The City of Seattle

Landmarks Preservation Board

700 Third Avenue · 4th floor · Seattle, Washington 98104 · (206) 684-0228

REPORT ON DESIGNATION LPB 77/03

Name and Address of Property: **Providence Hospital 1910 Building**
528 17th Ave. S.

Legal Description:

That portion of Lots 8 through 16, inclusive, and Lots 23 through 31, inclusive, in Block 3 of Squire Park Addition to the City of Seattle, as per Plat recorded in Volume 8 of Plats, page 6, Records of King County, Washington, more particularly described as follows:

COMMENCING at the southwesterly corner of Lot 17 of said Block 3; THENCE along the westerly line of said Block 3, N 00°00'00" E, 130.00 feet; THENCE N 90°00'00" E, 48.00 feet to the TRUE POINT OF BEGINNING; THENCE continuing N 90°00'00" E, 43.16 feet; THENCE S 00°00'00" E, 1.12 feet; THENCE N 90°00'00" E, 14.50 feet; THENCE S 00°00'00" E, 26.00 feet; THENCE N 90°00'00" E, 17.50 feet; THENCE N 00°00'00" E, 26.00 feet; THENCE N 90°00'00" E, 14.50 feet;THENCE N 00°00'00" E, 1.12 feet; THENCE N 90°00'00" E, 84.37 feet; THENCE N 00°00'00" E, 18.27 feet; THENCE N 90°00'00" E, 24.92 feet; THENCE N 00°00'00" E, 9.47 feet; THENCE N 90°00'00" W, 24.92 feet; THENCE N 00°00'00" E, 18.76 feet; THENCE N 90°00'00" W, 74.71 feet; THENCE N 00°00'00" E, 24.17 feet; THENCE N 90°00'00" E, 17.17 feet; THENCE N 00°00'00" E, 19.17 feet; THENCE N 90°00'00" W, 17.17 feet; THENCE N 00°00'00" E, 44.26 feet; THENCE N 90°00'00" E, 3.42 feet; THENCE S 00°00'00" E, 3.00 feet; THENCE N 90°00'00" E, 28.82 feet; THENCE S 00°00'00" E, 7.75 feet; THENCE N 90°00'00" E, 27.32 feet; THENCE S 00°00'00" E, 20.13 feet; THENCE N 90°00'00" E, 40.82 feet; THENCE N 00°00'00" E, 98.42 feet; THENCE N 90°00'00" W, 40.82 feet; THENCE S 00°00'00" W, 27.88 feet; THENCE N 90°00'00" W, 56.14 feet; THENCE S 00°00'00" W, 3.00 feet; THENCE N 90°00'00" W, 3.17 feet; THENCE N 00°00'00" E, 28.51 feet; THENCE N 90°00'00" E, 16.92 feet; THENCE N 00°00'00" E, 34.91 feet; THENCE N 90°00'00" W, 23.75 feet; THENCE N 00'00'00" E, 12.17 feet; THENCE N 90°00'00" W, 10.08 feet; THENCE N 00°00'00" E, 12.00 feet; THENCE N 90°00'00" E, 91.37 feet; THENCE N 00°00'00" E, 19.20 feet; THENCE N 90°00'00" E, 3.43 feet; THENCE S 00°00'00" E, 1.20 feet; THENCE N 90°00'00" E, 22.00 feet; THENCE N 00°00'00" E, 10.40 feet; THENCE S 90°00'00" W, 22.00 feet; THENCE S 00°00'00" W, 1.20 feet; THENCE S 90°00'00" W, 3.43 feet; THENCE N 00°00'00" E, 19.30 feet; THENCE N 90°00'00" W, 84.37 feet;

THENCE N 00°00’00” E, 1.12 feet; THENCE N 90°00’00” W, 46.50 feet; THENCE S 00°00’00” W, 1.12 feet; THENCE N 90°00’00” W,
43.16 feet; THENCE S 00°00’00” W, 46.50 feet; THENCE N 90°00’00” E, 48.04 feet; THENCE S 00°00’00” W, 10.00 feet; THENCE N 90°00’00” W, 6.00 feet; THENCE S 00°00’00 W, 62.13 feet; THENCE N 90°00’00” W, 13.00 feet; THENCE S 00°00’00” W, 67.58 feet; THENCE N 90°00’00” E, 13.00 feet; THENCE S 00°00’00” E, 62.13 feet; THENCE N 90°00’00” E, 6.00 feet; THENCE S 00°00’00” E, 10.00 feet; THENCE N 90°00’00” W, 48.04 feet; THENCE S 00°00’00” W, 46.50 feet to the TRUE POINT OF BEGINNING.

At the public meeting held on March 19, 2003, the City of Seattle's Landmarks Preservation Board voted to approve designation of the Providence Hospital 1910 Building as a Seattle Landmark based upon satisfaction of the following standards for designation of SMC 25. 12.350:

(**D**.) *It embodies the distinctive visible characteristics of an architectural style, or period, or of a method of construction.*

(**E.)** *It is an outstanding work of a designer or builder*

(F.) *Because of its prominence of spatial location, contrasts of siting, age, or scale, it is an easily identifiable visual feature of its neighborhood or the city and contributes to the distinctive quality or identity of such neighborhood or city.*

STATEMENT OF SIGNIFICANCE

The Sisters of Providence

The order of the Sisters of Providence was founded in 1843 by Mother Emilie Gamelin in Montreal, Quebec. After the death of her husband and three children in a mere four years, Emilie Tavernier Gamelin, focused her attention on serving the poor. Known as “the Widow Gamelin,” she opened a shelter for elder and needy women in Montreal. Enlisting help from friends, her ministries expanded to sheltering orphans, and visiting prisoners, the poor and the ill.

In 1844, Bishop Ignace Bourget of Montreal appointed Sister Joseph as Superior of the Daughters of Charity, Servants of the Poor or simply the Sisters of Providence. Though she died in 1851 of cholera, her spirit of humility, simplicity and charity continues through the works of the other sisters in the order.

