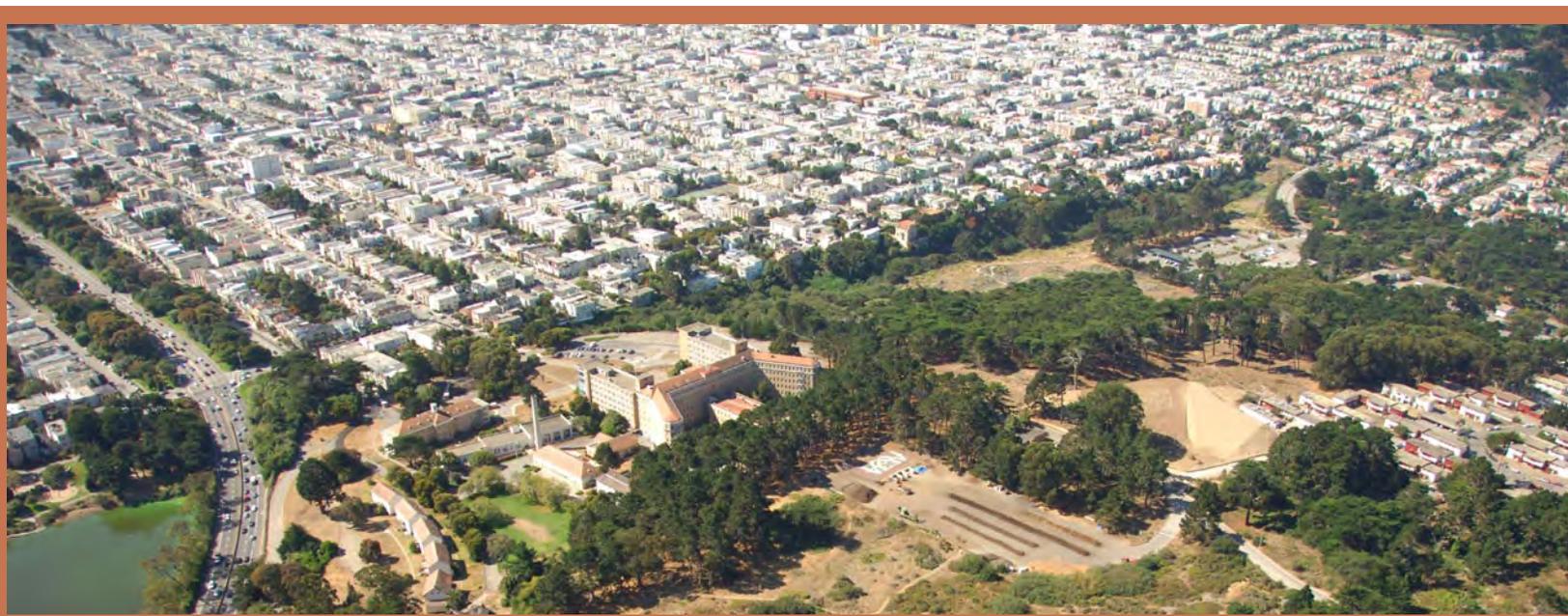


# Public Health Service Hospital

## Workshop Background Binder

**Presidio of San Francisco**



November 2006



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Presidio Key Map and Historic Resources Map

PHSH Site History and Setting

Summary of Environmental Impact Statement Alternatives

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## Workshop Schedule

November 6 5:30-7:00 pm

Introduction, History, Current Situation

November 13 7:00-9:00 pm

November 20 7:00-9:00 pm

November 27 7:00-9:00 pm

## Workshop Participants

### Panelists:

Charles Chase

Christine Hammer

Judy Hulka

Redmond Kernan

Steve Krefting

Claudia Lewis

Jill Lynch

Ron Miguel

Jim Ream

Bill Shephard

Richard Springwater

Ann Weinstock

Peter Winklestein

### Facilitators:

Karen Alschuler

Jane Winslow

### Others:

Craig Middleton

Scott Haskins

Natalie Berg

### Representatives of Elected Officials:

Kyri McClellan, Office of the Mayor

Sarah Ballard, Office of Supervisor Michela Alioto-Pier

Cassandra Costello, Office of Supervisor Jake McGoldrick

Dan Bernal, Office of Representative Nancy Pelosi

## A Sample of Topics to be Covered (in no particular order)

- Preservation of Historic Character
- Community Benefits
- Site Design and Landscaping, Trails, Park Amenities
- Traffic and Vehicular Circulation
- Public Accessibility and Use of the District, Current and Future
- Parking
- Natural Resources
- Environmental Sustainability
- Redevelopment Ideas

