



The City of Seattle

Landmarks Preservation Board

Mailing Address: PO Box 94649 Seattle WA 98124-4649
Street Address: 700 5th Ave Suite 1700

REPORT ON DESIGNATION

LPB 474/09

Name and Address of Property: Harborview Medical Center (Center Wing of the East Hospital)
325 Ninth Avenue

Legal Description: Blocks 66 and 67 of Terry's First Addition to the Town of Seattle, according to the plat recorded in Volume 1 of Plats, page 49, records of King County, Washington; together with the vacated alley within said Blocks 66 and 67, vacated by City of Seattle Ordinance #58470; together with vacated Terrace Street between 8th and 9th Avenues, vacated by City of Seattle Ordinance #58470; together with Lots 6 and 7, Block 68 of Terry's First Addition to the Town of Seattle, according to the plat recorded in Volume 1 of Plats, page 49, records of King County, Washington; and together with Lots 6 and 7, Block 69 of Terry's First Addition to the Town of Seattle, according to the plat recorded in Volume 1 of Plats, page 49, records of King County, Washington.

At the public meeting held on September 16, 2009, the City of Seattle's Landmarks Preservation Board voted to approve designation of Harborview Medical Center (Center Wing of the East Hospital) at 325 Ninth Avenue as a Seattle Landmark based upon satisfaction of the following standards for designation of SMC 25.12.350:

- C. It is associated in a significant way with a significant aspect of the cultural, political, or economic heritage of the community, City, state or nation;*
- D. It embodies the distinctive visible characteristics of an architectural style, period, or of a method of construction;*
- E. It is an outstanding work of a designer or builder; and*
- 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 the City.*

Architectural Description

The Harborview Medical Center Campus and Its Setting

Harborview Medical Center is located at the southwest edge of First Hill, rising high above the I-5 freeway and the southern part of downtown Seattle. Adjacent to the south is Yesler Terrace (1939), a 32-acre garden-style low-income housing community owned and operated by the Seattle Housing

**Administered by The Historic Preservation Program
The Seattle Department of Neighborhoods**

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Authority (SHA). Jefferson Terrace, an SHA high-rise apartment building, is directly north of the hospital.

The overall Harborview Medical Center campus encompasses slightly more than two square blocks. The Center Wing is located mid-block on the west side of Ninth Avenue between Jefferson and Alder streets. It is flanked by the South Wing (1955) and the North Wing (1974/80), with the emergency entrance at the north side. On the west side of the block is the large West Hospital/Clinic complex (1998). The primary entrance/patient drop-off area is on the west side of this building, and all of these buildings are connected internally. West of the entry drive is a block-long garage structure; because of the steep slope, it is above the freeway but below the grade of the hospital. The northern garage structure is topped with a green space known as Harbor View Park (1974); the south end has three helipads for emergency helicopters.

Across Ninth Avenue from the Center Wing is Harborview Hall, also built in 1931. To the south, at the corner of Alder Street, is an 8-story Research and Training Building completed in 2000. Behind it is Firehouse #3, a Seattle historic landmark that now houses the Harborview Public Safety Department. Adjoining it, on Terry Avenue, is a small 2-story administrative office building (1989). North of Harborview Hall is the Inpatient Expansion Building, currently under construction. It is connected to the North Wing of the hospital by a 6-level skybridge over Ninth Avenue. Across the street to the north, the Ninth & Jefferson Building is also under construction. This will occupy the entire block between Ninth and Terry avenues and James and Jefferson streets.

Most of the remainder of the immediate vicinity consists of apartment buildings and small commercial structures. Harborview owns three small buildings near the northwest corner of 9th Avenue and Jefferson Street. On the corner is a private clinic (1948) that was previously the Medic One garage and still houses their office/training space. Adjoining this is a house (c. 1900) converted to six apartments in 1941 and, farther north, a childcare center (1997). The two apartment houses, the Broadmore and Terry Terrace, located behind the new Inpatient Expansion Building, are privately owned and remain in residential use.