Five of the Sisters of Providence arrived in the Northwest Territory in 1856 and settled near the Hudson’s Bay Fort Vancouver, Washington. They were one of the first permanent religious orders in the territory, which, at that time included all of Washington, Oregon, Idaho and most of Montana. Headed by Mother Joseph, the sisters began serving students, orphans and the elderly. In 1857 they opened Providence Academy in Vancouver – the first permanent school in the Pacific Northwest. A new, 3-story brick structure was completed (ca.1873) and still stands today. It is listed on the National Register of Historic Places. The order’s activities expanded to include nursing of the sick and mentally disabled.

Initially, to bring in money for the building and upkeep of their hospitals and facilities. The sisters would go on "begging tours." Various stories tell of the sisters travelling dangerous terrain and encountering wild animals, stagecoach robbers and Natives in war paint. Their quest for funds were usually rewarded with donations from miners, cavalry outposts, isolated settlements, etc. Occasionally the sisters were contracted to run small hospitals in camps or near work sites, thus paving the way for an early form of health insurance.

With the establishment of Providence Hospital in Seattle (1877) the sisters were confronted with an ever-growing need for funds. In 1885, the begging tours were traded in for a ticket (billet) system. A local doctor, Dr. Carmel, opened the small, but lavishly furnished Grace Hospital and sold admission tickets for $5 to $10 to individual workers in mining and logging camps. The tickets provided unlimited hospital care for one year. Out of necessity, the business savvy sisters responded by offering the same level of hospital care with a choice of doctors. Carmel's hospital was bankrupt by 1887.A further element of significance to the billet system was the provision in the contract for choice of medical practitioner, which promoted the development of private medical practice within the sisters' hospitals without any necessity for medicine to develop or support the institution. Here again the sisters' efforts to stave off financial ruin supported the development and extension of private medical practice in their hospitals.

The Sisters of Providence novitiate and Provincial Administration relocated from Vancouver, Washington to Seattle in 1924. Still headquartered in Seattle, the Sisters of Providence, Mother Joseph Province now includes Alaska, Washington, Idaho, Montana, Oregon and California, as well as El Salvador. Their mission of service to the poor continues in the venues of education, parish ministry, health care, community service and support, housing, prison ministry, pastoral care, spiritual direction and retreats, and foreign missions.

Mother Joseph

Mother Joseph (1923 – 1902) is recognized as the founder of the Sisters of Providence in the Northwest and the force behind many late nineteenth century hospitals and social service institutions created by the Sisters in the Northwest states of Washington, Oregon, Idaho and Montana. A visionary, businesswoman, and designer, she oversaw the establishment of Washington State's first hospital, in Vancouver, Washington, and the Sisters of Providence Hospital in Seattle. She is associated also with St. James Cathedral/Church in Vancouver, Washington (1885) for which she is credited with its design and interiors. Similar to the later Providence Hospital, this building is also a prominent brick structure with a central tower and two symmetrical side towers.

Born Esther Pariseau, Mother Joseph of Sacred Heart was the daughter of a French-Canadian carriage maker from whom she learned carpentry. At the age of 20, she joined the Sisters of Providence in Quebec, and took the name Sister Joseph in honor of her father. In her early years as a sister, she proved herself capable and multi-talented using her skills in nursing, sewing, finances, carving, carpentry, and cooking.

In 1856, Bishop A. M. A. Blanchet of the Nisqually Diocese (now the Archdiocese of Seattle) requested assistance from the Mother House in Montreal. In response, Sister Joseph and four additional sisters were selected to go to Fort Vancouver. Bishop Bourget of Montreal dedicated their

mission to the Sacred Heart of Jesus and changed Sister Joseph's name to Mother Joseph of the Sacred Heart.

Accompanied by Bishop Blanchet, the sisters arrived in Vancouver, Washington, in late 1856. In the subsequent 46 years, until her death in 1902, Mother Joseph led the northwest order and helped to establish over thirty institutions in Washington, Oregon, Montana, and Idaho, including hospitals, churches, and schools.

She is credited with having designed and overseen construction of the St. Joseph's Hospital (1858) and Providence Academy (1873 and 1891). The latter building, which is listed on the National Register of Historic Places, still stands as a prominent brick and stone, three-story structure in Vancouver, Washington. It was once part of an assembly that included a boarding school, orphanage, bakery, a laundry, stables, boot and woolen factories, and headquarters for the Sisters of Charity of the House of Providence. Mother Joseph's workshop was located in the basement of the Academy where it is reported she carved five wood altarpieces and Gothic styled statues that ornamented the second floor chapel.

Mother Joseph was recognized by the American Institute of Architects in 1953 as "First Architect of the Pacific Northwest" and by the West Coast Lumberman's Association as the first Northwest artist to work in the wood medium. In 1980, she was named as Washington State's second representative in National Statuary Hall, in Washington, D.C. (One can only imagine with pleasure what interesting politics took place for this recognition from such a male-dominated organization as the 1953 AIA. – Author's note.)

As a designer it appears that Mother Joseph was drawn to European design styles and symmetry as an ordering system. Providence Academy, the three-story brick building she designed in 1873 has been described as in the Renaissance Revival style with Georgian and French colonial influences. St. James, another early building in Vancouver, Washington, is a Victorian Gothic Revival church dating from 1884 - 1885. Both are prominent brick structures.

Mother Joseph tended to locate building associated with the Sisters of Providence at prominent locations, frequently at the top of slopes. This siting may have been based on functional needs of hospitals for utility drainage, and natural ventilation, but it also gave her buildings a prominent place in their urban settings.

