa Clara Street

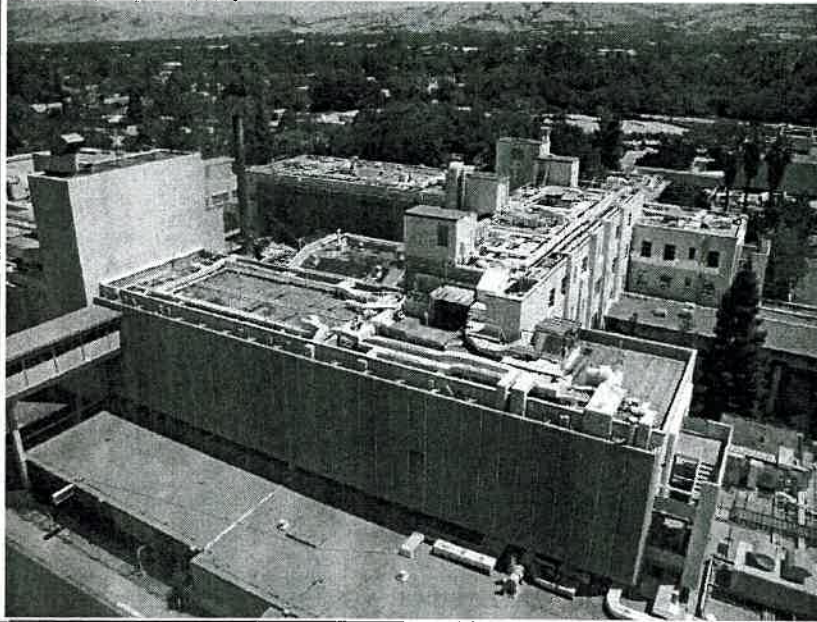
Exterior stairwells adorn the wings of a central four-story structure. A multi-story addition extends from the eastern wing of the central four-story structure. Half of the addition is four stories, matching the central building, and half is one story with a glazed wall and pop-out shed roof windows, linear orientation and stucco cladding. The flat roof of the one-story section of the building is adorned with a vertically detailed parapet. A three-stepped, two-story entry pavilion of light steel and glass construction stands southeast of the central four-story structure. A two-story complex-plan structure with a cantilevered second story supported by round stucco columns stands east of the central four-story structure. These two structures are connected by a long walkway supported by round stucco columns.

See Continuation Sheet.

*P3b. Resource Attributes: HP41 Hospital

*P4. Resources Present: Building Structure Object Site District Element of District Other (Isolates, etc.)

P5a. Photo or Drawing



P5b. Description of Photo:
 Aerial photograph of the San Jose Hospital facing east. (Carey & Co. Inc., 2006)

*P6. Date Constructed/Age and Sources:

Historic Prehistoric Both
 c. 1923

*P7. Owner and Address:

Hercules Holding II, LLC
 One Park Plaza
 Nashville, TN 37203

*P8. Recorded by:

Carey & Co., Inc.
 460 Bush Street
 San Francisco, CA 94108

*P9. Date Recorded: February 2008

*P10. Survey Type: Intensive

*P11. Report Citation: "San Jose Hospital Historic Resource Evaluation Report," Carey & Co., Inc., May 2008.

*Attachments: NONE Location Map Sketch Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List):

DPR 523A (1/95) *Required information

*Resource Name or # San Jose Hospital

- B1. Historic Name: San Jose Hospital
B2. Common Name: San Jose Hospital
B3. Original Use: Hospital
*B5. Architectural Style: Spanish Revival
*B6. Construction History: Constructed 1923; expanded in 1926, 1953, 1958, 1968, 1980 and 1986.

B4. Present Use: Vacant

*B7. Moved? No Yes Unknown Date:

Original Location:

*B8. Related Features: N/A

B9a. Architect: Binder & Curtis

b. Builder: Unknown

*B10. Significance: Theme: Hospital

Area: San Jose

Period of Significance: N/A Property Type: Hospital

Applicable Criteria: N/A

III. HISTORY OF THE SAN JOSE HOSPITAL CAMPUS

The area that became the site of the San Jose Hospital was partially developed with scattered residential and small commercial buildings by the late 19th century. The Sanborn map of 1891 shows the three blocks that would later comprise the hospital site – bounded by North Priest Street (14th Street today), North 14th Street (17th Street today), East St. John Street and East Santa Clara Street – divided into about 30 lots of varying sizes (see Appendix E). Fewer than half were developed, mostly with residential properties.

More lots were developed by 1915. The future site of the hospital was occupied by a windmill, a water tank and was the homestead of Joseph Lee. The seed Lee brought from the Santa Cruz Mountains and planted in front of his house in 1860 later became a large redwood tree in front of the future hospital. The tree was removed in 1994.

See continuation sheet.

B11. Additional Resource Attributes: None.

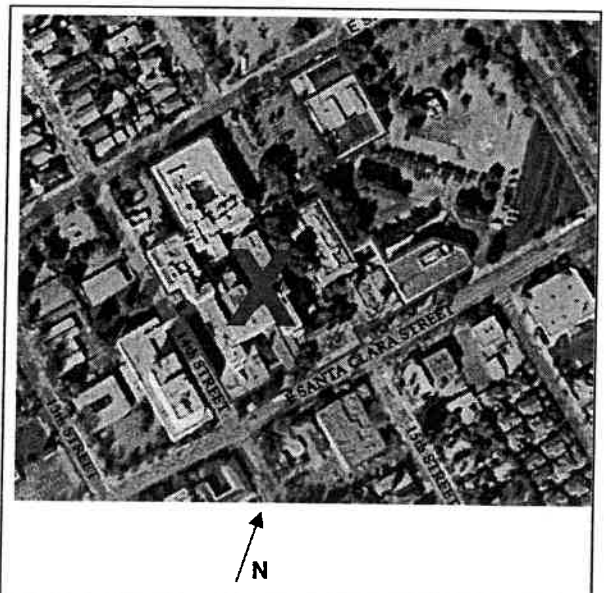
*B12. References: See continuation sheet.

B13. Remarks:

*B14. Evaluator: Carey & Co., Inc.

*Date of Evaluation: February 2008

(This space reserved for official comments.)



*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of P3a: Description:

Along 14th Street

A one-story windowless structure wraps around the corner of East Santa Clara and 14th Streets. The one-story structure is oriented east to west along 14th Street and wraps around the four-story central structure. Midway along the 14th Street elevation, this addition is connected to a four-story structure that features a projecting frame that starts at the second story and extends to the roofline. The frame holds a weather screen to reduce the multi-lite windows' exposure to sun and rain. The screen, which distorts the underlying features of the hospital elevations along the southwest side of the campus, is installed on the southwest elevation upper levels of all the structures along 14th Street. The lower levels of all of these additions are linear, windowless and of a continuous scale. An enclosed, elevated walkway connects the central four-story structure to a medical services building across 14th Street.

Along East St. John Street

The campus has two parking lots along East St. John Street. The southernmost structure is two-stories and rectangular in plan with a flat roof and central courtyard. Stucco pilasters separate ribbon sliding windows at regular intervals. A larger parking lot is situated north of this structure. Two rectangular-in-plan buildings constructed of reinforced concrete are situated northeast of the larger parking lot. The northernmost building has a gabled roof with an open wood truss and a stepped parapet. A monitor with windows sits on the roof. The northeast elevation features single-pane, fixed windows, which appear to have been replaced. The southernmost building has a flat roof with a stepped parapet punctuated by stylized pilasters on each elevation. Its primary window type is multi-paned, metal-sash.

Continuation of B10. Significance:

History of the San Jose Hospital Campus

The area that became the site of the San Jose Hospital was partially developed with scattered residential and small commercial buildings by the late 19th century. The Sanborn map of 1891 shows the three blocks that would later comprise the hospital site – bounded by North Priest Street (14th Street today), North 14th Street (17th Street today), East St. John Street and East Santa Clara Street – divided into about 30 lots of varying sizes (see Appendix E). Fewer than half were developed, mostly with residential properties.

More lots were developed by 1915. The future site of the hospital was occupied by a windmill, a water tank and was the homestead of Joseph Lee. The seed Lee brought from the Santa Cruz Mountains and planted in front of his house in 1860 later became a large redwood tree in front of the future hospital. The tree was removed in 1994.

By the early 1920s, when the hospital was constructed, San Jose was a commercial and canning center for the orchards and farms of the Santa Clara Valley. The population of San Jose steadily increased from about 30,000 in 1910 to 40,000 in 1920. Due to advances in medicine and surgery, more people were using hospitals. A boom in hospital construction occurred between 1918 and 1923, with a growth from 5,323 to 6,830 buildings with the number of beds increasing from 612,000 to 755,000 (Arbuckle, 489) following increased surgery survival rates and advances in medical technology. Medical advancements included the use of rubber gloves and antiseptics during surgery and the greatly increased survival rate of mother and child when delivering in a sanitary hospital. Childbirth survival rates improved with the availability of surgery equipment in case of emergencies. The improved conditions of medical facilities lead to a variety of successful new surgeries capable of curing maladies that formerly had been common causes of death. The first appendectomy, for example, was performed in 1887, the first repair of inguinal hernias in 1888, the first perineal proctectomy in 1902, and the first removal of tonsils in 1911 (*Vision and Progress*, 7).

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B10. Significance:

In response to these successes, hospitals were constructed throughout California during the early 1900s. Some examples of hospitals built in nearby Redwood City and San Mateo County are the Middlefield Hospital, the South San Francisco General Hospital, and the Mills Memorial Hospital, now called Mills-Peninsula Health Center. Constructed in 1907, Middlefield Hospital operated in a building that resembled a house, although it was constructed from the beginning for hospital purposes. Middlefield Hospital was not a comprehensive facility, but was originally used as a general hospital specializing in surgical operations. By the 1940s, it had no house doctor, and was used primarily for maternity care. It handled an average of ten patients at a time. In 1906 the South San Francisco General Hospital was established to care for victims of the San Francisco Earthquake and Fire. It was originally located in a converted house. The Mills Memorial Hospital was constructed in 1908. This small hospital was located in San Mateo and was originally called the Church of St. Matthew Red Cross Guild. In 1912, it was renamed Mills Memorial Hospital. From 1914 to the present the hospital has undergone successive alterations and additions to keep up with the needs of the community and the evolution of hospital technology (Galvin & Associates, 2005).

In response to public outrage over the substandard conditions of the San Mateo County Hospital and Poor Farm, the San Mateo Community Hospital was built in 1922, one year before San Jose Hospital. This hospital was featured in *Architect and Engineer*, in September of 1922, as one of the first examples of modern hospital design. Its adoption of "modern" features included the "T shaped ward which [was] so strongly recommended by hospital authorities because it [afforded] maximum service to patients with minimum energy by hospital attendants (*Architect and Engineer*, July-December, 1922, 101)." Fire and earthquake-proof construction and increased numbers of private room are among the many features of the new hospital noted in the article. The T-shaped stucco clad structure bears a close resemblance to the original San Jose Hospital.

Before widespread establishment of hospital facilities, called sanitariums at the time, the term "hospital" had negative connotations, and hospitals were seen as primarily places for the elderly, the mentally unstable, or the terminally ill. They were not places where people became well again, but were seen as places where people died. Following advances in surgery, however, the hospital became a place to get better. Due to the improved prosperity and education of the newly settled community, more people than ever sought out treatment in hospitals rather than at home.

Some hospitals were constructed in response to the national influenza outbreak in 1918, but these were not the majority. These hospitals were typically built for and by underrepresented ethnicities that experienced inadequate health services due to cultural barriers during the outbreak and who wanted to have a hospital of their own. One example of this type of hospital was the Nippon Hospital which was a fully modern facility constructed in Stockton in 1919 to cater to the local Japanese community (http://www.uop.edu/cop/jacobycenter/projects/Stockton%20Historical/agtp_e02.html).