Exterior Description of the Center Wing of the East Hospital

The Center Wing is a 246,800 square-foot structure built of reinforced concrete faced with varicolored buff brick with terra cotta and cast stone ornament. The foundation level on the east side, below the first floor windows, is smooth granite blocks. The structure has the symmetrical stepped-back massing typical of tall buildings of the 1920s-30s. It has a total of fifteen stories, including a five-story tower. On the Ninth Avenue (front) elevation, the ninth floor steps back two window bays from the broad eight-story base; the tenth story is set back three bays, and the five-story tower is set back another six bays. The architect took advantage of the building setbacks by providing a solarium at each end of the ninth and tenth floors; these were originally used by patients in the maternity and children's wards, but they are not visible from the street. The square five-story tower has a pyramid shaped roof clad with golden yellow tile and topped by a green copper figure resembling a stylized flame. Reportedly, this once contained an illuminated beacon.

Windows throughout are original painted steel sash with three operable sections--a pair of operating casements above a hopper window. The tower and the ten-story base are each delineated by a wide bay with a single window on each floor; the narrow windows in these bays are deeply recessed with the openings capped by ornamental grillwork. At the tenth floor each window bay terminates in a round window surrounded by sun rays of cast stone or terra cotta; the scale is large enough to make a strong impression at a considerable distance.

Vertical piers (2.5 feet wide) project slightly between each bay of windows and give a strong vertical emphasis to the large structure. The spandrels (4.5 feet wide) between floors are of buff brick laid in a simple ornamental pattern, giving a woven effect. The cornice is capped with cream-colored terra cotta, with a very large-scale fern frieze and fluting in terra cotta. The four center piers terminate in column-like forms that may represent fern stems; early photographs show that these originally terminated in very large terra cotta fern fronds, curving as they opened up. These over-sized finials were removed at an unknown date, probably for earthquake safety.

Entry

The ornate entry now has a large modern canopy in glass and light green metal, added in 1998 to cover the entry and walkway. However, the large cast stone frieze above the doorway is still clearly visible. Its pattern features the caduceus (an ancient symbol of the medical profession) and what appear to be Northwest Indian totemic designs. The deeply recessed doorway is framed with a wide fluted surround of black marble. The two swinging doors (probably replacements, but compatible) in the center are flanked by two single doors. Each has a transom with ornamental grillwork; similar grillwork is on the two windows flanking the entry. Large original bronze light fixtures flank the entry. A new ramp for handicapped access is at the north side of the entry, with an Art Deco-patterned railing.

Building Additions

To the south of the main structure is the South Wing, now known as the East Clinic. It is an eight-story International Style building (1952-55) with bands of aluminum-framed windows. Between the bands of windows are deep projecting *brise-soleil* and spandrels clad with beige ceramic tile. Its strong horizontal emphasis contrasts with the vertical emphasis of the Center Wing.

To the north of the Center Wing is the nine-story North Wing, built of unornamented gray concrete in the Brutalist style. It was designed by NBBJ in 1972-74, with the top four stories added in 1980. Its overall massing, subtle vertical piers and regular fenestration attempt to relate to the massing of the Center Wing. It was similar in appearance to the Harborview Mental Health Services building (demolished) that was located across the street to the east.

The largest addition, the West Hospital and Clinic, was constructed in 1998. It is not visible from the front of the original building (Ninth Avenue), but is highly visible from downtown. Its design reflects a post-modern interpretation of the original hospital's Art Deco style, with vertical orientation, regular fenestration and terra cotta-like ornamentation.

Attached to the north side of the main facade of the Center Wing is a two-story 1998 addition containing a garage for Medic One ambulances, with living quarters above. It is of concrete, deeply scored to look like stone blocks, with sections of buff brick facing. Vertical piers of scored concrete and Art Deco-inspired chevron detailing above the four metal garage doors reflect the style of the 1931 building. The large windows have oversized aluminum mullions. The large mansard-like cornice is of light green metal.

In front of the southeast corner of the building is a windowless concrete structure housing equipment for the UW Gamma Knife Center, which provides radiological surgery for brain disorders. It is below the level of the first story and does not impede the view of the building.