Under Mother Joseph's leadership, the Sisters of Providence established over 30 institutions including the following:

1856 Providence Academy, Vancouver, Washington
1858 St. Joseph Hospital, Vancouver, Washington
1863 St. Joseph School, Steilacoom, Washington
1864 St. Vincent Academy, Walla Walla, Washington
1864 Holy Family Hospital, St. Ignatius, Montana
1868 Our Lady of Seven Dolors School, Tulalip, Washington
1873 Sacred Heart School, Colville, Washington
1873 St. Patrick Hospital, Missoula, Montana
1874 St. James Residence, Vancouver, Washington

1875 St. Joseph Academy, Yakima, Washington
1875 St. Vincent Hospital, Portland, Oregon
1876 Our Lady of the Sacred Heart School, Cowlitz, Washington
1877 Providence Hospital, Seattle, Washington
1878 Providence Mary Immaculate School, DeSmet, Idaho
1880 St. Mary Hospital, Walla Walla, Washington
1880 St. Mary Hospital, Astoria, Washington
1881 St. Michael School, Olympia, Washington
1881 St. Martin School, Frenchtown, Montana
1885 St. James Cathedral/Church, Vancouver, Washington
1885 Sacred Heart Academy, Missoula, Montana
1886 Sacred Heart Hospital, Spokane, Washington
1886 St. Clare Hospital, Fort Benton, Montana
1886 St. Joseph Academy, Sprague, Washington
1887 St. Peter Hospital, Olympia, Washington
1890 St. John Hospital, Port Townsend, Washington
1890 St. Eugene School, Kootenay, British Columbia
1891 Providence Hospital, Wallace, Idaho
1891 St. Elizabeth Hospital, Yakima Washington
1892 Columbus Hospital, Great Fall, Montana
1893 St. Ignatius Hospital, Colfax, Washington
1894 St. Paul Hospital, Vancouver, B. C.
1900 St. Genevieve Orphanage, New Westminster, British Columbia
1900 St. Eugene Hospital, Cranbrook, B. C. 1

Historic Beginnings of Providence Hospital

The roots of Seattle's Providence Hospital began in the Georgetown area where, in 1877, three Sisters were sent from Vancouver to manage King County's Poor Farm under a $300 annual contract with the County. The remodeled farmhouse quickly became overcrowded. Recognizing the need for expanded care the Sisters purchased a $5,000 property at 5th Avenue and Madison Street in downtown Seattle in 1878. The property included four lots and a residence, which had been functioning as a medical facility in 1877. The hospital officially opened later that year. It encompassed the original 40' by 40' square residence and a 20' by 60' addition, and accommodated up to 30 patients.

The new medical facility was named Providence Hospital at the suggestion of local Judge Amasa Miller who noted, "…Surely it has been Providence that has guided the sisters through the difficulties with which they have had to contend."
The first Seattle facilities became overcrowded. In response, the Sisters purchased the remaining block to build a permanent, larger hospital. Under the guidance of Mother Joseph and architect Donald McKay, construction began in 1882 and was completed the following year. The hospital's capacity was then increased to 105 patients. Hospital records indicate that it served all patients, including the indigent, and people of all ethnic groups, including Negroes (sic) and Chinese victims

of the so-called "Chinese Riots" in 1886. An elevator was added to the building in 1886, and other additions were made in 1887, 1888, 1893 and 1901. Records do not indicated the size of Seattle's original Providence Hospital, but photos show it as a half block, four-story building which was expanded to fill the full block.

By 1906, plans for a new hospital were made. Eventually, the Sisters selected a full-block site, in the Squire Park neighborhood, at 17th Avenue and Jefferson Street. They purchased the parcel for $120,000. (Some sources cite a cost of $102,000). The location of the present day Providence Hospital may have been chosen because of its stable development and its proximity to other Catholic institutions. Squire Park was platted in 1891. Seattle University constructed its first building in 1893, and established its campus with an eastern border along 12th Avenue.

Six of the city's other Catholic institutions were located close by in the neighborhood, downtown, Capital Hill or First Hill areas: Our Lady of Good Help Church (at 5th & Jefferson Street), Immaculate Conception Church and School (820 – 18th Avenue), Sacred Heart Church and School (2315 - 6th Avenue), Holy Names Academy (on Jackson Street), and Monastery of the Sisters of the Good Shepherd and Female Orphan Asylum (at 413 - 9th Avenue, and later in the Wallingford neighborhood).

The site of the hospital was at the top of a ridge that ran from Capital Hill south to Beacon Hill. This location may have been selected for its visual prominence. Furthermore, the site provided the advantage of exposure to south and west sun and natural ventilation provided by up-lifting wind from the east and west – important site planning aspects for nineteenth century hospitals. The site for the Providence Hospital was also near a streetcar line, providing easy access for patients, particularly the indigent for whom the Sisters offered medical care.

The site and building designs for the hospital and powerhouse building were developed by Somervell and Coté Architects between 1908 and 1910. In September 1910, the new Sisters of Providence Hospital opened. At that time the new $750,000 building was then the largest one permitted (according to its estimated construction value) by the city's building department. Providence Hospital was one of the first to be approved by the American College of Surgeons. It was approved for intern and residency training and soon began operating a School of Nursing in affiliation with nearby Seattle University. The hospital was distinguished also by its Schools of Medical Record Libraryship, X-ray Technology and Medical Technology.

History of the Squire Park Neighborhood

Squire Park is a part of a larger neighborhood known as the Central Area. This area, which contains many specific neighborhoods, was not established as an autonomous town, like Fremont, or Ballard. It did not emerge as the result of a civic effort, such as the Alaska-Yukon-Pacific Exposition and the resulting University District, nor or a real estate development, such as George Phinney's Woodland Park. Rather it emerged slowly as part of the city's urban pattern. As a result, its character has changed with continual transformations throughout the years.

The area identified as Squire Park is named after its early designation in real estate plat maps. It is defined generally as the area between 12th and 20th Avenues, and East Cherry and East Alder Streets. Newer developments in this neighborhood include pedestrian-oriented, mixed-use buildings along

arterial streets, updated homes and new multi-family residences throughout. The Central Area, within which the Squire Park neighborhood is located, is a part of the city generally defined as north of Interstate 90, east of Broadway, south of Union Street and extending east to Lake Washington. There is little in the topography, urban streetscape or land sue patterns to distinguish Squire Park from the balance of the Central Area neighborhood.

Early development of the Central Area centered on logging. Logs were skid down Yesler Way (then Skid Road) to the Yesler sawmill. This activity left a large flat district, well suited for residential development. By 1884 a hack wagon line ran daily on Jackson Street (a block south of Jefferson Street) from the city's downtown to Lake Washington, providing transportation through the neighborhood.