The first medical facility in San Jose, a small residential structure rented at \$40.00 per month for medical use, was developed in 1855 on the old Levy property. Soon after, the county bought "the old Sutter House and twenty-five acres of land in the northeastern part of the city for \$5,500." Because there was only one doctor at the time, Dr. G.B. Crane, who limited his workload to "no more than seven patients a day for \$4,600 a year," many patients were relocated to other buildings when he was unable to attend to them all (Hruby, 62). It wasn't until 1871 that the county finally realized the need to build a structure strictly for hospital use. For this purpose, the county purchased 114 acres for \$12,000 on the west side of the San Jose along Los Gatos Road (now Bascom Avenue). The building erected at this site came to be known as the Santa Clara Valley Medical Center.

Fourteen years later, it became apparent that there was a need for San Jose to have more than one hospital. In 1889, the O'Connor Sanitarium was opened to the public. Originally meant to serve as a "home for the aged and needy," the O'Connor Sanitarium was administered by the Daughters of Charity. By the end of the 19th century, the sanitarium was converted into a full-fledged hospital facility with electric lighting, sanitary flooring, and a surgical staff. In 1897, Dr. Lewis Belknap, in an effort to better serve residents on the east side of the valley, built the Garden City Sanitarium "on a five-and-a-half-acre parcel of land on the north side of what is now East Santa Clara Street, just east of Coyote Creek (Arbuckle, 486)." By 1913, Columbia Hospital, controlled by the Columbia Hospital Company, had developed a facility at 375 South Market Street. Columbia Hospital prospered long enough to take over the Garden City Sanitarium in 1921 and rename it East Columbia Hospital (Arbuckle, 488).

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B10. Significance:

This merger resulted in a reduction in the already insufficient number of hospital beds available to the growing population of the city. It also resulted in the elimination of privileges at the hospital to local doctors who were not hospital staff. A week and a half following the merger, a group of San Jose doctors gathered together in the offices of the Santa Clara Medical Society and decided that the establishment of a "new fire-proof and up-to-date hospital" was needed as a "community necessity" and that "community benefit shall be the foremost consideration in the maintenance and management of such hospital (Documents in the Hospital minutes collection at the research center at "History San Jose" show that initially 24 doctors signed the proposal and in a later version 43 signatures, including those of well known and influential residents of San Jose, were collected)." Local businessmen and lawyers obtained a charter for the San Jose Hospital Corporation in 1921.

The hospital founders promised that charges to patients would not be greater than necessary to pay fixed dividends and fund necessary equipment and enlargements. The San Jose Mercury Herald on January 1921 announced: "The San Jose Hospital attracted widespread attention because of the organization backing it, an organization composed of some 700 stakeholders ... San Jose will have one of the most modern, completely equipped, and scientifically arranged hospitals in the entire West."

Despite rising unemployment due to the 1920-21 recession, the public responded to the solicitation for help in building the hospital. A parade was held downtown in the spring of 1922 to promote the sale of stock in San Jose Hospital Corporation. The founder of the hospital was Dr. Thomas L. Blanchard, later the first president of the medical staff (The lawyer S.G. Tompkins was elected president of board, J.L. Haskins secretary of board of directors and insurance executive, A.B. Wastell executive secretary of the hospital and Lucy W. Wayland chairman of the Women's Hospital Board).

A site on Santa Clara Street was chosen for the hospital because it was in a middle-class area and easily reached by the fruit growers and other farmers of the Santa Clara Valley. Construction of the hospital began in April 1922, but progressed slowly because of union problems, difficulty in obtaining skilled labor, and failures of subcontractors to deliver materials on time. The building was designed by the firm of Binder & Curtis (A historic photo shows the founders of San Jose Hospital and other involved in its construction gathered for the ground-breaking ceremony on March 20, 1922. There, the architects Binder and Curtis are shown, whereas the text describing the photo mentions Alec Binder (and not William Binder) as one of the architects. In "Vision and Progress: a Commemorative History of San Jose Hospital," produced by Editorial Consultants, Inc., with Crawshaw and Company Design. San Jose 1983, 5). William Binder and E.N. Curtis were well known local architects who built many other important buildings in San Jose. William Binder, "San Jose's first major modern architect," was born in 1871 in San Francisco (Douglas, 172). After working for George W. Page, one of San Jose's leading architects, he founded a partnership with Fairly Weiland in 1895 and built a number of local residences.

In the late 1890's, Binder worked on his own and realized more substantial projects, such as the Alcantara Building (1903), the San Jose Theater (1904), the Carnegie Library Building (1903), the seven story Garden City Bank (San Jose's first steel frame high rise structure in 1907), the YMCA (1913) and the Elks Club (1913). He built almost all of the local movie theaters in San Jose. Between 1902-1910 he provided plans for many of the homes in T.S. Montgomery's Naglee Park. Later his firm planned almost all buildings on Fifth Street from San Antonio to San Carlos and beyond. He also designed the Montgomery Hotel in 1911, the Wilder-Hait House in 1923 and a commercial building at 22 N. First Street in 1926 and a Stanford Campus house in 1929.

Ernest Curtis, partner of Binder and Curtis, was a major contributor to many of San Jose's buildings from 1920 to 1950. He was born in 1889 in San Jose and worked, as did Binder, for George W. Page in the first years. Most probably, Binder went into semi-retirement during the Great Depression and Curtis was the major designer of the firm, designing buildings such as the Civic Auditorium, the Natatorium in Alum Rock Park and the Water Company building in San Jose.

Binder and Curtis' design for the San Jose Hospital took shape as a four-story over a daylite basement Spanish Revival Style building with a C-shaped plan in 1923. The building permit gives a value of \$ 172,280. The building was constructed in reinforced concrete in order to make it fireproof and resistant to earthquakes.

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B10. Significance:

The 1923 San Jose Hospital was stucco clad above a rusticated basement and had an accessible hipped tile roof. All secondary elevations were undecorated; only the primary south facade facing Santa Clara Street featured terra cotta decorative elements. The central arched entry was accessed via a flight of stairs and flanked with a pair of inverted fluted pilasters on each side. Above the lintel was the name "San Jose Hospital", the lower pilasters were continued with Doric columns whose shaft was decorated with a diamond pattern in the lower part and a fluting in the upper part. The broken frieze above the columns carried a round shaped cornice element on each side. Between the columns over two stories, there were double windows which were horizontally separated with stucco decorations. The fourth story was recessed and accentuated with a round arched window in the symmetrical axis of the facade. The projecting wings to the east and west of the entrance were decorated in a similar design as the central entrance.

The use of projecting wings made it possible for each room to have an outside view and ample ventilation and sunlight. There were 44 private rooms and nine four-bed wards. The private rooms were furnished and each floor had a nurses' station, bathrooms, and a diet kitchen. A surgical suite, containing five operating rooms, was located in a penthouse. The hospital was lauded at the time for its advanced features. "In constructing a fireproof building, placing most beds in private rooms with attached lavatories or bathrooms, restricting wards to four beds, providing central kitchen and linen facilities, and establishing radiology and pathology laboratories, the new hospital, [like most hospitals built in the 1920s], conformed to the recommendations of the most advanced hospital planners of the day (*Vision and Progress*, 12)." In the basement of the west wing there was radiographic and fluoroscopic equipment, the main section of the laboratory, an emergency room, a pharmacy, a morgue, hydrotherapy, a central linen room, a bake shop, a kitchen, a cafeteria for nurses and a dining room for staff.

A two-story over a daylight basement Nursing School was built in a C-shaped plan to the northeast of the hospital. It was stucco clad and had a hipped roof. Its primary east facade faced 15th Street. The architect was Frank Edmans. The first nurses graduated in 1926. In 1925/1926, a 33-room addition to the west wing was completed by Edmans. By this time, a laundry and a water supply system was installed, using a deep well sunk on the hospital grounds. In 1936, a generator was installed. It was demolished, replaced and moved to its present location north of building 800 many years later.

Meanwhile, demand for hospital services increased significantly in the 1930s with the introduction of a hospitalization insurance for residents of San Jose in 1933 as well as new X-ray machinery, which enhanced the hospital's position as the area's leading resource for radiology diagnosis and therapy. William Butler, manager of the hospital between 1932 and 1951, reorganized the hospital as a nonprofit institution. In 1937, San Jose Hospital became a community hospital that enabled poorer people to afford needed hospitalization.

During WWII, San Jose's population dramatically increased as families of servicemen stationed at military bases, civilian employees of the military, and employees of war industry migrated west. San Jose Hospital was crowded and there was a shortage of nurses during the war years. In 1941 nurses began to form groups to petition the hospital for increased wages, paid holidays and vacations and higher rates for overtime. One of these groups was the Staff Nurses Guild which ultimately dissolved as its members joined the California Nurses Association the following year. After prolonged negotiations during which they threatened to strike, nurses were eventually awarded a five percent wage increase, 8-hour work days, six working days per week and compensation for overtime. In addition, the nurses were granted seven sick days, five holidays, and one week of vacation per year. These modest improvements were accepted at the urging of the California Nurses Association. While the benefits for nurses improved only slightly, the professional relationship between doctors and nurses had changed significantly. Prior to the negotiations, nurses had been closely supervised and expected to lead a cloistered existence with limited responsibilities. Following the conflict's resolution, they began to take on a more empowered role in the hospital community and were treated like professional colleagues. As evidence of this change, the Nursing School at the San Jose Hospital, which had closed in 1932, reopened in 1944 with an improved curriculum (*Vision and Progress*, 26-27).

San Jose's population further increased after WWII. San Jose Hospital, which had previously provided medical services to a community of 60,000 people had to serve an area with more than 200,000 residents. Private rooms were converted to hold more patients, four barracks were purchased from the San Bruno Naval base, and additional 34-bed wards were installed.

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B10. Significance:

In 1953, the construction of a multistory addition was completed, along with a one-story addition on the front of the west wing to house an expanded laboratory and x-ray department. The architects were Douglas Dacre Stone and Lou B. Mulloy of Stone and Mulloy, San Francisco. In order to gain space for the addition, the nursing school building was moved to the opposite side of the street. One half of the multi-story addition is four-stories to match the existing height of the 1923 structure. The western side of the addition comprises approximately two thirds the width of the addition and is one story with a flat roof adorned with a vertically detailed parapet. The front of the west wing addition features a glazed wall with pop-out shed roof windows, linear orientation and stucco cladding. The one story eastern addition runs along 14th Street and wraps around the extant 1923 structure. This linear addition features no windows and a flat roof.

The additions, along with considerable renovation of the old building, increased the bed capacity to 240, "making San Jose Hospital one of the largest institutions of its kind in the San Francisco Bay area (*Vision and Progress*, 35)." But overcrowding was still a problem and the penthouse surgical suite was increasingly inadequate for the steadily increasing number of major operations.

In 1956, a campaign was launched for the construction of a four-story, 120- bed addition to the west wing (including a surgical suite with ten operating rooms). It was opened in November 1958. The architects of the reinforced concrete building were Stone, Mulloy, Marraccini & Patterson of San Francisco. This addition features a projecting frame that starts at the second story and extends around the top of the structure. The frame now holds a weather screen to protect the multi-lite windows from exposure to sun and rain and blocks the view of the façade windows from the street. The weather screen distorts the underlying features of the hospital elevations and extends along the eastern elevations of both the 1958 addition and the 1923 structure creating, obscuring the boundaries of the two structures. The lower level of this addition is linear and windowless. The scale and massing of the lower level matches the 1953 addition and the two structures have been merged to create one continuous linear structure that wraps around the outside of the 1923 structure.

In 1963, the front of the hospital was rebuilt to provide a spacious waiting room and admitting area and to allow for the expansion of the radiology department. The eastern portion of the addition is modern with a flat roof, no windows and stucco cladding. The waiting room was constructed of steel and glass, creating an interior atrium. To preserve the venerable redwood tree, the waiting room was built around it. This construction destroyed the decorative features of the original south facade of the 1923 hospital complex, which were replaced with a flat stucco finish and exterior stairwells. The architect of the one-story steel and glass addition was William E. Short of Palo Alto.