Interior Description

Other than the east lobby, the hospital interior has been largely remodeled over the years, with new materials and some changes in room configurations. For seismic reasons, most of the Center Wing is no longer used for patient care, but is devoted to faculty and staff offices, with support and supply

services on the basement and ground floors. The three-story wing projecting to the west, which contained laboratories and the original ambulance court and driveway, has been obscured by later additions. The former kitchens and cafeteria on the ground floor have been remodeled into a central pharmacy. The only patient care services remaining in this structure are the original (although remodeled) inpatient psychiatric unit on the fifth floor, and burn and rehabilitation clinics. Some original features (such as steam radiators, ceramic tile walls and built-in supply cabinets) are visible in a few offices. Most floors, however, have been completely modernized, often more than once.

Lobby

The Ninth Avenue lobby, now used as a secondary entry, is in largely original condition and retains its Art Deco character. Necessary changes such as the wheelchair ramp have been generally sensitive to the original character. The lobby consists of a vestibule, a main lobby and, up a few stairs, an elevator lobby opening to corridors leading to the West Hospital and the north and south wings.

The vestibule has a pair of exterior swinging doors, flanked by similar single doors. The original interior doors have been removed. The inner doorway is bordered with brass. The wainscoting is of very dark red marble with a white plaster ceiling in a simple X pattern; the area is lighted by small Art Deco light fixtures.

The lobby has wainscoting of tan-colored marble with a dark gray marble base with a black rubber base added for protection. Newer gray carpet covers the floor. Four dark terrazzo stairs, with Art Deco-style brass handrails, ascend to the elevator lobby. These rails, and those on the wheelchair ramp, are modern additions but are in keeping with the lobby's character. The stairs are flanked by two large fluted square columns, of tan marble with a terra cotta frieze in a fern frond design. Original bronze railings, in a slightly more ornate Art Deco pattern, separate the lobby from the upper lobby.

At the north end of the main lobby are painted double doors that originally led to a small waiting room and now lead to a security office. Nearby on the east wall, adjacent to the main entry, is the bronze plaque noting the building's dedication in 1931, with the names of the county commissioners, the architect and the contractor. A 1943 plaque recognizes a major donor.

The highly-detailed ceiling of the lobby, painted a pinkish tan, is coffered in three sections separated by simple fluting. Each coffer is edged by dentils, with an Art Deco sunrise design on the inside. At the south side a ramp for wheelchair access has been added. The ramp runs behind an original marble wall with a large brass-bordered opening, through an area that was once the mail room. The original bronze-edged information window has been filled with a sculptural grill.

The upper lobby has the same tan marble wainscoting and dark base as the lower lobby. Above the main doorway, the entrance to the hospital itself, is a wide plaster frieze with a design of fern fronds, similar to that found on the building's exterior. Above the frieze is wide plaster molding in a sunrise pattern; both extend around the room, with a caduceus design in the center. This molding extends down to the center doorway, with an original clock in the center.

The original light fixtures remain. They are opaque glass lanterns, square in shape, surrounded by two levels of horizontal glass. The bottom has an Art Deco design in glass, with bronze ornament on the sides. Those in the main lobby are suspended by bronze rods; those in the elevator lobby are attached directly to the ceiling.

Statement of Significance

Harborview Medical Center, Center Wing, has played an important role in King County's health care system since its opening in 1931. It has been the county's major provider of health care for the poor and the primary provider of emergency services, trauma and burn care, communicable disease treatment and inpatient psychiatric services. It has also played a significant role in regional medical education, first as a primary training facility for the University of Washington School of Nursing (beginning in 1931) and later for School of Medicine and other health sciences departments.

Neighborhood Context

Harborview Medical Center sits above downtown Seattle on the southwestern ridge of First Hill. Due to its proximity to downtown, First Hill was one of the first areas to attract those seeking to settle outside of the increasingly crowded commercial center. By 1890 it was the home of some of Seattle's most prominent families, including the Fries, the Stimsons, the Burkes, the Carkeeks, the Terrys, the Hallers and many Dennys. Its days as an exclusive neighborhood were short-lived, however. After the "Great Fire" of 1889, fireproof brick and stone construction was mandated downtown, and those seeking less expensive housing moved to nearby First Hill. At the same time, institutions, apartments, rooming houses and hotels arrived, seeking a convenient location with space to expand and a prominent position over the growing city.