Development in the area in the late 1800s was closely linked to the transportation provided by the hack line. By 1889, public transit was established with the city's first cable car line set along Yesler Way to Lake Washington and returning back on Jackson Street. Early maps show the evidence of subsequent growth pattern. The early Central Area developed as a rather continuous grid with streetcars running throughout and in all directions to serve a growing middle class residential neighborhood, with its own churches, synagogues, hospitals, schools, fire stations, and public library. .Streetcars increased in number and frequency as the years progressed. With vehicular transportation, arterial traffic through the area began to contributed to its fragmentation. This situation was further aggravated by the plans for running the R.H. Thompson freeway through the Central Area in the mid-1900s; fortunately these were terminated because of citizen opposition.

Census demographics as early as the 1890s indicate the Squire Park neighborhood has served as the home to many different racial, ethnic, and religious groups. In addition to the Catholic institutions cited earlier, there were many early German Jewish families living in the area. Others, in the Ashkenazic Jewish community, lived or worked in the area near Yesler Way. The Ladies Hebrew Benevolent Society (1892, 1601 – 16th Avenue), the former Mikvah (ritual bath) and Congregation Bikur Cholim (1897 and 1898, at the site of Bailey Gatzert School), the Jewish Chapel (ca. 1920 – 2001, at 12th and Spruce Street), Tolliver Temple (1910, at 20th and Fir Street), Jewish Council House (at 1501 – 17th Avenue), Jewish Settlement House (1916, at 16th and Main) and the original Temple de Hirsch (1909 – ca. 1990, at 14th Avenue East and Seneca Street) attest to the neighborhood's early Jewish population.

Internment of all Japanese and Japanese Americans living in the coastal areas of Pacific Coast States during World War II impacted the demographic character of the neighborhood. From ca. 1890 through 1940 many in this community had settled in the Central Area's southwest edge where there was close proximity to the International District. Institutions such as the Japanese Language School (ca. 1920, 1414 South Weller Street) and Seattle Buddhist Church (1928 – 1935, 1427 South Main Street) were established.

The forced removal of Seattle's early Japanese community during the war coincided with a great demand for military-industrial workers. Many African Americans migrated from the South to Northern and to West Coast cities during this period. In Seattle some of them settled in formerly Japanese-America areas. Nonetheless the pattern of Asian-American influence has remained consistent, and today there are many Southeast Asian businesses located near 12th and 14th Avenues and Yesler Way and Jackson Street.

The earliest African American settlement in Seattle's Central Area is attributed to William Gross (1835 – 1898). Gross served with Commodore Perry in the Orient, and came to Seattle in 1859 to open what was then the second largest hotel in Seattle. An important landowner and a leader in the community, Gross acquired a large tract of land for his residence, located between East 21st and East 23rd Avenues, near Madison Street. Other early African Americans followed, including the Collins family which resided at 27th Avenue and East Madison. By 1940 the African American community had increased in number, with many residences and businesses along 23 Avenue between Yesler Way and East Roy Street.

In the post war era, new outlying suburbs drew the middle class away from the Central Area, leaving it an enclave of the working class, low-income families, and the elderly. Disinvestment followed in the form of redlining, housing blight and general decay of the social and environmental condition. From 1950 to 1970, the Central Area's residential population dropped from 19,900 to 13,000. In the 1950s local planning and development efforts began improving living conditions in the neighborhood. An Urban Renewal project began near Yesler Way was initiated in 1964, and other projects were undertaken by the Model City's Program in 1968. Ironically federal subsidies led to the removal of deteriorated housing, leaving empty lots.

The period from the mid-1970s through the 1980s coincided with a rise in Southeast Asian immigration to Seattle. Many Vietnamese immigrants opened businesses near the intersection of 12th Avenue and Yesler Way, southwest of the Squire Park Neighborhood. The Vietnamese Catholic Community, near 12th Avenue, Fir and Spruce Streets, acquired its present church building during this post-war period.

In the 1980s and 1990s, a general renaissance in the Central Area began, in response to community efforts, regional economic prosperity, and greater investment in housing and businesses in the neighborhood. This revival has resulted in more new and rehabilitated housing structures. Present day demographic studies suggest the neighborhood continues to undergo transformation. It remains an ethnically diverse neighborhood made up by African-Americans, Caucasians, Asian/Pacific Islanders, and Southeast Asian Americans residents. Gentrification has occurred, as it has throughout the city, as evidenced by the rise in median housing prices from $62,000 to $286,000 between 1985 and 2000. The neighborhood appeals to families and appears to be stabilizing. During this time both homeownership and the number of children under high-school age have increased in the neighborhood.2

The Architects, Somervell & Coté

W. Marbury Somervell

Woodruff Marbury Somervell was born in Washington D.C. on May 3, 1872 to Augustus and Mary Eliza (Somervell) MacCafferty. Through his architectural career, he was actively involved in civic improvement efforts, as well as the design of public and commercial buildings in Seattle and Vancouver, Canada.

Somervell's family name was changed by a Supreme Court decision, due to a clause in the will of his maternal grandfather (Woodruff Marbury Somervell), in order to inherit certain properties. His paternal grandfather, an Irish civil engineer, was associated with DeWitt Clinton in the Erie Canal project, and later traveled to Cuba where he built the island's first light house, railway and located the first copper mines.

Somervell apparently inherited some of this restless nature. After graduating in 1892, with a degree in Architecture from Cornell University, he left for the School of Fine Arts in Florence, Italy. He moved to Paris in 1893 to be part of an American atelier. He later worked a year in Baltimore, before moving to New York in 1902. He stayed in New York, working for the firm of Heins & LaFarge until he was sent to Seattle in 1904 to supervise construction of the Saint James Catholic Cathedral (1903 – 1907; altered), on First Hill. While working for Heinz & Lafarge in New York City, he met Joseph Coté.

Somervell formed a Seattle partnership with Coté for a four-year period before forming a sole proprietorship in 1911. He opened a branch office in Vancouver, Canada, with John L. Putnam, while retaining an independent office in Seattle. A large portion of Somervell and Putnam's work in Vancouver included banks and office buildings, such as the Birks Building (1912; destroyed), which was then the only terra cotta faced building in Vancouver.