In 1966, the hospital was named the "San Jose Hospital & Health Center, Inc." with the following vision: "The property, assets, profits, and net income of the corporation are irrevocably dedicated to charitable, scientific, educational, and hospital purposes only (See: Hospital minutes data, History San Jose Archive)."

In 1968, a four-story reinforced concrete addition was built. It was a 252-bed building, rectangular in plan with a central courtyard. It contained a large extended-care facility and one of the first psychiatric units located in a voluntary, acute-care hospital. The architect was William E. Short, who designed the 1963/65 addition to the hospital. The separate building was named "The Oaks" to distinguish it from the old building, which was given the name "The Redwoods". "The Oaks" were built for the anticipated increase in the number of patients due to the enactment of the Medicare and Medicaid programs in 1965. With this addition, San Jose Hospital grew to a capacity of 607 beds.

The San Jose Hospital Annex building complex was built adjacent to East St. John Street, with several storage buildings, class rooms, and an office building. These buildings occupied a portion of the former IBM complex.

Across North 14th Street, more buildings related to the hospital were constructed over time, including doctor's offices, a clinic, apartment buildings and parking garages. A multi-story medical building at the corner of E. Santa Clara and North 14th Street was built in 1965. Only the uppermost level of this complex was rented to the San Jose Hospital and later connected to the 1958 addition via a small passageway.

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B10. Significance:

In the 1970s, with slowing population growth, growing unemployment, rising prices, the development of suburban communities and other factors, less people were seeking medical care at the San Jose Hospital. Nevertheless, critical care units were expanded to 20 beds in the early 1970s and sophisticated medical equipment was installed. San Jose Hospital became a principal health-care resource for many elderly and indigent residents of the area.

In 1970, the 121-bed Doctors General Hospital merged with San Jose Hospital and was renamed the Park Alameda Hospital. With a total of 728 beds, San Jose Hospital was one of the largest medical centers in California. In order to strengthen its financial situation, San Jose Hospital sold the Park Alameda Hospital in 1974 and closed and demolished the nursing school. A new corporate name was adopted in 1978: San Jose Health Center (*Vision and Progress*, 43).

In 1977, the Surgicare Center was constructed as a separate building on the hospital grounds. It was one of the first buildings specially designed for outpatient surgery in the country. In 1979, an expansion for diagnostic radiology and clinical laboratories opened and more changes occurred in the early 1980s. The Nursing School was replaced with a radiology department. North 15th Street, which had divided the campus, was closed and converted into a hospital owned driveway and parking lot. Also in the 1980s, the northwestern portion of the former Temple Laundry/IBM building was demolished.

In the late 1980s, a 24-bed Cancer Care Center was established to the east that was connected with the entry pavilion via an open passageway. In 1987, a new reception pavilion was constructed in the eastern portion of the original building, replacing the steel and glass waiting room that was built in 1963. As a three-stepped, two story building in a light steel and glass construction, it was called "The Landmark Project" in reference to the majestic redwood that stood on the campus before the hospital was built. The architects were Kaplan, McLaughlin, Diaz of San Francisco. The buildings built in the 1980s included a cancer care center, a freestanding outpatient surgery facility, a trauma-care program, psychiatric and clinical dependency units for child and adolescents, a family practice center, a maternity center and a neonatal intensive nursery, a microsurgery and rehabilitation center, a center for diagnostic procedures and emergency units. San Jose Medical Center was closed on December 9, 2004.

Regulatory Framework – Federal, State and Local Significance Criteria

The following identification of a potential historic resource is based primarily on architectural evaluation and the general history of the project site. The regulatory background provided below offers an overview of national and state criteria used to assess historic significance.

Federal Criteria

National Register Bulletin Number 15, *How to Apply the National Register Criteria for Evaluation*, describes the Criteria for Evaluation as being composed of two factors. First, the property must be "associated with an important historic context (National Park Service, National Register Bulletin 15, 3)." The National Register identifies four possible context types, of which at least one must be applicable at the national, state, or local level. As listed under Section 8, "Statement of Significance," of the National Register of Historic Places Registration Form, these are:

- 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 to prehistory or history (National Park Service, National Register Bulletin 16A, 75).

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B10. Significance:

Second, for a property to qualify under the National Register's Criteria for Evaluation, it must also retain "historic integrity of those features necessary to convey its significance (National Park Service, National Register Bulletin 15, 3)." While a property's significance relates to its role within a specific historic context, its integrity refers to "a property's physical features and how they relate to its significance (National Park Service, National Register Bulletin 15, 3)." To determine if a property retains the physical characteristics corresponding to its historic context, the National Register has identified seven aspects of integrity:

Location is the place where the historic property was constructed or the place where the historic event occurred.

Design is the combination of elements that create the form, plan, space, structure, and style of a property.

Setting is the physical environment of a historic property.

Materials are the physical elements that were combined or deposited during a particular period of time and in a particular pattern or configuration to form a historic property.

Workmanship is the physical evidence of the crafts of a particular culture or people during any given period in history or prehistory.

Feeling is a property's expression of the aesthetic or historic sense of a particular period of time.

Association is the direct link between an important historic event or person and a historic property (National Park Service, National Register Bulletin 15, 44-45).

Since integrity is based on a property's significance within a specific historic context, an evaluation of a property's integrity can only occur after historic significance has been established (National Park Service, National Register Bulletin 15, 45).

Evaluation

See evaluation following state criteria below.

State Criteria

California Office of Historic Preservation's Technical Assistance Series #6, *California Register and National Register: A Comparison*, outlines the differences between the federal and state processes. The context types to be used when establishing the significance of a property for listing on the California Register of Historical Resources are very similar, with emphasis on local and state significance. They are:

1. It is associated with events that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States; or
2. It is associated with the lives of persons important to local, California, or national history; or
3. It 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
4. It has yielded, or is likely to yield, information important to prehistory or history of the local area, California, or the nation (California Office of Historic Preservation, Technical Assistance Series 6, 1).

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B10. Significance:

Like the NRHP, evaluation for eligibility to the California Register requires an establishment of historic significance before integrity is considered. California's integrity threshold is slightly lower than the federal level. As a result, some resources that are historically significant but do not meet NRHP integrity standards may be eligible for listing on the California Register (California Office of Historic Preservation, Technical Assistance Series 6, 1).

California's list of special considerations is shorter and more lenient than the NRHP. It includes some allowances for moved buildings, structures, or objects, as well as lower requirements for proving the significance of resources that are less than 50 years old and a more elaborate discussion of the eligibility of reconstructed buildings (California Office of Historic Preservation, Technical Assistance Series 6, 2).

In addition to separate evaluations for eligibility to the California Register, the state will automatically list resources if they are listed or determined eligible for the NRHP through a complete evaluation process (All State Historical Landmarks from number 770 onward are also automatically listed on the California Register, California Office of Historic Preservation, Technical Assistance Series 5, 1).

California Historical Resource Status Codes

The California Historic Resource Status Codes (status codes) are a series of ratings created by the California Office of Historic Preservation (SHPO) to quickly and easily identify the historic status of resources listed in the state's historic properties database. These codes were revised in August 2003 to better reflect the many historic status options available to evaluators. The following are the seven major status code headings:

1. Properties listed in the National Register or the California Register.
2. Properties determined eligible for listing in the National Register or the California Register.
3. Appears eligible for National Register or California Register through Survey Evaluation.
4. Appears eligible for National Register or California Register through other evaluation.
5. Properties recognized as historically significant by local government.
6. Not eligible for listing or designation.
7. Not evaluated for National Register or California Register or needs reevaluation.

Evaluation of Significance and Integrity

A records check verified that no structures on the project site are listed on the National Register of Historic Places, California Register of Historical Resources, or as a California Historical Landmark or Point of Interest. Furthermore, no structures on the project site are listed in the California Office of Historic Preservation's Directory of Properties in the Historic Property Data File for Santa Clara County.

While the San Jose Hospital has had a prominent role in the community as one of the main hospital facilities since 1923, it is not the first or the most significant hospital on a local, state or national level. Furthermore, the hospital has undergone significant alterations over time and is now unrecognizable. It does not therefore possess sufficient integrity to qualify for the National or California Register of Historic Places.

Federal and State Criteria

In Carey and Co.'s professional opinion, the San Jose Hospital complex itself appears not to be eligible for the NRHP or the CRHR under any of the criteria, as explained below.

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B10. Significance:

Criterion A/1 (Event)

The San Jose Hospital does not appear to possess sufficient association with events that have made a significant contribution to the broad patterns of our history at the local, state or national level. During the time period that San Jose Hospital was built, other similarly designed hospitals throughout northern California were being constructed in response to technological advances and growing populations. Nearby San Mateo Community hospital was also constructed a year before the San Jose Hospital in order to meet the needs of an underserved community. Like the objectives cited by the founders of the San Jose Hospital, the Community Hospital embraced a construction design that promoted greater productivity and efficiency with capabilities to serve a growing population. While the San Jose Hospital was one of the earlier facilities to adopt the modern hospital design, it was not the first, most significant, nor did it contribute to any future developments impacting the history of the community, the state or the nation.

Although San Jose Hospital is associated with San Jose's growth in the 1920s, World War II and post war periods, research has not uncovered that the hospital itself contributed to the broad patterns of history in a way that can be considered particularly significant within the context of the many other hospitals in California and the nation of a similar age. Population booms following the Depression and World War II were a statewide phenomenon that affected many downtown areas and were driven by many contributing factors. These factors cannot be directly tied to the San Jose Hospital or to hospital development in general. While San Jose Hospital responded to the needs of the community and modified its administrative procedures as a result of its communication with the community, it is not associated with a specific event marking an important moment in the history of San Jose, California or the nation.

Criterion B/2 (Person)

The San Jose Hospital does not appear to be associated with any persons significant to local, California, or national history. Although the founding members of the San Jose Hospital, including Dr. Charles Wayland, Lucy M. Wayland, Dr. Thomas Blanchard, were locally prominent doctors at the time of the hospital's construction, no historical evidence could be found that these persons achieved a general city- or area-wide importance. This is also the case for the members of the hospital's board.

The San Jose Hospital is also associated with Dr. William P. Butler, who managed the hospital from 1932 to 1951. Before joining the hospital, Butler held management positions with well known companies of the time, including the Pittsburgh Grinding Wheel Company in Pennsylvania and the General Oil Equipment Company of Oakland. During his administration of the San Jose Hospital, William Butler served as President-elect of the Association of Western Hospitals and the Association of California Hospitals, Vice-president of the American Hospital Association, and Regent of the American College of Hospital Administrators (*Vision and Progress*, 33).

Butler was considered a health care industry leader and has been credited for putting San Jose Hospital on financially sound footing during the Depression (*Vision and Progress*, 20). He accomplished this through three main efforts. First, he installed the first laundry facility in the hospital, enabling all laundering needs to be taken care of on-site. Second, he attracted more patients to the hospital by introducing hospitalization insurance to local residents. This insurance, which covered the cost of a semi-private room, was based on a plan introduced by Raymond Brisbane at Sutter Hospital in 1932 as well as similar programs in several other American cities (*Vision and Progress*, 21). Third, Butler reorganized the hospital as a nonprofit institution to encourage endowments, bequests and donations to further reduce hospitalization costs for the "persons of limited means (*Vision and Progress*, 21).

While Butler played an important role in helping hospital administration evolve from general business management to a specialized profession in health-care organization and finance, Butler was one among many such administrators at the time. Many of the decisions that Butler made were shared by, and sometimes preceded by, his contemporaries. While his approach to administration may have influenced other hospitals in the area, Butler is not sufficiently influential in the development of hospital administration on a national, state or local level to satisfy Criterion B/2.

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B10. Significance:

Criterion C/3 (Design/Construction/Work of a Master)

The San Jose Hospital building of 1923 is an example of early reinforced concrete hospital construction, and was meant to be fire-and-earthquake-proof. It was celebrated for its innovative interior plan organization, since it introduced modern concepts of private rooms for the patients with their own attached bathrooms and even telephones. While the design of the hospital was considered very modern for its time, it wasn't the first, only, or most significant example of modern hospital construction on a national or state level. As mentioned earlier, San Mateo Community Hospital was built a year before and employed many of the same hospital design concepts as the San Jose Hospital.