In 1890 a new King County courthouse was built at Eighth Avenue and Alder Street, on what came to be known as "Profanity Hill." By 1891 three street railways coursed across the hill, with routes on James Street/Broadway, Yesler Way and Madison Street. Early in the century several other important institutions established themselves on the hill, including St. James Cathedral, the Sorrento Hotel, Seattle University, Cabrini Hospital, Swedish Hospital and Virginia Mason Hospital. By the 1920s First Hill had evolved into a regional medical center. Thus, in 1929, when the county faced a critical need for a new hospital, the First Hill site behind the old courthouse (a new one had been built downtown in 1916) was a logical choice. Harborview Hospital and Harborview Hall were completed in 1931. The old courthouse was imploded the same year, opening up space to the west.¹

Since that time, First Hill institutions have continued to grow, with three large medical centers (Harborview, Swedish and Virginia Mason) as well as related medical facilities, expanded Roman Catholic archdiocesan offices, O'Dea High School, the Frye Art Museum and Seattle University. Large-scale housing has been built to supplement the early apartment buildings. Yesler Terrace, a 43-acre (now 32 acre) garden-style housing project just south of Harborview was built in 1939. It housed war workers and veterans until the early 1950s, and has served low-income residents since that time. Two other Seattle Housing Authority developments, Jefferson Terrace and Hilltop House, are also located nearby. However, the most notable change in the vicinity has been the construction of the I-5 freeway in the mid-1960s, which went through Yesler Terrace and cut First Hill and Harborview off from downtown.

County Hospital to Regional Medical Center

Harborview Medical Center has its origins in the King County Poor Farm, established in Georgetown in 1877. The original ten-bed hospital was operated by the Sisters of Providence for fourteen months in 1877-78, until they built their own hospital in downtown Seattle, where they continued to care for the indigent sick under a county contract until 1887. In 1890 the county reopened its own facility,

¹ Paul Dorpat, "Historic Seattle Neighborhoods: First Hill--Thumbnail History," HistoryLink.org, March 14, 2001.

and in 1893 built a new King County Hospital and Almshouse on Corson Avenue South in Georgetown. Designed by Willis Ritchie, it was an imposing three-story structure of local brick and stone, with 125 beds. A new wing with 100 more beds was added in 1908. However, by the mid-1920s more than 400 patients were often crowded into the 225-bed facility.² The need for a new hospital was critical.

The New Hospital

Construction of a new hospital was authorized in 1925, and in November 1928 voters approved a \$2,750,000 bond issue to build a 500-bed hospital “for care of the indigent, sick, injured and maternity cases.” A site adjacent to the former King County Courthouse on “profanity hill” was selected, and in 1929 the name “Harborview” was adopted. In an attempt to separate it from political concerns, a board of six trustees was appointed, two from each county commission district. Operating costs were to be paid by the Washington State Department of Public Assistance, which was to receive legislative appropriations specifically for this purpose.

The county commissioners hired Dr. William H. Walsh, a hospital consultant from Chicago, to oversee the planning and construction of the new facility. The prominent Seattle architectural firm of Thomas, Grainger and Thomas was hired in January 1929 and completed a master plan and the design of two buildings (the hospital and a nurses’ residence) by the end of that year. Construction, at a cost of about \$3,000,000, was completed in early 1931, with patients arriving in March 1931. The Georgetown facility was retained until 1956 for the care of chronic and aged patients.