Somervell's independent Seattle practice built upon Beaux-Arts Classicism with adaptations reflecting Pacific Northwest conditions. By 1912, he and architect Harlan Thomas, in a new partnership, had secured commissions for the Queen Anne, Henry L. Yesler Memorial/Douglass-Truth, and Columbia Libraries. The buildings were designed and constructed, respectively, in 1910, 1914 and 1915. Each was designed utilizing the standard Carnegie plans, yet each retained separate qualities, with exterior features and siting well matched to their sites and neighborhoods.

These commissions for public buildings provided Somervell an opportunity to realize and refine his thoughts on civic improvement, an important component of his professional writings. He had an avid interest in civic art, which he defined as useful and communal art. This interest corresponded well with the civic and community intent of Carnegie public libraries.

World War I saw Somervell's departure from Seattle to serve in the Corps of Engineers and Chemical Warfare. He later remained in Europe to work on restoration of cultural monuments. Following the war he and Putnam both moved to Los Angeles. There they worked together until 1929, after which Somervell worked both independently and with architect S. Tilden Norten, until 1935. He then retired to Cannes, France, and pursued a lifelong interest in etching until his death at the age of 64 on April 2, 1939.

Joseph Coté

Joseph Coté practiced with Somervell in a brief four-year partnership between 1906 and 1910 or 1911. During this brief partnership the firm produced designs for the Perry Hotel, later Cabrini Hospital (demolished), St. Joseph's Hospital in Bellingham and Seattle Fire Station No. 25 (a designated landmark at 1400 Harvard Avenue on First Hill).

After the partnership ended, Coté remained in Seattle and continued to design buildings in the Northwest. His work in Seattle included the Sunset Club and Swedish Hospital and residences for prominent families, including the Frederick Bentley House on Federal Avenue, the Frederick S. Hammons House on Queen Anne Hill, Seattle. Many of the homes were designed in the Georgian Revival and Colonial styles; an unusual example was the 1939 era, 1:12 scale Southern Colonial doll house for a Seattle client, Mrs. Hammons, which is currently in the collection of the Museum of History and Industry.

Joseph Coté's residential work included design of the Raymond-Ogden Mansion (1913), a Georgian Revival style home for Dr. Alfred Raymond, and the 1940's additions to the Ballard/Howe House (1901) for Dr. Richard Perry. These two residences are listed in the National Register. (Dr. Raymond worked at the Seattle General Hospital and was president of the King County Medical Society in 1897. Perry was associated with Harborview County Hospital and was president of the Seattle Academy of Surgeons as well as the County Medical Society. The men may have known Coté through the architect's hospital work.)

Coté was born in Quebec and educated at Columbia University. He worked in the New York firm of Hines and LaFarge where he developed a close working relationship with Woodruff Marbury Somervell. The two men traveled west to Seattle in 1904 to oversee construction of St. James Cathedral. On that project, Coté's role has been described as that of supervising architect, Somervell, the senior architect, appears to have been in charge of design.

DESCRIPTION

Urban Context

The physical context of the Providence Hospital has experienced considerable change in the last 90 years. In 1909 – 1910, when the hospital was first constructed, the area surrounding it was made up of single-family residences. The hospital campus began to grow in the 1920s. Eventually it overtook several blocks of single-family residences, and several blocks of East James Street. 17th Avenue was partially vacated to create a multi-block complex of fourteen buildings by 1976. Presently the Squire Park neighborhood in the immediate vicinity of the hospital remains primarily residential with single-family houses, multiplexes and low-scale apartment buildings. The property is zoned Major Institution Overlay, 105-L-3.

Early Twentieth Century Hospitals and Hospital Design

The rise of the hospital as an institution in the late nineteenth and early twentieth centuries traces advances in western medicine and growing specialization of care. Providence Hospital represents

both of these developments and the role that hospitals played in the city of Seattle during its historic period of urbanization.

Many advancements had been made in patient care and hospital design during the Crimean War in Turkey and the American Civil War, when large mobile wards were created, aiding systemization. The discoveries of Pasteur and others concurrently advanced theories about germs. Under Florence Nightingale's direction hospitals began to separate patients by their disease and levels of infection, and use mechanical systems for ventilation and temperature control. Advancements in sterilization and surgery procedures, and a growing understanding of disease and diagnostic procedures occurred in late in the century.

Epidemics of cholera, influenza, and tuberculosis in the nineteenth and early twentieth century raised public consciousness and helped advance practical application of treatment and immunization. The medical profession advanced also, with growing formal education for both doctors and nurses, and science-based treatment. Business practices were systemized too, with medical care aggregated in larger and larger urban institutions.

In terms of design, hospitals in the U. S. followed European and in particular English models, with pavilion plans, such as London's 588-bed St. Thomas Hospital (1866 – 1871). These buildings were made up by a series of narrow wings, organized with large open wards or small patient rooms off a double loaded corridor with exposure to air and light on one or two sides. Toilets and bathrooms were located outside the ward rooms. Building entries were centralized as was vertical circulation. Upper floor building ends featured glazed solariums. For treatment, different floor levels or wings separated according to the type of disease. Chimneys and piping with rooftop ventilators provided positive pressure ventilation. Basements featured utilidors with central heating and exposed piping. Laundries, laboratories and large supply rooms were added to support treatment functions, and hospitals grew ever larger. In 1875, when John Hopkins Hospital was constructed in Baltimore, it covered a multi-building campus of 13 acres with separate administration buildings and residences for nurses.

In 1873 there were only 149 hospitals in the U.S. By 1923 there were 7,095 hospitals and sanatoriums in the country, with an estimated bed capacity 792,069. This represented an increase of 4,661% in the number of hospitals during a mere 50-year period.3 By this same time, there were 192 hospitals and allied institutions in Washington State providing a bed capacity for 15,328 patients. The national average size of hospitals had grown to 111 beds. The original Providence Hospital, reported to have provided 356 beds and an additional 50 bassinets, was much larger than the average hospital. Surprisingly, it provided this capacity at far less than the average of 80 square feet per bed.