The architects, Binder and Curtis, can be considered local masters who built in the popular Spanish Revival style at the time. However, the original structure of 1923 has been so heavily altered over time (including the demolition of the original entrance, the wings and the interior, and the removal of significant architectural features from the building), that it can no longer meet the eligibility requirements under criterion C. (See discussion under integrity below)

The 1953 and 1958 additions do not qualify under Criterion C/3 because they are not architecturally distinct nor are they the only example of their type. The additions, designed by Stone, Mulloy, Marraccini & Patterson exhibit Modern elements that were characteristic of post World War II architecture, including a flat roof, simplified International style rectangular construction and lack of ornamentation. As examples of Modern-influenced architecture, however, these additions do not possess high artistic values, nor do they embody the characteristics of a distinctive type, period, or method of construction, or represent the work of a master architect or builder. They are thus not eligible under Criterion C/3.

Criterion D/4 (Information Potential)

Finally, archival research provided no indication that the building has the potential to yield information important in prehistory or history.

Integrity

Due to extensive alterations over the years, the 1923 San Jose Hospital building retains very little integrity of setting, design, materials, workmanship, feeling and association. While the building retains integrity of location, having never been moved, that alone is insufficient to enable it to convey any historic significance.

The original 1923 building is buried under later additions and alterations to such an extent that it is no longer visible. The original 1923 hospital façade was stripped of all of its distinctive architectural elements as part of the 1963 front reconstruction. The 1953, 1958 and 1963 additions further reduced the building's integrity because they not only obscured the original building, they also obscured its original style. These additions introduced to the facility a Modern architectural style at odds with the original building's Spanish Revival and Beaux Arts features, compromising the original hospital's integrity of setting, feeling and association as well as its integrity of design, materials and workmanship. Subsequent additions, also designed in a modern style, further separated the existing facility from the significant architectural features of the original Binder & Curtis-designed building.

As described above, the 1953 and 1958 additions to the hospital do not possess architectural significance. Archival research, moreover, indicates that the additions may have undergone significant modifications over time. Historical renderings of the 1953 and 1958 additions are not consistent with either structure as they exist today. While the massing remains the same, significant architectural details, such as window types and decorative devices, appear to have changed. The 1958 addition has been obstructed by a large metal perforated sunscreen. This sunscreen does not appear to be a part of the original 1958 design, as it does not appear on any of the plan drawings. Because it obscures the entire façade, a historic contemporary would not recognize the property as it exists today. In addition, the 1953 and 1958 structures are no longer readable as separate structures, and they appear to have been merged at some point. Based on historic plans and renderings, this merging of the two structures was not a part of the original design intention.

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B10. Significance:

Because it fails to satisfy any of the four significance criteria and has lost nearly all of its historic integrity, the San Jose Hospital is not eligible for listing in the National Register of Historic Places or the California Register of Historical Resources. In addition, because neither the 1923 San Jose Hospital building nor any of its various additions appear to be eligible for the National Register of Historic Places or the California Register of Historical Resources, there does not appear to be any historic district associated with the hospital.

Continuation of B12. References:

Bibliography

Arbuckle, Clyde. *Clyde Arbuckle's History of San Jose*. San Jose: Smith & McKay Printing Co., 1986.

California Office of Historic Preservation. *California Register of Historical Resources: The Listing Process*, Technical Assistance Series 5. Sacramento, CA: California Department of Parks and Recreation, n.d.

California Office of Historic Preservation. *California Register and National Register: A Comparison*, Technical Assistance Series 6. Sacramento, CA: California Department of Parks and Recreation, 2001.

California Office of Historic Preservation. *User's Guide to the California Historical Resource Status Codes & Historic Resources Inventory Directory*, Technical Assistance Bulletin 8. Sacramento, CA: California Department of Parks and Recreation, 2004.

City of San Jose, Department of Planning, Building and Code Enforcement, Planning Division. "San Jose Medical Center." <http://www.sanjoseca.gov/planning/sjmc/>.

City of San Jose, Department of Planning, Building and Code Enforcement, Planning Division. *Guidelines for Historic Reports*, http://www.sanjoseca.gov/planning/Historic/pdf/Historic_Report_Guides.pdf.

City of San Jose, Department of Planning, Building and Code Enforcement, Environmental Review. "Heritage Tree Resolution No. 72274." [http://www.sanjoseca.gov/planning/eir/Resources_Environmental%20Consultants/HeritageTrees%20\(72274\).pdf](http://www.sanjoseca.gov/planning/eir/Resources_Environmental%20Consultants/HeritageTrees%20(72274).pdf).

Douglas, Jack. *Historical Highlights of Santa Clara Valley*. San Jose: History San Jose, 2005.

Editorial Consultants, Inc., with Crawshaw and Company Design. *Vision and Progress: A Commemorative History of San Jose Hospital 1923-1983*. San Jose, 1983.

Galvin & Associates. "Historic Resource Evaluation, 170 Alameda de las Pulgas, Redwood City." March 2005.

Hruby, Daniel D. *Mines to Medicine: the Exciting Year of Judge Myles O'Connor, his Hospital and the Pioneer Physicians of the Santa Clara Valley*. San Jose: San Jose Hospital, 1965. IBM. "IBM Archives: San Jose Card Plant." http://www03.ibm.com/ibm/history/exhibits/supplies/supplies_5404PH06.html.

National Park Service. *How to Apply the National Register Criteria for Evaluation*, National Register Bulletin 15. Washington, DC: United States Department of the Interior, 1997.

*Recorded by: Carey & Co., Inc.

*Date: February 2008

Continuation of B12. References:

National Park Service. *How to Complete the National Register Registration Form*, National Register Bulletin 16A. Washington, DC: United States Department of the Interior, 1997.

Nguyen, Ngoc Mai T. *San Jose Hospital: the Early Years, 1923-1968*. San Jose, 2000.

Sanborn Fire Insurance Maps, San Jose, 1891-1969.

San Jose Hospital Meeting Minutes, 1921-1965 (History San Jose collection).

San Jose Hospital. *The New San Jose Hospital*. San Jose: San Jose Hospital, 1953.

San Jose Hospital, commissioned by John A. Aird, president of San Jose Hospital. San Jose, 1975 (History San Jose collection).

Santa Clara County Medical Society. *The Bulletin of the Santa Clara County Medical Society*, 1953.

Sawyer, Eugene. *History of Santa Clara County, California, with Biographical Sketches*. Los Angeles: Historic Record Co., 1922.

"The San Mateo Community Hospital." *Architect and Engineer*. July-December, 1922.

United States Department of the Interior. *The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring and Reconstructing Historic Buildings*. Washington, DC: United States Department of the Interior, 1995.

University of the Pacific. "The Nippon Hospital." *Stockton: A Glance into the Past*. http://www.uop.edu/cop/jacobycenter/projects/Stockton%20Historical/agtp_e02.html.

CITY OF SAN JOSE HISTORIC EVALUATION SHEET

Historic Resource Name: San Jose Hospital (1923 Portion)

Note: Complete all blanks. Use spaces to justify ratings. For example, a rating of "E" on No. 9, Age, would be justified by "Built in 1850".

	RATING	VALUE
A. VISUAL QUALITY/DESIGN		
1. EXTERIOR: projecting frame around top three levels of 1958 addition	G	6
2. STYLE: early example of modern hospital development	VG	8
3. DESIGNER: Binder & Curtis	VG	4
4. CONSTRUCTION: Early reinforced concrete fire- and earthquake-proof	G	4
5. SUPPORTIVE ELEMENTS: none	FP	0
SUBTOTAL A:		22

B. HISTORY/ASSOCIATION		
6. PERSON/ORGANIZATION: San Jose Hospital Corporation/William Butler	VG	15
7. EVENT: none	FP	0
8. PATTERNS: hospital boom of early 20th century	VG	9
9. AGE: built in 1923	G	3
SUBTOTAL B:		27

C. ENVIRONMENTAL/CONTEXT		
10. CONTINUITY: not in API/ASI	FP	0
11. SETTING: compatible with surroundings	G	2
12. FAMILIARITY: conspicuous due to its size	G	4
SUBTOTAL C:		6

SUBTOTAL A + SUBTOTAL C:	28
SUBTOTAL B:	27
PRELIMINARY TOTAL (A+B+C):	55

	RATING	PERCENT	FACTOR	DEDUCTION
D. INTEGRITY				
13. CONDITION: some surface wear to the 1923 structure	VG	0.03	55	1.65
14. EXTERIOR ALTERATIONS: exterior re clad,	FP	0.20	28	5.6
windows replaced, terra cotta removed, multiple obscuring additions	FP	0.10	27	2.7
15. STRUCTURAL REMOVALS: removal of original	VG	0.20	28	5.6
openings, cladding and front entrance	VG	0.10	27	2.7
16. SITE: not moved	E	0.00	27	0
INTEGRITY DEDUCTIONS SUBTOTAL:				18.25

ADJUSTED TOTAL:	36.75
------------------------	-------

	RATING	VALUE
E. REVERSIBILITY		
17. EXTERIOR: not reversible	FP	2

F. ADDITIONAL CONSIDERATIONS/BONUS POINTS		
18. INTERIOR/VISUAL QUALITY: few to none interior historic elements	FP	0
19. HISTORY/ASSOCIATION OF INTERIOR: no design quality	FP	0
20. INTERIOR ALTERATIONS: altered beyond recognition	FP	0
21. REVERSIBILITY/INTERIOR: difficult to reverse	FP	0
22 NATIONAL OR CALIFORNIA REGISTER: doesn't appear eligible	FP	0

REVERSIBILITY + BONUS POINTS SUBTOTAL:	2
---	---

ADJUSTED TOTAL (Plus Bonus Points):	38.75
--	-------

REVIEWED BY: L. Brown, M. Davis, Carey & Co.

DATE: 2/28/2008

State of California — The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary #
HRI #
Trinomial
NRHP Status Code

Other Listings
Review Code

Reviewer

Date

Page 1 of 5

*Resource Name or #: Building 800, San Jose Hospital

P1. Other Identifier:

*P2. Location: Not for Publication Unrestricted

*a. County: Santa Clara

and (P2b and P2c or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad: San Jose

Date: T ; R ; ¼ of ¼ of Sec ;

B.M.

c. Address: 675 East Santa Clara Street

City: San Jose

Zip: 95112

d. UTM: Zone: mE/ mN (G.P.S.)

e. Other Locational Data:

Elevation:

Assessor Parcel Number 467-14-082

*P3a. Description:

Building 800 consists of two rectangular-in-plan buildings constructed of reinforced concrete. The smaller building to the north was constructed around 1919, and the larger building to the south was added to the previous building's southeast elevation in 1928. The building constructed around 1919 has a gabled roof with an open wood truss and a stepped parapet. A monitor with windows sits on the roof. The northwest elevation features wood-sash, six-over-six, double-hung windows, while the northeast elevation features single-pane, fixed windows, which appear to have been replaced. The building constructed in 1928 has a flat roof with a stepped parapet punctuated by stylized pilasters on each elevation. Its primary window type is multi-paned, metal-sash.

*P3b. Resource Attributes: HP8; Industrial

*P4. Resources Present: Building Structure Object Site District Element of District Other (Isolates, etc.)

P5a. Photo or Drawing



P5b. Description of Photo:

View of northeast and northwest elevations of Building 800. (February 2008, Carey & Co., Inc.)

*P6. Date Constructed/Age and Sources:

Historic Prehistoric Both
c. 1919/addition 1928

*P7. Owner and Address:

Hercules Holding II, LLC
One Park Plaza
Nashville, TN 37203

*P8. Recorded by:

Carey & Co., Inc.
460 Bush Street
San Francisco, CA 94108

*P9. Date Recorded: February 2008

*P10. Survey Type: Intensive

*P11. Report Citation: "Historic Resource Evaluation Report, San Jose Hospital," Carey & Co., Inc., May 2008.