Upon its opening, the *Argus* hailed it as “the most prominent building in view from the harbor, dwarfing even the skyscrapers . . . one of the most complete institutions of its kind in the United States.”³ Its prominence was emphasized by the almost simultaneous construction of another Art Deco building, the U.S. Marine Hospital (Public Health Service Hospital/Pacific Medical Center/Amazon.com, 1930-32, Carl Gould), just to the south on Beacon Hill. A post-war book noted the juxtaposition of the two hospitals, “Harborview Hospital . . . is modern in every detail of hospital development. The two hospitals, each standing on a hilltop, are a distinctive feature of the Seattle skyline. The city is proud to have two such well equipped institutions.”⁴

At its dedication on February 1, 1931, the new complex was seen as “the first two steps in the creation of what is hoped some day will be a great Western medical center.” It was called:

...one of the finest ‘plants’ for the care of the sick anywhere in the United States; modern in its every appointment, breath-taking in its uncanny utilization of space and inspiring in its total lack of institutional atmosphere. . . . Colors are soft and warm throughout . . . greens and yellows and pinks and browns. No bleak white walls in the County Hospital.⁵

Particularly noted were the tenth-floor pediatric ward with its solariums and views of Elliott Bay, and the “psychopathic” wards with large tubs for hydrotherapy. Others said “. . . it does not look like a county hospital. It has none of that humble sorry aspect that attaches to most county hospitals . . . it is built as a doctor would have done it.”⁶

2 Wilma, David, “King County Hospital begins operation in Georgetown in May 1877,” Historylink.org, February 14, 2001.

3 *Argus*, 3/7/31.

4 Escobosa, Hector, *Seattle Story*, Seattle: Frank McCaffrey Publishers, 1948, p. 110.

5 *Seattle Daily Times*, 2/25/31, p. 3.

6 *Ibid.*

A physician inspecting the hospital for its professional certification said:

King County has the distinction of having the most complete hospital ever built in the country. This designation does not refer to mere size or to capital investment, but to the completeness of its departments, its equipment and its modern arrangement. The laboratories, outpatient department, psychopathic division, maternity pavilion, obstetrical pavilion, physical therapy department, its X-ray department, its children's department and its wonderful nurses' home make it an exceptional institution.⁷

These features are shown on the original building drawings, giving an indication of the variety of modern equipment and special spaces included in the design. In addition to the features mentioned above, the first floor, for example, had rooms for pathology, bacteriology, biochemistry and EKGs.

However, within a year the Depression had started to take its toll. The poor economy meant that state revenues were declining, just as more people than expected were relying on charity care and on Harborview. By 1938, the hospital saw 11,712 admissions, 30,492 emergency cases and an overwhelming 120,406 outpatient visits. Between 1936 and 1939 outpatient visits increased more than fifty percent, from 11,100 a month to 16,500, in a facility built for 75 patients a day.

The 1941 guide to Washington prepared by the Works Progress Administration noted

...a 12-story setback structure designed by Thomas, Grainger, and Thomas. Clinics, dispensary, and X-ray facilities are provided free of charge to those unable to pay. This unit of the hospital contains 394 beds and a nurses' training school, affiliated with the University of Washington. It serves from 500-700 out-patients a daily. All but the resident physicians serve without remuneration.⁸

From its opening in 1931 until the 1950s, Harborview was virtually the only source of care for patients on welfare and for many who could not afford private hospital or outpatient care. Its primary role as a charity hospital was repeatedly emphasized: "The county hospital accepts as patients only those who are not able to pay for care by private doctors and in private hospitals. The hospital . . . screens all applicants."⁹ The significance of this role and its impact on the hospital's functioning was described by the superintendent in 1947:

There are not two standards of medical care, one for patients in private hospitals and another for patients in tax-supported hospitals, but there are no frills and niceties in the public hospitals. It must maintain out-patient service, communicable disease wards, a psychiatric ward and other facilities which private hospitals do not have Since our funds come from the state welfare fund we are required by law to treat only indigent patients, except emergency cases. Those who can afford to pay must do so if they are forced by circumstances to be admitted to the hospital.¹⁰

7 Seattle Daily Times, 2/24/31, p. 2.

8 Writers Program, WPA, Washington: A Guide to the Evergreen State, Portland, OR: Binfords & Mort, Publishers, 1941. p. 228.