A 1923 publication, First Steps in Organizing a Hospital, noted that "barring exceptional cases, it is desirable to locate hospital a distance from the city's business center, but in or near center of residential district it is organized to serve." The hospital should be easy distance from the city center (for easy deliveries and access), with a short distance to streetcar line, but not directly on it because of noise . . . (The) plot should be large enough to give ample light, free circulation of air irrespective of structures that may be erected nearby," (and should allow for future expansion).

Recommendations suggested that the hospital building be sited with maximum southern exposure, to allow sunlight into wards. "Hospitals should avoid smoky or dusty locations . . . Plantings of trees, shrubs and lawn should surround it to intercept such air quality conditions."

The building was a concrete frame, with brick chosen as an exterior material, serving as fireproof cladding and embodying a sense of permanence. The building style, with its terra cotta opening surrounds, corner quoins and decorative elements, was clearly historic – a Renaissance Revival design with Classical precedents.

The building style and its massing may have been influenced by earlier buildings constructed by the Sisters of Providence. Mother Joseph's previous designs included the Providence Academy (1873, Vancouver, Washington), a three-story brick building described as a Renaissance Revival style structure with Georgian and French colonial influences. Her design for Vancouver's St. James Cathedral (1884 – 1885) featured a Victorian Gothic Revival style, prominent brick structure. Mother Joseph was an advocate of strict symmetry in building design, and tended to locate building by the Sisters of Providence at prominent locations.

The original Providence Academy and St. James Cathedral were both crucifix forms in plan and featured symmetrical towers that extended their scale and visibility in the town. The earlier Providence Hospital in downtown Seattle was another prominent building in its urban setting. Clearly the placement and massing of the Providence 1910 Building continued the pattern of religious symbolism and prominence.

The Site and Building Plan

The 1910 Building is located currently between East Cherry and East Jefferson Streets, and 17th and 18th Avenues. An early site plan, dated 16 April 1911, shows the original site, which was a full block between Cherry and James, 18th and 17th Avenues. The original site was a 3.53-acre (153,600 square foot), 600' by 256' parcel situated at the top of a north-south ridge in Seattle's central area, then known as the Mann or Minor neighborhood. Subsequent additions to the site have enlarged it to over two full blocks.

The main public entry and primary facade faced west toward 17th Avenue. The secondary or east facade faced 18th Avenue, and the secondary end facades faced north toward East Cherry Street and south toward East Jefferson Streets. The building was set 130' from the south property line, and approximately 170' from the north property line. The front setback was 48' from 17th Avenue, and the back 34'+/- from 18th Avenue. From an urban design perspective, the hospital was a prominent object building on its site and a highly visible landmark on the top of the ridge.

A review of the original design plans, dating from 1908 - 1910, provides a view of the building and site design. The original landscape design, according to early photographs, consisted of simple plantings of lawns, shrubs and some trees. The building rose above the street grade of 17th Avenue with symmetrical walkways, wide flights of stairs and a central landing at the second floor level entry. A driveway and porte cochere led to another entry lobby and receiving space at the floor level below. These elements featured stone, and terra cotta cladding and ornamentation. A service entry was located at the back of the building off 18th Avenue. The original power plant/laundry structure was on the southeast corner of the property.

Providence Hospital gained its physical prominence and symbolism because of its size, height and stylistic features. The building's main wing was 304' end wings of 172', and comprised almost 212,000 square feet. Because of the slope of the site the basement level is below grade on the west and exposed on the west. Floor to floor heights were set at approximately 14' at the basement (later known as Level "A" and set approximately 2' below the street grade at the southeast corner of the site), 13'-10" at the first and second floors, 12'-9" at the third through fifth floors, and 16' at the sixth floors. A utility tunnel lead to the nearby power plant. The hospital's 23' by 22' central tower rose an additional to 90' above its primary roof level.

Exterior Features

The Providence Hospital 1910 Building is a well-detailed example of a Classical Revival design, which exhibits influences of the Queen Anne Revival style. Its original massing includes a main north-south wing with a tall central tower, emphatic end wings that project forward from the main facade, and three wings that project to the back to partially enclose two paved service courtyards. The building mass is characterized by flat roofs, raised parapets with gable ends at the wings, and the prominent tower, which is surmounted by a loggia and cupola. The overall building form appears strictly symmetrical, and provides a hierarchical sense of order and symbolic power.

The building features a window pattern of single units precisely composed in single units, pairs and groups of three within the brick and terra cotta masonry cladding. With the exception of the second floor level, the window openings are rectangular. The second floor level is the most ornately detailed and features paired windows are set within segmental arched head openings with radiating brick voussoirs and terra cotta keystones. Terra cotta aprons below the window sills at this level are decorated with shallow projecting cylinders.

Exterior materials reinforce the classical building composition of base shaft and cap, with the lowest level made up by the rusticated terra cotta base surmounted by a tall trim band of terra cotta and a second floor level of red brick panels set flush with the lighter color masonry. The primary building facades (typically the west, north and south) are distinguished by the exterior cladding with additional use of terra cotta as the primary compositional bands.

Cream color terra cotta decoration, copper roofing on the central cupola and formed copper gutters and downspouts provide a rich pallet of textures and colors. Symmetry is reinforced at the roof level by penthouses and raised parapet gables on the wings. Before the removal of the original entry this symmetry was further reinforced by the ornately detailed central stair and porte cochere. The second floor entry above was enclosed by a shallow porch with free-standing columns which supported an ornate balustrade at the third floor central balcony. Subsidiary balconies were provided in the bays to the two sides, and the central entry doors were framed by a deep terra cotta surround. Additional shallow balconies were placed at the original ends of the building where they were accessible to corridors. These balconies were protected by ornate, decorative metal railings.

Exits from the building were originally located in exterior stairs in the back two courtyards and open fire escapes which were placed at the far east ends of the north and south wings. The fire escapes were replaced in ca. 1965 by three tall, brick-clad concrete stair towers.

The building is concrete frame with concrete foundation walls, footings, and columns, set in a 14’ to 15’ structural grid. The lower level of the facades, up to the window sills, was clad with terra cotta formed as rusticated stone and stone window surrounds. At the second floor, below a heavy trim band, the window openings feature segmented arches with contrasting brick inset between the openings.