*Attachments: NONE Location Map Sketch Map Continuation Sheet Building, Structure, and Object Record
 Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record
 Artifact Record Photograph Record Other (List):

BUILDING, STRUCTURE, AND OBJECT RECORD

Page 2 of 5

*NRHP Status Code 3S

*Resource Name or #: Building 800, San Jose Hospital

B1. Historic Name: Temple Laundry, IBM Building

B2. Common Name:

B3. Original Use: Laundry Facility; Manufacturing Facility

B4. Present Use: Vacant

*B5. Architectural Style: Industrial

*B6. Construction History: The building was constructed c. 1919. A 1920 addition has since been demolished, but a 1928 addition to the south remains.

*B7. Moved? No Yes Unknown Date:

Original Location:

*B8. Related Features: N/A

B9a. Architect: Unknown

b. Builder: Unknown

*B10. Significance: Theme: Early development of Silicon Valley

Area: San Jose

Period of Significance: 1943-1952

Property Type: Industrial

Applicable Criteria: A/1

Historic Context

Before building its own laundry, San Jose Hospital likely used the services of the nearby Temple Laundry, which occupied the northern half of the middle block of the subject property between East St. John, North 15th and 16th Streets. Now known as Building 800, the laundry building was a separate property until it became part of the hospital complex in 1961. Its original owner, Erve C. Strickland, (b. 1874) was a war veteran from the Spanish-American War, a musician and local businessman active with a number of fraternal and business organizations.

Prior to the Building 800 location, Temple Laundry was located along the west bank of Coyote Creek at 801-811 East Santa Clara Street, directly across North 17th Street (then North 14th Street) from the project site. Temple Laundry first appears in the 1908 City Directory, at this location. Based on the 1915 Sanborn Map (see Figure 5 in Appendix E), this building was wood frame with wood siding. The building was approximately 200 feet long and varied in width from 12 to 20 feet, and included an ironing room, a wash room, a marking room, and a mangling room. Figure 3 in Appendix C appears to be a c. 1910 photo of this earlier location. The building does not appear on the 1950 Sanborn Map of the area. (See continuation sheet.)

B11. Additional Resource Attributes:

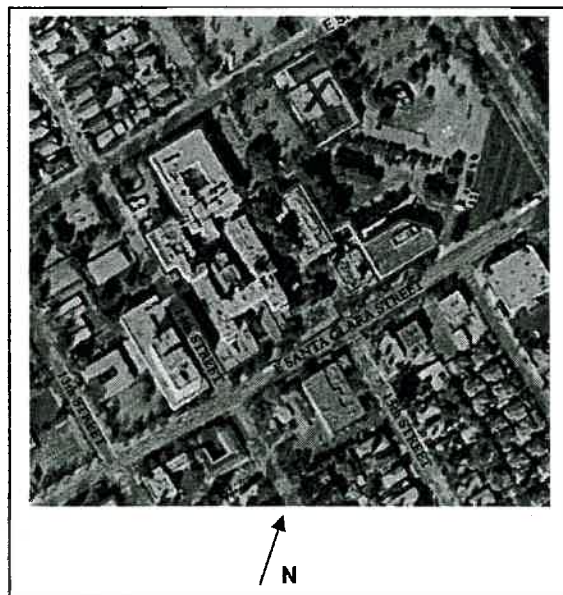
*B12. References:

See continuation sheet.

B13. Remarks:

*B14. Evaluator: Carey & Co., Inc.

*Date of Evaluation: February 2008.



*Recorded by: Carey & Co., Inc.

*Date: February 2008 Continuation Update

Continuation of B10. Significance:

Temple Laundry is listed in City Directories at the corner of East Santa Clara and North 14th Streets until the 1919 Directory, which lists the facility's address as St. John Street between 15th and 16th Streets. This corresponds with the current location of Building 800.

Strickland erected an approximately 60-foot by 100-foot garage and a warehouse at 15th and St. John Streets sometime between 1915 and 1919. This building, which today is part of Building 800, is a reinforced concrete building with a gabled roof that has an open wood truss and a stepped parapet. A monitor with windows sits on the roof. The northwest elevation features wood-sash, six-over-six, double-hung windows, while the northeast elevation features single-pane, fixed windows, which appear to have been replaced.

In 1920, Strickland added an annex to the west along East St. John Street devoted entirely to family wash service (Sawyer, 866-7). (This annex has since been demolished, except for a small section that sits immediately behind the original building and has been converted to a garage.) By 1920, the laundry called itself "the most modern and up-to-date laundry on the Pacific Coast." It employed more than one hundred people and was described as the "largest and most complete plant between San Francisco and Los Angeles" (Sawyer, 866-7).

In 1928, the original building was expanded to the south along North 16th Street. This addition, which remains today, is a reinforced concrete building with a flat roof and a stepped parapet punctuated by stylized pilasters on each elevation. Its primary window type is multi-paned, metal-sash. Sanborn maps from 1932 and 1939 show the Temple Laundry complex comprised of three rectangular buildings with gabled roofs and gabled monitors. All buildings were connected to each other.

Temple Laundry appears in City Directories at the corner of East St. John and North 15th Streets until the 1940 City Directory, which has no entry for Temple Laundry. Instead, it lists a Temple-Troy Laundry on Almaden Avenue (which is many blocks west of the project site) with the same phone number, Ballard 128, as the former Temple Laundry. The last reference to the Temple-Troy Laundry is in the 1943 Directory, after which the name of this facility was shortened to Troy Laundry. Troy Laundry last appears in City Directories in 1949.

In 1943, International Business Machines Corporation (IBM) moved into the former Temple Laundry buildings, making it IBM's first West Coast manufacturing facility. The property was purchased by IBM for \$65,000 and was remodeled at a cost of \$50,000. The card punching plant was dedicated by IBM President Thomas J. Watson, Sr., on September 10, 1943.

The plant met the entire demand of IBM customers on the Pacific coast and as far inland as Denver. From this one card plant, IBM's presence in San Jose grew to include a research and manufacturing center at Monterey and Cottle Roads, a card plant in Campbell, a large branch office, the Almaden Research Center and more than 3,000 employees. Punched card manufacturing was moved from San Jose to a new facility in Campbell, California in July 1960.

Evaluation

In Carey and Co.'s professional opinion, the original portion of Building 800 (c. 1919) appears to be eligible for listing in the NRHP and CRHR, at the state level of significance, under criterion A/1. It also appears eligible for listing as a California Historical Landmark. The 1928 addition does not appear eligible for listing due to significant loss of integrity.

Criterion A/1 (Event)

Building 800 is historically significant for serving as the first International Business Machines (IBM) manufacturing facility on the West Coast, beginning in 1943. From this first location, IBM expanded into San Jose and Silicon Valley as the company grew in the post-war years. As the first IBM plant on the West Coast, Building 800 has historic significance at the state level.

Building 800's period of significance extends from 1943, the year IBM moved into the building to 1952, when IBM opened a second San Jose plant at 99 Notre Dame Avenue. This plant, built in 1949 as a single-story steel reinforcement concrete structure for Huber Printing and Litho Co., was established as the Advanced Systems Development Division of IBM in 1952. It was nominated as a San Jose City Landmark in 2002.

*Recorded by: Carey & Co., Inc.

*Date: February 2008 Continuation Update

Criterion B/2 (Person)

While the structure was associated with a significant corporate entity, IBM, archival research uncovered no associations with specific persons significant to local, regional, or national history. The property therefore does not appear eligible for the NRHP or CRHR under Criterion B/2.

Criterion C/3 (Design/Construction/Work of a master)

Although the Temple Laundry Building was referred to in *Vision and Progress* as "the most modern and up-to-date laundry on the Pacific Coast," and the "largest and most complete plant between San Francisco and Los Angeles." Neither the original c. 1919 structure nor its 1928 addition is architecturally distinctive on a national, state, or local level, nor does either demonstrate the work of a master (IBM, "San Jose Plant"). The property therefore does not appear eligible for the NRHP or CRHR under Criterion C/3.

Criterion D/4 (Information Potential)

Finally, archival research provided no indication that the building has the potential to yield information important to prehistory or history.

Integrity

Carey & Co. believes that the original c. 1919 portion of Building 800, along St. John Street, retains the essential physical features that made up its character and appearance during the period of significance. This portion of the building retains integrity of location, design, setting, workmanship, feeling and association. The building's integrity of materials has been slightly reduced by window replacement on the northeast elevation. The building retains its original cladding, however, as well as its original wooden truss roof, and thus retains sufficient integrity to convey its historic significance.

The 1928 addition to the original Temple Laundry Building, however, has lost much of its integrity. Although the stepped parapet with cornice and pilasters remain, the building's exterior is otherwise unrecognizable. Most notably, the vast majority of the large multi-paned industrial sash windows that formerly dominated the northeastern and southeastern elevations have been filled in with stucco. The original entrances also appear to have been filled in and replaced with roll-up garages. These significant alterations greatly reduce this structure's integrity of materials, design, workmanship feeling and association. While the massing remains the same, the weight of the exterior of the building has increased and the amount of natural light capable of reaching the interior has been dramatically altered by the infill of the building's windows. Because the structure would be unrecognizable to a historic contemporary, this structure fails the most basic test of integrity and does not retain sufficient integrity to convey any historic significance.

California Historical Landmark

As the first IBM plant on the West Coast, Building 800 appears eligible for listing as a California Historical Landmark. California Historical Landmarks are sites, buildings, features, or events that are of statewide significance and have anthropological, cultural, military, political, architectural, economic, scientific or technical, religious, experimental, or other value.

To be designated as a California Historical Landmark, a resource must meet at least one of the criteria listed below; have the approval of the chairperson of the County Board of Supervisors or the City/Town Council in whose jurisdiction it is located; be recommended by the State Historical Resources Commission; and be officially designated by the Director of California State Parks.

To be eligible for designation as a Landmark, a resource must meet at least one of the following criteria:

- The first, last, only, or most significant of its type in the state or within a large geographic region (Northern, Central, or Southern California).
- Associated with an individual or group having a profound influence on the history of California.
- A prototype of, or an outstanding example of, a period, style, architectural movement or construction or is one of the more notable works or the best surviving work in a region of a pioneer architect, designer or master builder.

Since Building 800 was the first IBM manufacturing facility in California, it appears to meet the first criterion for a California Historical Landmark.

State of California — The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
CONTINUATION SHEET

Primary #
HRI#
Trinomial

Page 5 of 5

*Resource Name or # Building 800, San Jose Hospital

*Recorded by: Carey & Co., Inc.

*Date: February 2008 Continuation Update

Continuation of B12. References:

IBM. "IBM Archives: San Jose Card Plant." http://www03.ibm.com/ibm/history/exhibits/supplies/supplies_5404PH06.html
(accessed February 29, 2008).

Sanborn Maps, San Jose, 1891-1969.

Sawyer, Eugene Taylor. *History of Santa Clara County with Biographical Studies*. Los Angeles: Historic Record Co., 1922.

CITY OF SAN JOSE HISTORIC EVALUATION SHEET

Historic Resource Name: San Jose Hospital-Building 800 (c. 1919 portion)

Note: Complete all blanks. Use spaces to justify ratings. For example, a rating of "E" on No. 9, Age, would be justified by "Built in 1850".