9 Seattle Municipal News, 10/9/48.

10 Seattle Times, 8/27/47.

Post-War Hospital Expansion

In 1940, less than ten years after Harborview's completion, its superintendent complained of "acute overcrowding."¹¹ Built for 350 beds, it now had nearly 600 patients at times, with beds in corridors and up to 46 people in thirty-bed wards.¹² Overcrowding increased in 1945, when the hospital became the local center for polio treatment. Plans were made to address the problem with expanded outpatient and emergency facilities and a new isolation wing, plus a new 1,000-bed hospital in Georgetown for chronic patients.¹³ The office of local architect Henry Bittman produced renderings of the proposed addition, matching the Art Deco massing and detailing of the original structure. However, in 1946, despite the crisis conditions, voters defeated the \$10,000,000 bond issue.

Also during this period, Harborview's formal role as a teaching hospital expanded significantly. The hospital had been the primary training center for University of Washington nursing students since 1931. The establishment of the university's School of Medicine in 1946 enhanced the hospital's importance. Harborview was the school's major teaching facility from that time until the opening of the University of Washington Hospital in 1959.

In 1948 voters approved a scaled-down \$2,750,000 bond issue to expand Harborview, but without the 1,000 bed chronic-care hospital in Georgetown. However, the bonds were not actually sold, allowing construction to proceed, until 1951.¹⁴ The seven-story South Wing (now the East Clinic) was designed by Theo Damm of Henry Bittman's office in 1952 and was dedicated in March 1955. Damm was better known for later work with his own firm of Damm, Daum & Associates, and was the architect of record for the Seattle Municipal Building (1959-61, demolished). The final design, less compatible than Bittman's earlier renderings, was in the International style, with bands of windows, a strong horizontal emphasis and no ornamentation.

The south addition contained emergency and surgery facilities, outpatient clinics, a communicable disease ward and a new laboratory. Much of the original 1931 structure was modernized at this time, particularly the kitchen and dining rooms, an enlarged x-ray department, a new physiotherapy center, and expanded physician quarters in the old laboratory.

Later Expansions

A second crisis came in the 1960s, when facilities and patient services had severely deteriorated and were no longer keeping up with modern standards of medical care. An article in *Seattle* magazine asked "Is Harborview an Emergency Case?" A consultant report recommended another addition and modernization of the existing sections "to maintain its vital role in the community." The report had "the highest praise for it as an educational facility."¹⁵

A \$15 million capital improvement bond was approved in 1966. Shortly afterward, on July 1, 1967, the University of Washington assumed management of the hospital, under contract with King County. In 1972 the five-story North Wing was completed, primarily for patient rooms but also including a new emergency department and surgery suites. Renovations were also made to the 1931 structure, including modified circulation to connect to the new wing. A parking garage was added on the west side of the building in 1974. Two years later, a two-story addition behind the south wing was added for the King County Medical Examiner. Another successful bond election in 1976 led to four stories

11 Seattle Daily Times, 10/20/40.

12 Seattle Post-Intelligencer, 1/25/46.

13 Seattle Star, 1/7/45.

14 Seattle Times, 8/27/47.

15 Seattle Magazine, "Is Harborview an Emergency Case?" August 1966.

being added to the north wing in 1981 to accommodate a 40-bed Burn Center and additional nursing floors, with more interior updates to the 1931 and 1955 structures.

The most recent additions, the West Hospital and the West Clinic, were completed in 1998, doubling the size of the facility. Designed by Kaplan McLaughlin Diaz, the new buildings provide a greatly expanded trauma center, 18 outpatient clinics, six new operating rooms, a new intensive care unit, and new laboratory, radiology and food service facilities. A new garage with living quarters above was provided for the Medic One emergency service; this was built on the front of the original 1931 building.

The Architect: Harlan Thomas

The Center Wing was designed in 1929-31 by the firm of Thomas, Grainger and Thomas. The firm's principle, Harlan Thomas (1870-1953), was a prominent architect who had studied and traveled in Europe and was interested in advances in architectural style. Both as a practitioner and as the longtime head of the School of Architecture of the University of Washington, Thomas was aware of design trends throughout the world and was influential in the design community.

Thomas was born in Iowa in 1870, but his family moved to Fort Collins, Colorado in 1879. He entered Colorado Agriculture and Mechanical College (now Colorado State University) in 1885, but withdrew after his father's death in 1886. He found work as a carpenter, but later returned to college and received his B. S. degree in 1894. Even before graduation, he designed two campus buildings and a local residence that is now listed in the National Register of Historic Places. After graduation, he opened his own architectural practice in Denver and married Edith Partridge. He and his wife twice traveled through Europe for extensive periods, for sixteen months in 1895-96, when he studied architecture in Paris, and another fifteen months of sketching and painting in 1903-04.