The facades feature red brick as the field material with buff-colored brick used as an accent and banding on the upper floors. (The masonry treatment is simplified considerably on the secondary (west) facades, particularly those that face into the service courtyards. The bands served as an architrave above the second floor, delineating the building’s base. Terra cotta cladding at the third through fifth floors is limited to windowsills. Wall planes at these middle levels and the tower vary, with the bays within which the windows are located set slightly recessed to give the building a sense of verticality. Above the middle levels, a continuous band at the sixth floor runs below the windows, at the sill level. A tall denticulated, slightly projecting cornice above defines the building’s upper floor. Raised, brick-clad parapets with terra cotta coping cap the building. Primary ends of the building's wings feature stepped parapets with truncated gables decorated by ornate cartouches. This treatment is replicated in small scale in the elevator penthouse roof. At the east facade of the center wing the masonry within the gable parapet end is laid to form a cross within a circle. A three-dimensional terra cotta cross is placed above this at the top of the parapet.

Windows were typically single-glazed painted wood double-hung types, and metal sash. Windows in the south end solarium were originally metal-framed units. Large windows in the chapel were filled with stained glass, apparently the result of donations, as they are identified with specific donors.

The Original Interior

The original entry sequence featured two levels with an entry leading through a short hallway to an elevator and stairs off the porte cochere, and a lobby leading to a central reception space at the second floor. Both floors were linked to upper floors by an elevator and main stairs. The central stairs lead to a landing with side runs to the upper floor. Secondary s were placed near the north and south ends of the main corridor.

The hospital plan was developed originally according to function, with specific rooms for specific services. The basement was limited to a main corridor, fan room and utilitor tunnels; the first floor originally included food storage, kitchen, administrative offices, staff space and reception.

Upper floors contained treatment rooms, such as x-ray, surgery waiting and surgery rooms, and patient rooms, all of which were accessed off a double-loaded, north-south main corridor, and east-west side corridors at the end wings. The second floor featured a library and the fifth floor contained a two-story chapel assembly space in the center east wing. The chapel featured a metal framed, plaster clad vaulted ceiling. The sixth floor also featured sunrooms at the far north and south ends of

the main corridor in the solarium spaces. According to some records, a seventh floor was designed originally, but its construction was cancelled.
In many ways the building plan was typical of early twentieth century hospitals, the interior arrangement of spaces on the main floor focused on the central reception desk and those on upper floors demised as patient rooms and clearly visible nursing stations. Spatial qualities reinforced the importance of the public rooms and corridors, which had tall ceiling heights of approximately 11'-9".

According to historic documents, original interior finishes were simple, and included painted plaster walls and ceilings, painted fir trim and base. Flooring included ceramic tile, terrazzo and asphalt tiles. Doors included, painted metal and wood panel types with solid and glazed panels.

Finishes at the basement level were more utilitarian with concrete floors and painted plaster walls. Hot water radiators and steam from the central boiler in the power plant supplied heating.

Changes to the Original Building

According to building permit records and drawings from DCLU files, there have been many technical upgrades and changes to the 1910 Building in response to changes in medical treatment over the last century. In the late 1920s solarium additions were placed at the north and south ends of the main corridor which formerly had terminated in open balconies. Architect John Graham designed the 16'-4" by 26'+ solarium additions. This remaining south solarium is characterized by its simplified treatment of brick cladding, slightly lower roof level, wide strip window openings and metal framed windows.

Later, in 1929, internal changes were made at the lower levels to accommodate a bakery and other cooking and dining facilities. Mechanical, plumbing and electrical changes occurred each decade to meet technical advancements and medical needs. Other changes included updating of medical and lab spaces, changes to s and building exits, and the insertion of offices, treatment spaces and conference rooms.

Major changes to the building entry were made beginning in the mid-1960s. The revision of the primary entry sequence was a dramatic one. Identified in drawings as the 1964 "Administration Addition" it included grading of the topography and a new single story central entry. The building's primary west façade and the driveways off 17th Avenue were changed to bring vehicle and pedestrian access to the same entry level. The original monumental and ornate entry elements were removed for the construction of this addition. A historic photo dating from the 1960s shows the symmetrically placed new addition, a clearly Modern era design of cast concrete that featured a cantilevered canopy over the driveway entry.

Tax records indicate that the initial paved parking lot, southwest of the 1910 Building, was built in 1966, soon after the addition was completed. By the late 1960s changes to exiting had been made that resulted in the addition of three stair towers at the end walls of the three wings on the east. These towers are simple vertical masses with monolithic expanses of brick veneer cladding and narrow vertical openings near outer corners and at the inner joint with the original facades. These openings are glazed with dark tinted glass, which further distinguishes them from the historic building.

Changes on the interior are evident throughout the building in the finishes, and with built-in furnishings and equipment. Current materials include acoustic ceiling tiles in suspended metal frames, vinyl flooring and base, and easily maintained composite wall panels. Fluorescent lighting within recessed panels or ceiling-suspended fixtures are typical throughout. The basic original plan remains with its wide central corridor and perimeter rooms. As a result, however, there is little to experience within interior spaces that reinforces the building's historic aspect.

Additions to the Original Hospital Site

Major changes over time have included the addition of many buildings adjacent to the 1910 Building. The applicant owns none of these buildings, but they do reflect a historic pattern of increased complexity and specialization of hospital care. The following buildings are part of the present day Swedish Hospital Providence Medical Center Campus, but they are not a part of this landmark nomination. They are described below as part of the overall site context.

The East and West Towers, the Central Building, and the 1964 Addition were built as extensions or additions, and some are linked internally to the older building it by corridors or shared rooms. Thus they have impacted its physical integrity.

<u>The Power House and Laundry/Power Plant (1910)</u>
The original Power House building was designed and constructed at the same time as the 1910 Building, and is stylistically similar to it. It featured a T-shaped plan, concrete structure, with overall dimensions of 86'-8" by 82'+/- totaling 13,102 square feet. The power plant is prominently located on the southeast corner of the block at the intersection of East Jefferson Street and 18th Avenue. The power house features gabled roofs, with a heavily decorated primary gable end facing east onto the street. This end features a very large, arched head opening with three industrial sash windows in a decorative masonry surround. The building is constructed of concrete and brick masonry. Its painted and plastered concrete base is treated with a heavy rusticated pattern. Raised parapets, window surrounds and masonry bands of cream colored terra cotta, and green colored glazed roof tiles add to the building's rich historic character.