	RATING	VALUE
A. VISUAL QUALITY/DESIGN		
1. EXTERIOR: fenestration, roofing	G	6
2. STYLE: early 20th century commercial	G	4
3. DESIGNER: of no particular interest	FP	0
4. CONSTRUCTION: wood-frame windows, monitor roof	G	4
5. SUPPORTIVE ELEMENTS: none	FP	0
SUBTOTAL A:		14

B. HISTORY/ASSOCIATION		
6. PERSON/ORGANIZATION: IBM	E	20
7. EVENT: none	FP	0
8. PATTERNS: related to development of Silicon Valley	VG	9
9. AGE: built c. 1919	G	3
SUBTOTAL B:		32

C. ENVIRONMENTAL/CONTEXT		
10. CONTINUITY: not in API/ASI	FP	0
11. SETTING: compatible with surroundings	G	2
12. FAMILIARITY: not particularly conspicuous or familiar	FP	0
SUBTOTAL C:		2

SUBTOTAL A + SUBTOTAL C:	16
SUBTOTAL B:	32
PRELIMINARY TOTAL (A+B+C):	48

	RATING	PERCENT	FACTOR	DEDUCTION
D. INTEGRITY				
13. CONDITION: minor surface wear	VG	0.03	48	1.44
14. EXTERIOR ALTERATIONS: additions changed character, but recognizable	G	0.10	16	1.6
	G	0.05	32	1.6
15. STRUCTURAL REMOVALS: windows on 1928 addition removed	VG	0.20	16	3.2
	VG	0.10	32	3.2
16. SITE: not moved	E	0.00	32	0
INTEGRITY DEDUCTIONS SUBTOTAL:				11.04

ADJUSTED TOTAL:	36.96
------------------------	-------

	RATING	VALUE
E. REVERSIBILITY		
17. EXTERIOR: difficult to assess reversibility	FP	2

F. ADDITIONAL CONSIDERATIONS/BONUS POINTS		
18. INTERIOR/VISUAL QUALITY: monitor windows and exposed truss	G	1
19. HISTORY/ASSOCIATION OF INTERIOR: open floor plan	G	1
20. INTERIOR ALTERATIONS: minor changes	VG	4
21. REVERSIBILITY/INTERIOR: reversible	VG	4
22 NATIONAL OR CALIFORNIA REGISTER: appears eligible	VG	15

REVERSIBILITY + BONUS POINTS SUBTOTAL:	27
---	----

ADJUSTED TOTAL (Plus Bonus Points):	63.96
--	-------

REVIEWED BY: L. Brown, M. Davis, Carey & Co.

DATE: 2/28/2008

CITY OF SAN JOSE HISTORIC EVALUATION SHEET

Historic Resource Name: San Jose Hospital-Building 800 (1928 addition)

Note: Complete all blanks. Use spaces to justify ratings. For example, a rating of "E" on No. 9, Age, would be justified by "Built in 1850".

	RATING	VALUE
A. VISUAL QUALITY/DESIGN		
1. EXTERIOR: fnone	FP	0
2. STYLE: none	FP	0
3. DESIGNER: of no particular interest	FP	0
4. CONSTRUCTION: none	FP	0
5. SUPPORTIVE ELEMENTS: none	FP	0
SUBTOTAL A:		0

B. HISTORY/ASSOCIATION		
6. PERSON/ORGANIZATION: IBM	E	20
7. EVENT: none	FP	0
8. PATTERNS: related to development of Silicon Valley	VG	9
9. AGE: built 1928	G	3
SUBTOTAL B:		32

C. ENVIRONMENTAL/CONTEXT		
10. CONTINUITY: not in API/ASI	FP	0
11. SETTING: compatible with surroundings	G	2
12. FAMILIARITY: not particularly conspicuous or familiar	FP	0
SUBTOTAL C:		2

SUBTOTAL A + SUBTOTAL C:	2
SUBTOTAL B:	32
PRELIMINARY TOTAL (A+B+C):	34

D. INTEGRITY	RATING	PERCENT	FACTOR	DEDUCTION
13. CONDITION: minor surface wear	VG	0.03	34	1.02
14. EXTERIOR ALTERATIONS: entrances and window assemblies removed, replaced with stucco	FP	0.20	2	0.4
15. STRUCTURAL REMOVALS: entrances and window assemblies removed	FP	0.10	32	3.2
	VG	0.20	2	0.4
	VG	0.10	32	3.2
16. SITE: not moved	E	0.00	32	0
INTEGRITY DEDUCTIONS SUBTOTAL:				8.22

ADJUSTED TOTAL:	25.78
------------------------	-------

	RATING	VALUE
E. REVERSIBILITY		
17. EXTERIOR: Not reversible.	FP	2

F. ADDITIONAL CONSIDERATIONS/BONUS POINTS		
18. INTERIOR/VISUAL QUALITY: nothing of note	FP	0
19. HISTORY/ASSOCIATION OF INTERIOR: no evident design quality	FP	0
20. INTERIOR ALTERATIONS: significant changes	FP	0
21. REVERSIBILITY/INTERIOR: difficult to reverse	FP	0
22 NATIONAL OR CALIFORNIA REGISTER: does not appear eligible	FP	0

REVERSIBILITY + BONUS POINTS SUBTOTAL:	2
---	---

ADJUSTED TOTAL (Plus Bonus Points):	27.78
--	-------

REVIEWED BY: L. Brown, M. Davis, Carey & Co.

DATE: 2/28/2008

Appendix E: Sanborn Maps of the Project Site

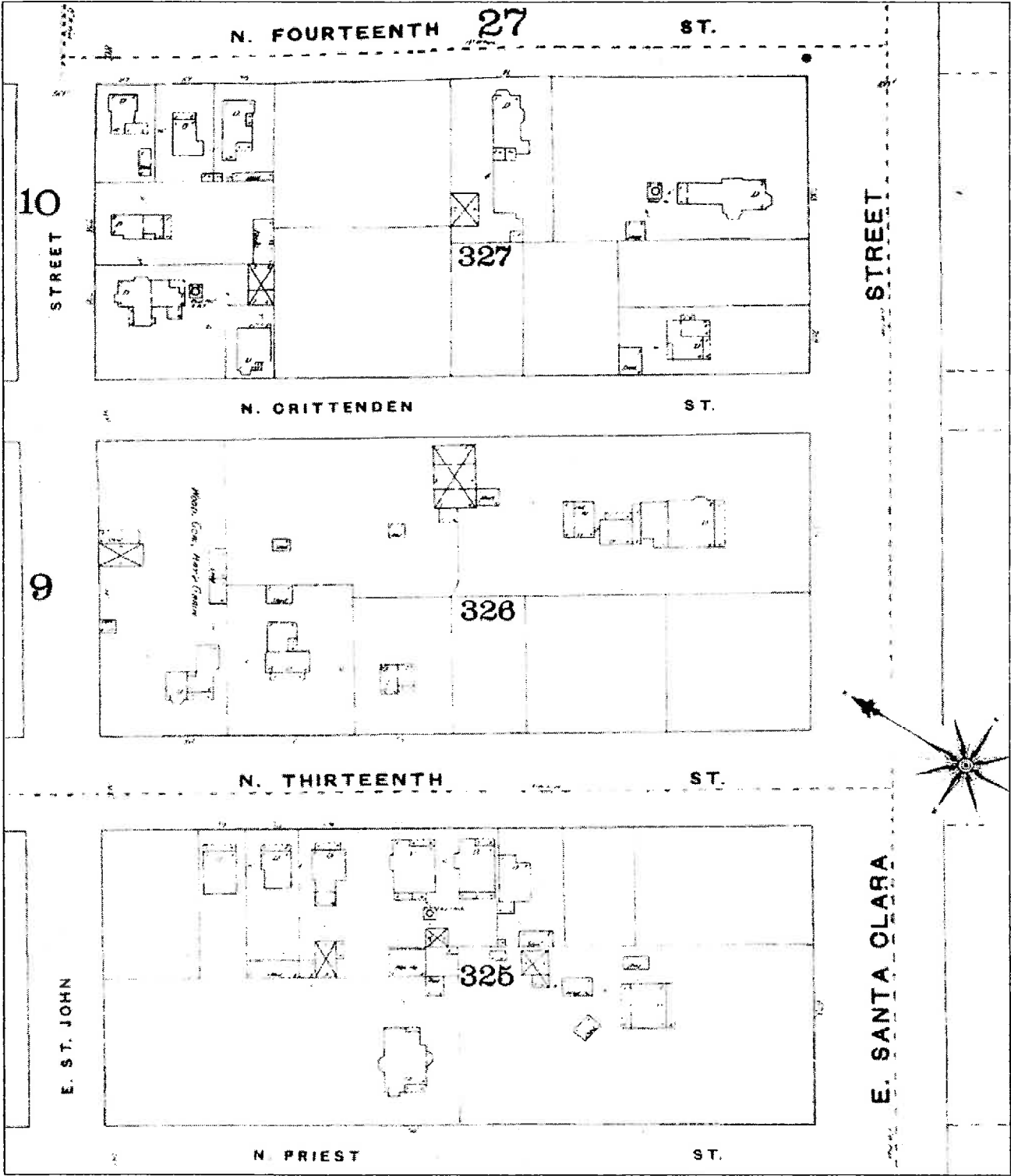


Figure 1: 1891 Sanborn Map, before streets were renamed.

Appendix E: Sanborn Maps of the Project Site

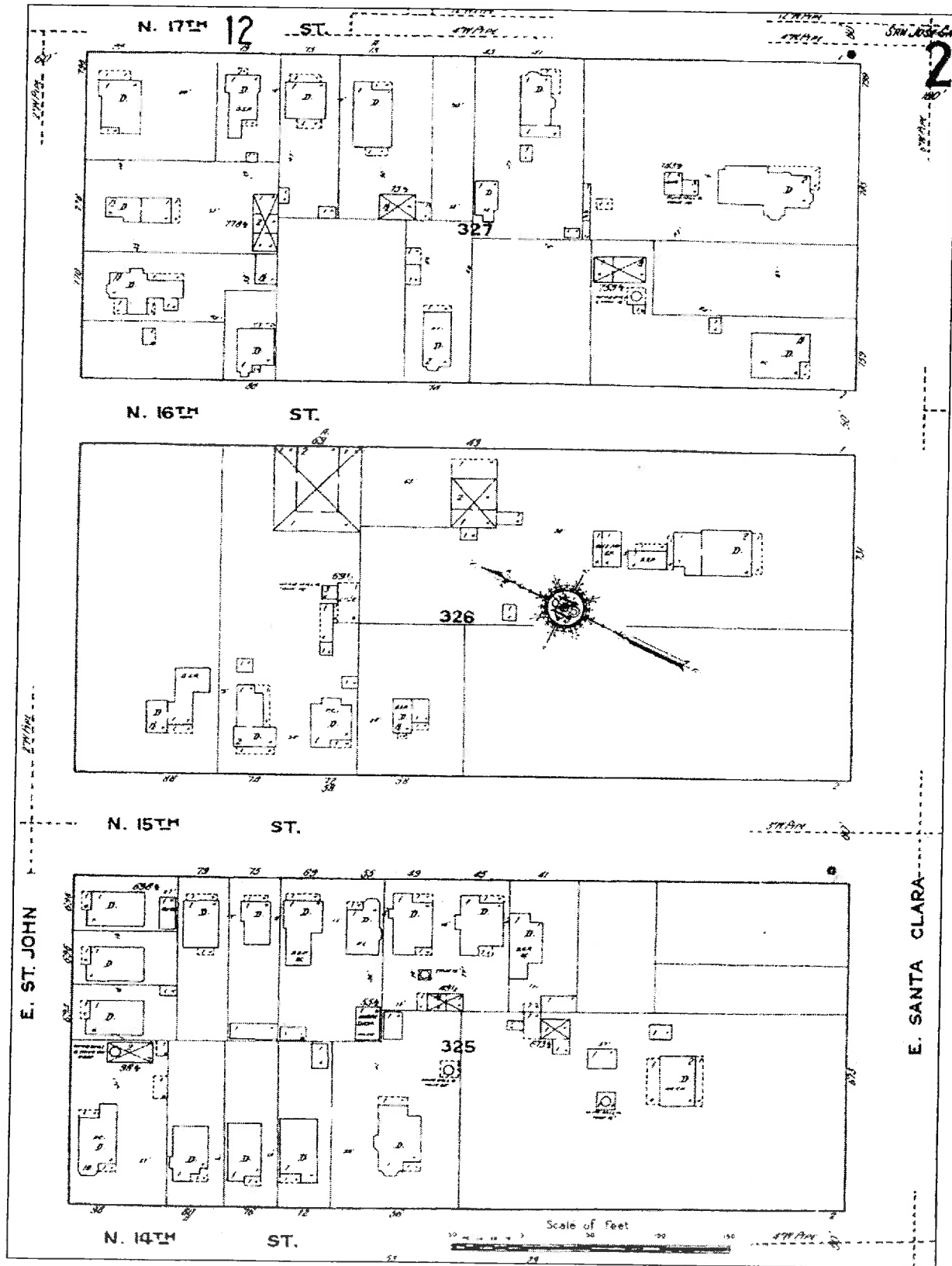


Figure 2: 1915 Sanborn Map.