Thomas moved to Seattle in 1906 at the age of 36 and soon obtained commissions to design the Chelsea Hotel (1907, 620 West Olympic Place) on Queen Anne and the Sorrento Hotel (1907, 900 Madison Street) on First Hill. These remain among Seattle's most notable buildings. Both were carefully sited in prominent locations and set new standards for Seattle hotels. They also clearly show the influence of his European training and his willingness to innovate rather than to accept existing conventions.

In 1910 Thomas formed the firm of Thomas, Russel and Rice. Between 1908-11 they completed three high schools, in Aberdeen (J. M. Weatherwax High School), Enumclaw and Monroe (both now demolished). For several years after the partnership dissolved in 1912, Thomas worked alone or collaborated with others. He designed a number of public buildings during this period (1912-1914), including the Queen Anne library, the Columbia City library (both with W. Marbury Somervell) and the Henry L. Yesler (now Douglass-Truth) library.

In 1921 Thomas hired Clyde Grainger as chief draftsman. Grainger became a full partner in 1925, and Thomas' son Donald joined the firm in 1926. The elder Thomas continued as the senior designer for the firm of Thomas, Grainger and Thomas until his retirement in 1949. Their work showed great versatility in building type and style. Two smaller buildings, the finely-detailed Seattle Chamber of Commerce Building (1923-25, 219 Columbia Street) and the Seventh Church of Christ Scientist (1926, 2555 8th Avenue W.) on Queen Anne were a return to his more exotic European-influenced designs, showing Byzantine and Italian Romanesque features. Other works of this period, besides Harborview Hospital, include:

- The ornate terra cotta William O. McKay Ford sales building (1925, 601 Westlake Avenue N.);

- The Rhodes Department Store (1926-27, demolished);
- The Kappa Kappa Gamma house (1930, 4504 18th Avenue NE); and
- St. Stephen's Episcopal Church (1940, 4805 NE 45th Street).

Although most of the firm's work was near Seattle, they also designed a high school and Masonic temple in Juneau. Like most architects, the firm turned to housing design during World War II, completing a 500-unit project in Bremerton with Smith, Carroll & Johanson, and undertaking speculative post-war housing in northeast Seattle for developer Albert Balch.

In addition to his private practice, Thomas served as head of the Department of Architecture at the University of Washington from 1926 until 1940. He was active in the Seattle chapter of the American Institute of Architects and was elected a fellow in 1928. Thomas retired from practice in 1949, but embarked on a new career to become a respected watercolorist before his death in 1953.

Thomas' vast body of work was eclectic, relying on both historical precedents and modern idioms to develop a design appropriate to each project. The Harborview complex was Thomas' largest project and his crowning achievement. The design shows his interest in Modernism, seen clearly in the building's stepped-back massing, strong vertical orientation and modernistic ornamentation. Norman B. Johnston, professor emeritus in the University of Washington Department of Architecture, notes "The influence of personalities and developments in American architecture in the 1920s and 1930s was clearly demonstrated in Thomas's work of those decades . . . the vertical emphasis and lack of ornament at Harborview is reminiscent of Saarinen's 1922 *Chicago Tribune* submittal."¹⁶

The Style: Art Deco

The Center Wing is an example of Moderne architecture, a variation of Art Deco architecture, in both massing and ornamentation. *A Guide to Architecture in Washington State*, a standard reference work, describes Harborview Hospital as "an impressive Moderne design with a finely detailed entrance."