The two story building originally contained the hospital laundry with a wash room, sorting room and ironing room, a carpenter's shop and large refrigerator room at the upper level, and a boiler room, dynamo room and smoke tunnel at the lower level which was set at street grade. A partial basement contained an incinerator pit. Tax records indicate the building was altered in 1989. Presently the upper floor is used as engineering and maintenance building for the hospital complex.

The Power Plant also featured the hospital's 156' tall incinerator exhaust chimney. The chimney stack was originally a bearing brick masonry structure with solid 13" wide cylindrical walls comprising the shaft with corbelled brick courses at the top, on a terra cotta clad, square shaped, cast concrete base. The brick chimney was reconstructed this year after the 2001 Nisqually earthquake damaged the original structure. Presently it is a steel stack clad with brick panels set to form an octagonal shape. The chimney remains a prominent visual element of the hospital complex.

The Annex/Hope Heart Institute (1920)

The annex is a two-story, brick clad, concrete building that was added to the original site ca. 1920. It is adjacent to the original powerhouse/laundry building and south of the Providence 1910 Building. The 42' by 102', 8,420 square foot Annex is separate from the original hospital by a level landscaped planted yard, set approximately 12' above the adjacent sidewalk level, and is clearly distinguished by its austere Moderne design. Its east facade, however, led to a covered passage that linked to the nearby Power Plant. This building originally contained a large sewing room and large linen room on the first floor (near the hospital laundry in the Power Plant), and sixteen bedrooms, two bathrooms and a living room on the second floor, and presumably served as a dwelling for laundresses and other staff. Presently a non-profit research group, the Hope Heart Institute, utilizes the building.

Providence Hall, 1715 East Cherry Street (1927, demolished)

This five-story building was added in 1927 - 1929 at the northeast corner of the block at East Cherry Street and 18th Avenue to serve as a residence for nurses. In a historic tax assessment photo it appears similar to many apartment buildings of its era. The 90,160 square foot, concrete frame building featured a flat roof, central entry along its north side, and double-hung windows composed in single openings or pairs. Brick masonry cladding and bands of terra cotta delineated a one-story basement base, middle infill floors, and a top consisting of the fifth floor and raised parapet. Providence Hall harmonized with the hospital building with the composition of its facades, use of brick and the terra cotta cornice, and simple Classical decoration. Two south wings of the residential building extended to the south, and a 10' wide hall connected it with the main corridor of the 1910 Building.

East Tower (1990)

Providence Hall was replaced by a much larger building known as the East Tower. Unlike the earlier residential building the newer structure was designed as an addition to the original hospital, and it encapsulates a large portion of the original building's north end. Several floor levels are linked internally in a continuous fashion by corridors, separated only by rated fire doors. A large vehicle entry and service dock is located at the grade level on the east side of the East Tower, clad in part by glass blocks.

The style of the East Tower is Post Modern, featuring a pediment-raised parapet above the roof at the building's east facade, and a series of full height tower-like projections on the north. The building's cladding includes large panels of glass, metal panels and wide stripes of buff and red colored veneer brick in clear contrast to the original hospital and the earlier Providence Hall.

The West Tower (ca: 1960s)

According to a site plan dating from the mid 1970s, the West Tower was then a separate building, "West Nursing Tower" which had an overall footprint of approximately 80' by 100'. At a later date it was replaced by or expanded to create the current, larger structure. The present West Tower is a

tall, six-story structure constructed in the middle of the aggregated two-block site. Its north facade is along East Cherry Street, and its west side abuts the low-rise Professional Office Building. Its south side is integrated with the Center Building. The West and East Towers are connected at levels one though six.

The West Tower building was constructed after East James Street and 17th Avenue were vacated by the city and deeded to the Hospital. (Portions of the center of the site remained in separate ownership until the 1980s, thus necessitating a peculiar pattern of new construction and infill.) The West Tower is a large, flat roofed structure clad with light gray panels and red brick masonry veneer. Its north elevation appears as a very simple six-story structure with a single central projection to break up the massing.

The Center Building (1964 - 1988)

The Center Building is a concrete frame building with a low mass along its primary, south-facing facade and a taller multi-story volume within. Internally, the building is integrated with the West Tower. The Center Building presently serves as the main entry into the hospital complex. Visitors and patients arriving by car or foot disembark at a north-south oriented sidewalk, below an open steel structure with a space frame and glazed panel canopy. This leads to several steps and a ramp up to an entry through sliding glazed doors on the south façade of the Center Building. Internal hallways link the lobby of the Center Building to the main north-south corridor of the 1910 Building. Two skybridges link the Center Building to other structures in the campus. One leads west to the Parking Garage across 16th Avenue. Another leads south to the 1600 Jefferson/Medical Tower Building.

550 Professional Office Building (1975)

The four-story concrete frame Professional Office Building was constructed at the northwest corner of the multi-block site. The building is oriented north south with its primary exterior entry off 16th Avenue. It is internally linked to the Center Building and West Tower.

Parking Garage (ca. 1980)

Parking for the Swedish Hospital Providence Medical Center campus is provided within a multi-story concrete frame garage located on the west side of 16th Avenue. The garage is linked to the Center Building and main entry to the hospital complex by an enclosed skybridge over the street.

1600 Jefferson Building/Medical Tower Building (ca. 1980)

This eight-story concrete frame building is located at the southwest corner of the current multi-block site at the northeast corner of 16th Avenue West and East Jefferson Street. It contains a café, gift shop at the southwest corner of the lowest floor level and clinics and doctors offices above. A glazed sky bridge links it to the Central Building to the north.

The features of the Landmark to be preserved, include:

- The exterior of the 1910 building and the 1927 solarium addition on the south side of the 1910 building;

- The site of the 1910 building and 1927 solarium addition on the south side of the 1910 building and excluding the additions built in 1964, 1969, 1978 and 1988.
- The interior of the chapel

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