Appendix E: Sanborn Maps of the Project Site

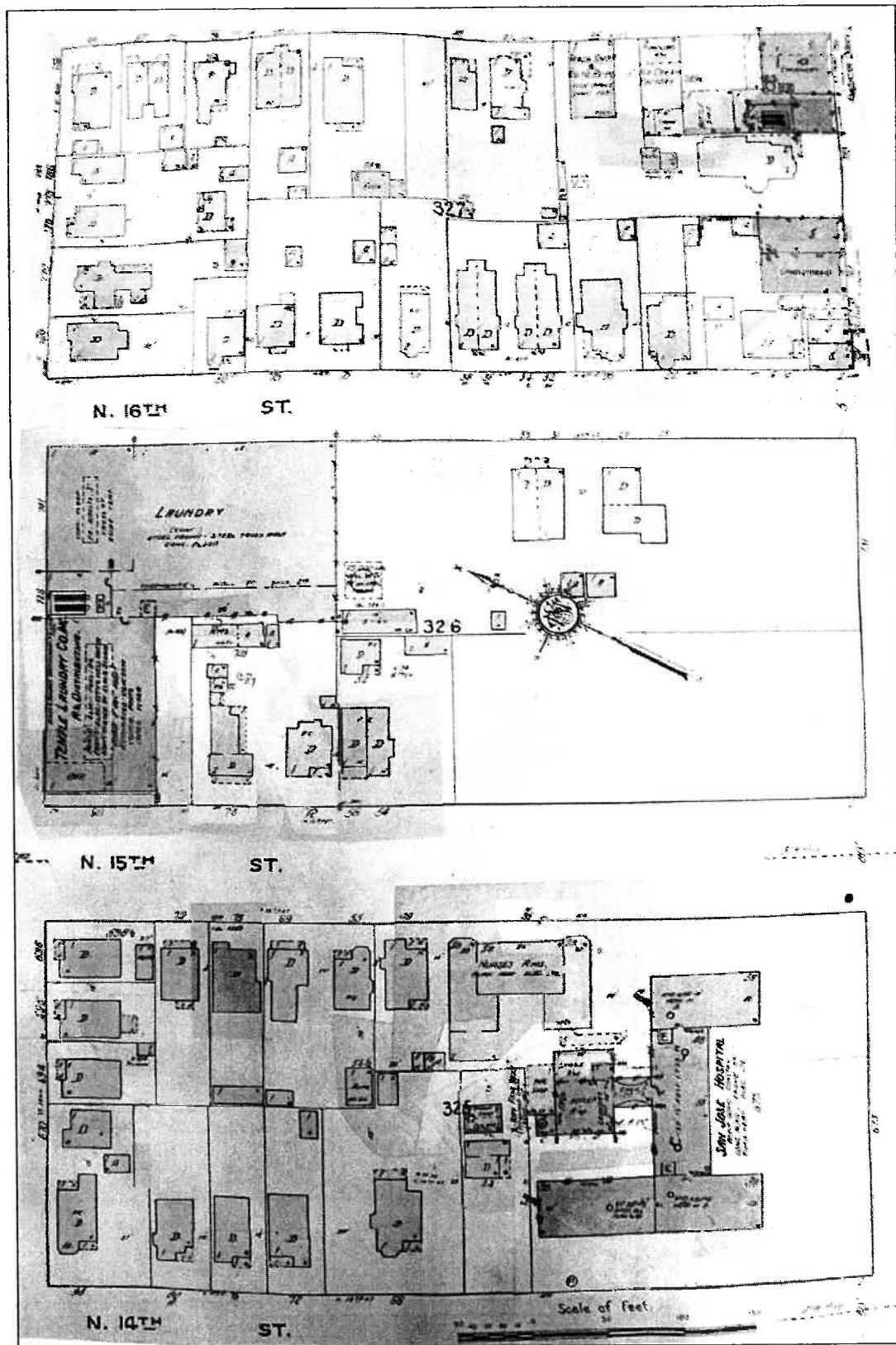


Figure 3: 1939 Sanborn Map, showing San Jose Hospital and Temple Laundry.

Appendix E: Sanborn Maps of the Project Site

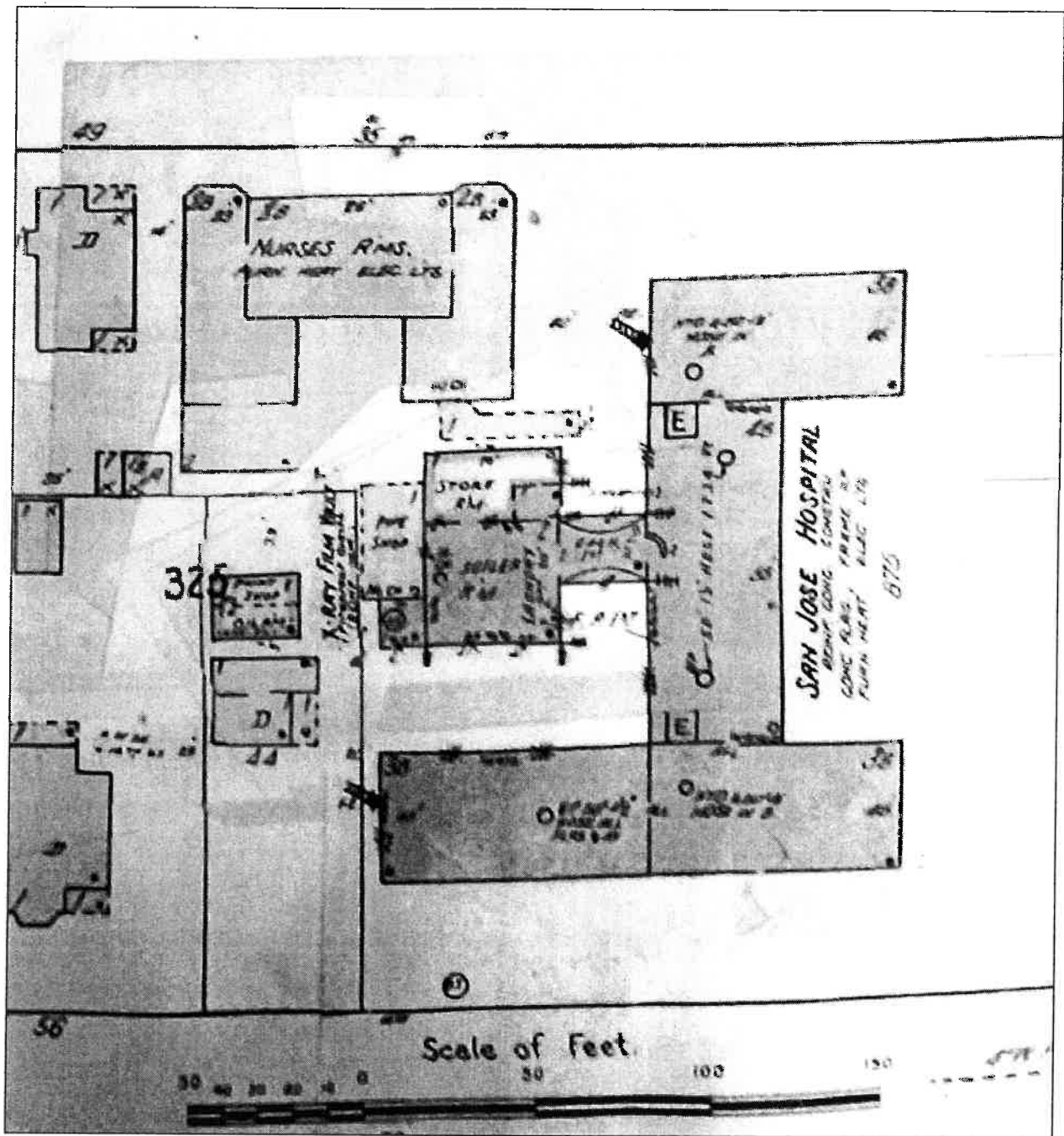


Figure 4: 1939 Sanborn Map, detail of San Jose Hospital.

Appendix E: Sanborn Maps of the Project Site

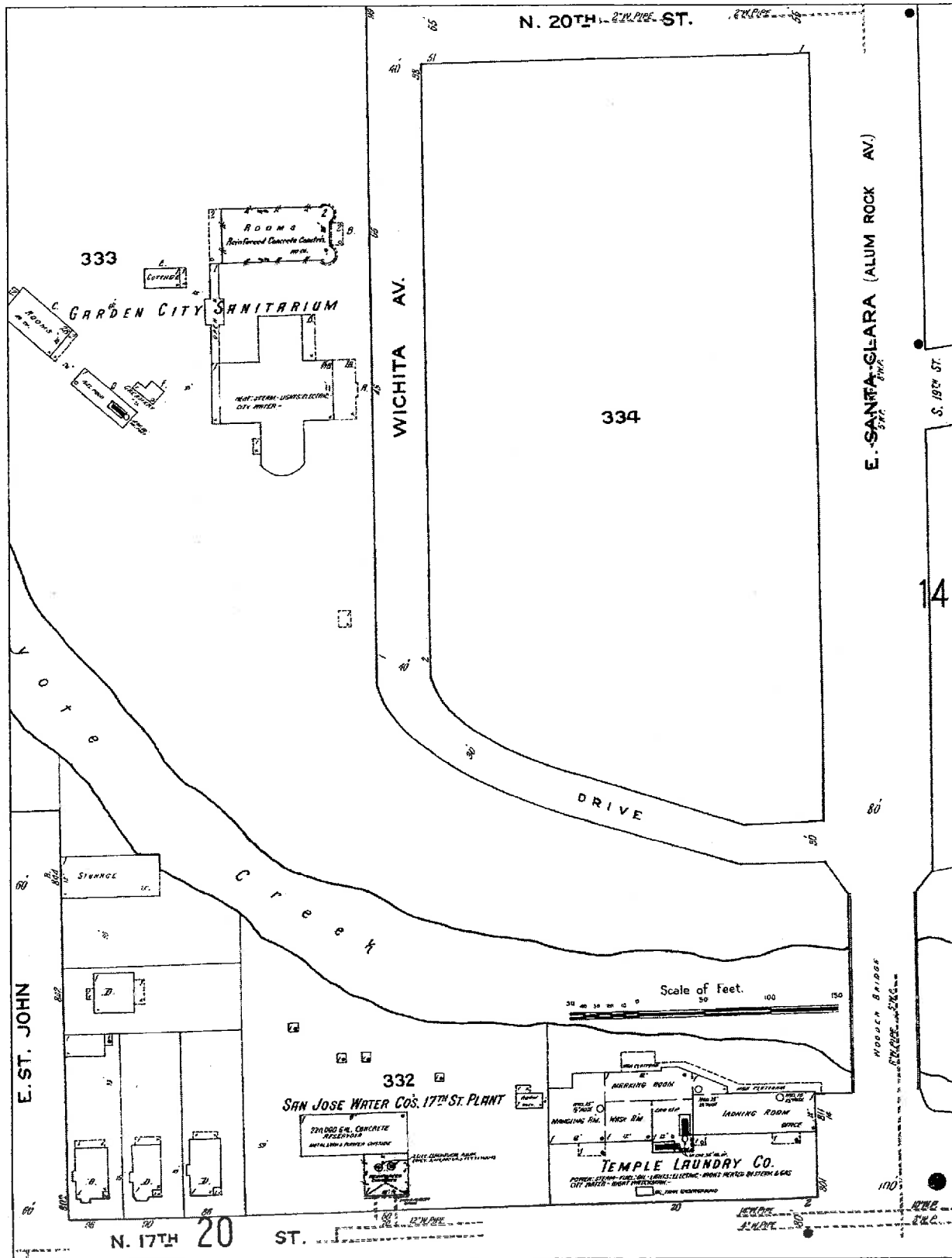


Figure 5: 1915 Sanborn Map, showing prior location of Temple Laundry at 801-811 E. Santa Clara St.