"Art Deco" is a term applied retroactively to a style that came to the world's attention at the *Exposition des Arts Décoratifs et Industriels Modernes* held in Paris in 1925. The exposition was a celebration of modernity, things that were new, exciting and unorthodox for the jazz age—a reaction to both the excesses of the Victorian Age and the handmade simplicity of the Craftsman. Art Deco architecture is "a particularly hard concept to define as it refers to a decorative style at once traditional and innovative, which absorbed influences from a variety of sources and movements and introduced a whole range of new or improved materials into the vocabulary of architecture."¹⁷

Art Deco fused modern concepts and the latest industrial materials and techniques into a distinctive but eclectic style. The new design vocabulary drew from both nature and diverse historical sources. Influences included Art Nouveau, the Vienna Secession movement, the new Cubist artists, the Bauhaus architecture of Germany. American industrial design, and ancient forms such as American Indian, Celtic, Egyptian, African, Assyrian and Mayan patterns. Stylized flowers, plants, animals, sea creatures, sunbursts and waves, and geometric forms such as chevrons and zigzags, were seen frequently. Here in the Pacific Northwest nature was a particularly strong influence, as seen in the stylized sea creatures, flowers and the ferns seen at Harborview.

16 Jeffrey K. Ochsner (ed.), *Shaping Seattle Architecture: A Historical Guide to the Architects*, University of Washington Press, 1994, p. 129.

17 Bayer, Patricia, *Art Deco Architecture: Design, Decoration and Detail from the Twenties and Thirties*. London: Thames & Hudson, Ltd. 1992, p. 7.

The Art Deco spirit was expressed in all types of design, from the ocean liner *Normandie*, the glassware of Lalique and the fashions of Erté to innumerable Hollywood movie sets and posters. However, Art Deco's longest lasting influence has been in architecture. The style's popularity coincided with a period of strong growth and development in both the United States and Europe in the late 1920s. Although construction was largely curtailed during the Great Depression, Art Deco was the style of choice for the major structures that were built during this period, including the Chrysler Building (1928-30), the Empire State Building (1930-32), Rockefeller Center (1932-40) and the Miami Beach hotels of the 1930s.

Art Deco's boldness was particularly suited to large buildings, where traditional Greek or Renaissance forms seemed out of place. By the mid-1920s tall buildings were the norm in major US cities, made possible by the elevator and reinforced concrete and steel construction techniques developed earlier in the century. What makes large buildings distinctly Art Deco is not just their height but their distinctive decorative elements and their setback terraced silhouettes. This form was initially dictated by the New York zoning code of 1916, in order to encourage height while allowing light and air to the streets below. The new building forms and ornaments meant that, more than ever before, an architect could make a building recognizable from a distance. Bold bands of ornament were used at building tops and along the sidewalk, with materials such as marble, terra cotta, cast stone and bronze. The style was the building itself— not just applied ornament, but vertical emphasis achieved through massing and tall piers. The massing was most effective in the hillside setting, rising above the city like a beacon proclaiming the importance of its mission.

This, it is not surprising that Art Deco was clearly seen as the most appropriate style for Seattle's most modern, most prominently sited hospital. The architect, Harlan Thomas, was cosmopolitan in outlook, familiar with trends in Europe and throughout this country, and interested in the new modernism. Other major buildings of this period that used the same style include the Northern Life Tower (A. H. Albertson, 1927-29), the Exchange Building (John Graham, Sr., 1929-31) and the U. S. Marine Hospital (Bebb & Gould with John Graham, Sr., 1930-32).

As described above, East Hospital (Center Wing) has numerous features of the Art Deco style, including:

- Its siting in a prominent location above the city, and the views of it from each side;
- Its stepped-back massing, with a ten-story base and a square central tower rising to fifteen stories with a tile-clad pyramidal top;
- The brick cladding and decorative brickwork;
- The vertical emphasis of the window bays, piers and decorative spandrels;
- The Art Deco-style terra cotta cornice and other ornament at the top of the building;
- The highly detailed entry, with its ornamental frieze, marble and grillwork; and,
- The vestibule, main lobby and elevator lobby with marble wainscot, columns, railing and extensive intact Art Deco ceiling and wall detailing.

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Ed Langdon, Harborview Medical Center, 6/24/99

Maureen McCarry, Harborview Medical Center, 6/24/99

The features of the Landmark to be preserved include:

The exterior of the building, the interior of the Ninth Avenue lobby, and the portion of the site as indicated on the site plan dated September 2, 2009 (see attached).

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