Appendix E: Sanborn Maps of the Project Site

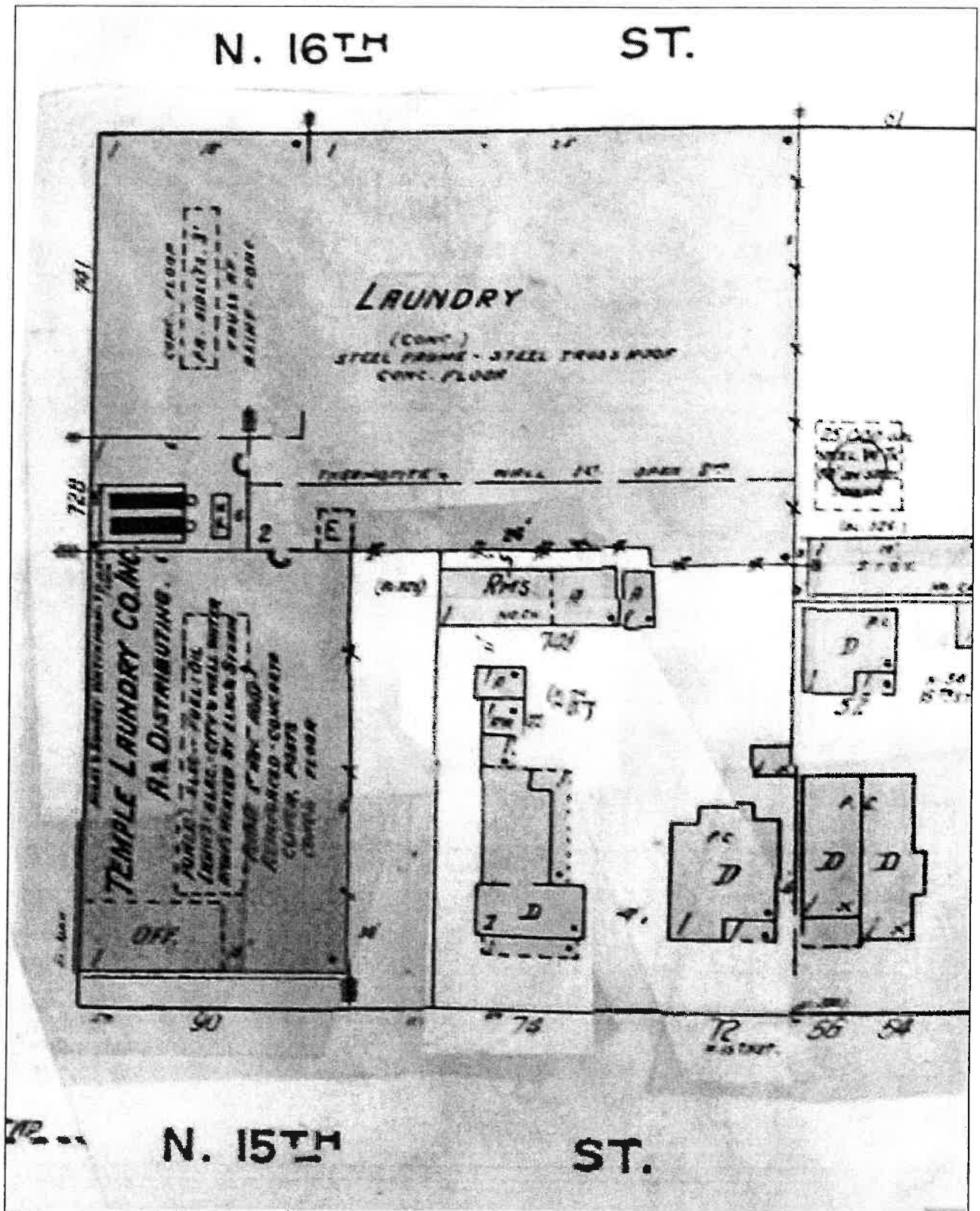


Figure 6: 1939 Sanborn Map, detail of Temple Laundry.

Appendix E: Sanborn Maps of the Project Site

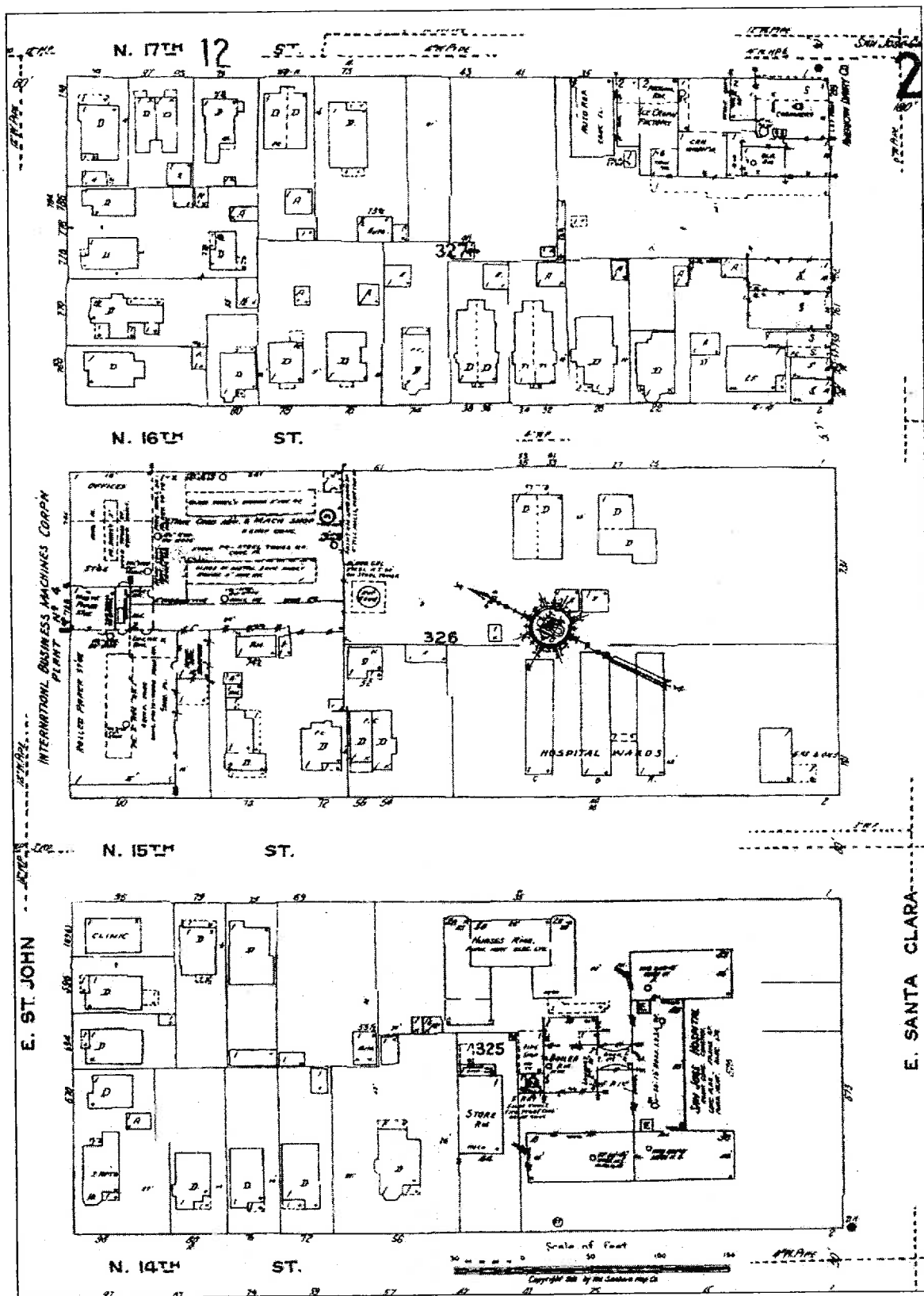


Figure 7: 1945 Sanborn Map with IBM in the former Temple Laundry.

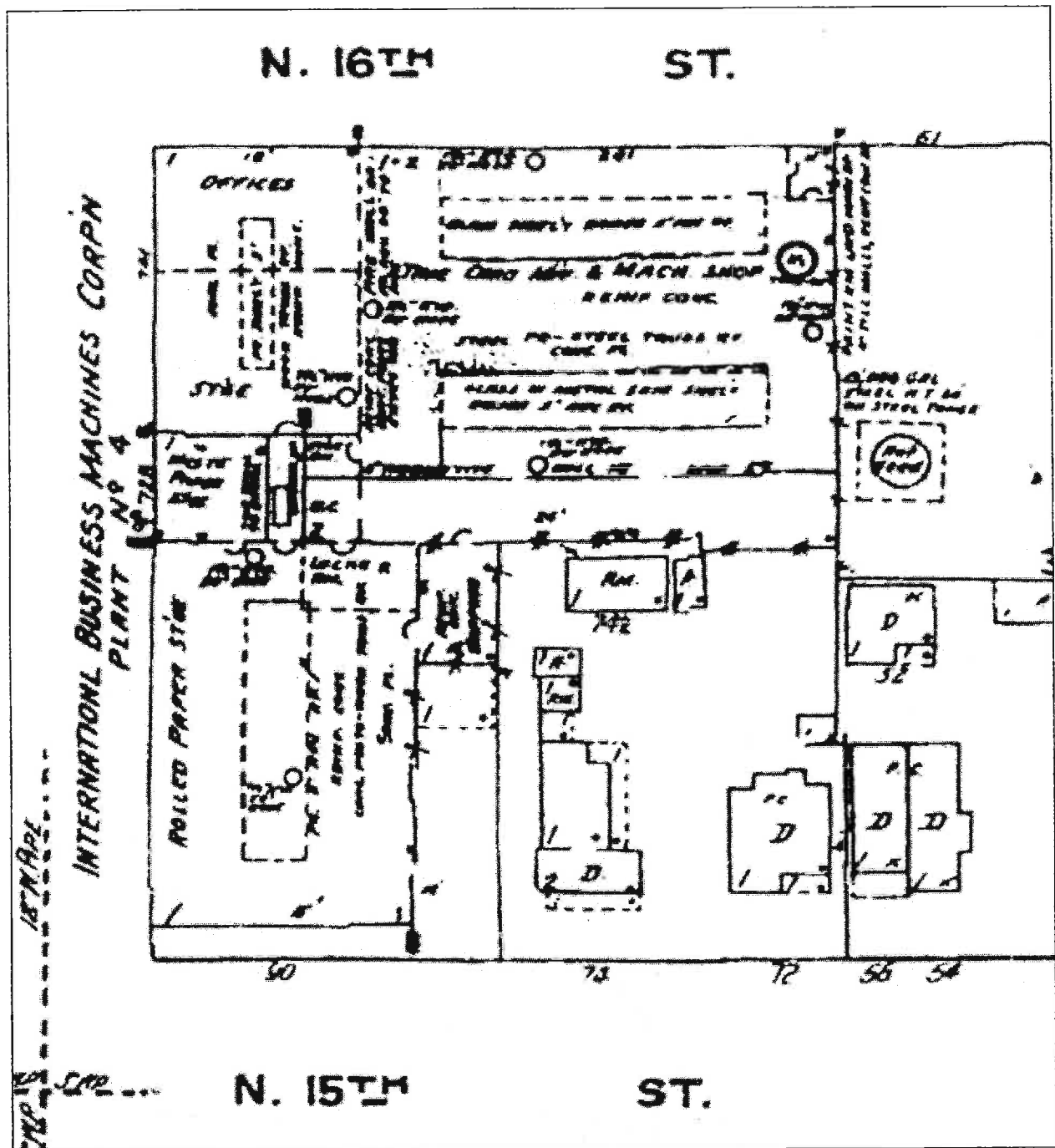


Figure 9: 1945 Sanborn Map, detail of IBM plant in former Temple Laundry.