## Guidelines for Audience Participation

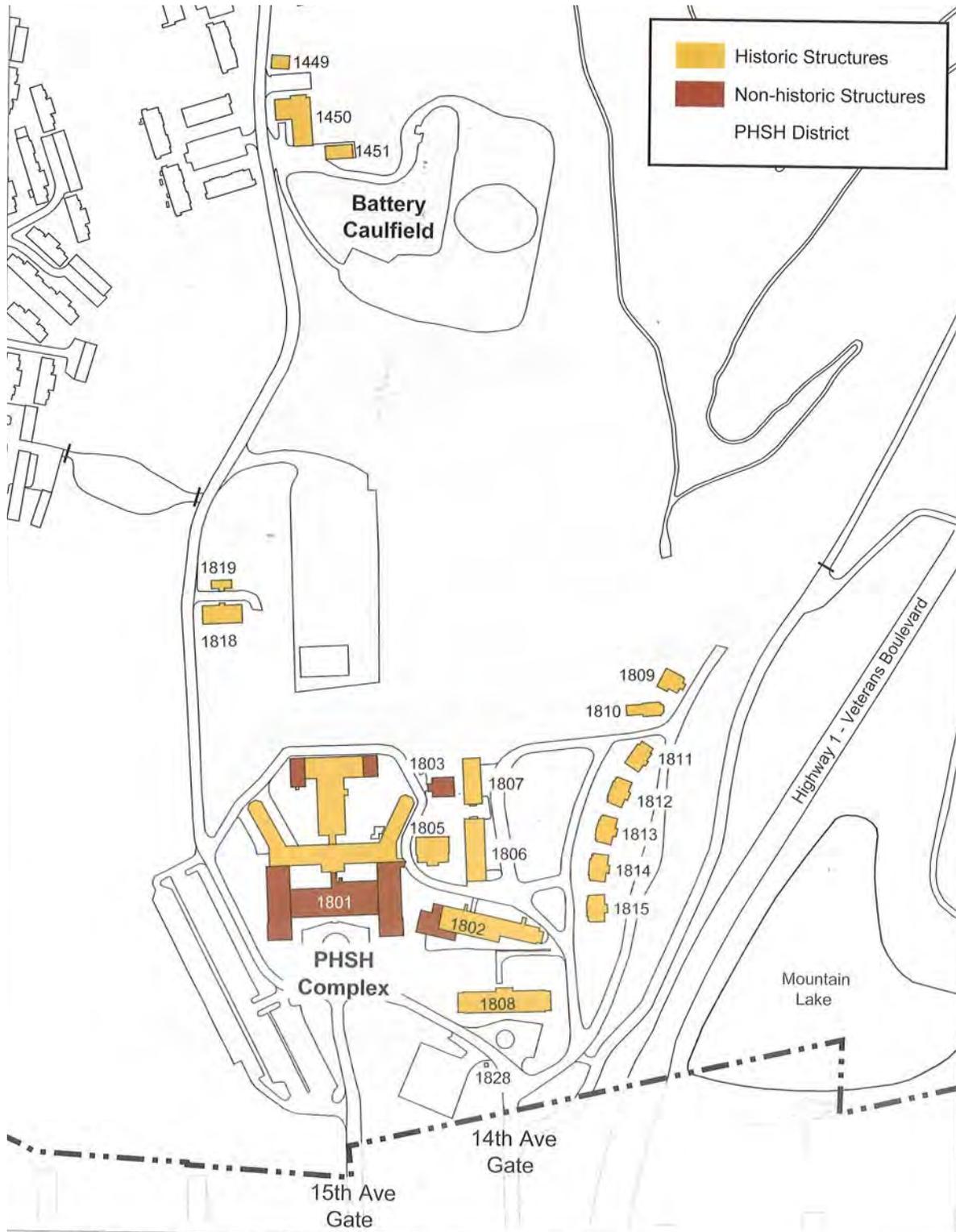
To facilitate the efficiency of the neighborhood workshops, we ask that the audience follow the procedure outlined below.

1. Approximately the last 15 minutes of each Workshop session will be set aside so that persons who wish to comment or speak on the topics for that Workshop may be recognized by the facilitator/s.
2. Comments and questions to be answered should concern only those issues covered by the Environmental Impact Statement (EIS) for the Public Health Service Hospital project and be related to the workshop discussion that evening. The facilitators will advise the speaker if the topic isn't covered in the EIS.
3. Questions and comments are limited to 3 minutes, or less. After speaking, the question/s, in writing, should be handed to a designated Trust representative for response at the next scheduled workshop.
4. Although usually each speaker may speak up to 3 minutes (see above), the facilitator/s may also limit the total length of time allotted to speakers on a given evening. If there appear to be a large number of people who wish to speak, the time for an individual to speak may be limited to less than 3 minutes, at the sole discretion of the facilitators. Total speaking time for audience participation may be limited to allow for timely completion of business.
5. Speaking too long, being unduly repetitious, or discussing irrelevancies disrupt the meeting, and may result in the forfeiture of speaking opportunities during that meeting.
6. The facilitator/s reserve the right of determining the order of the speakers and changing the order of the topics to be covered if it will be of benefit to the public and/or the order of the Workshop.

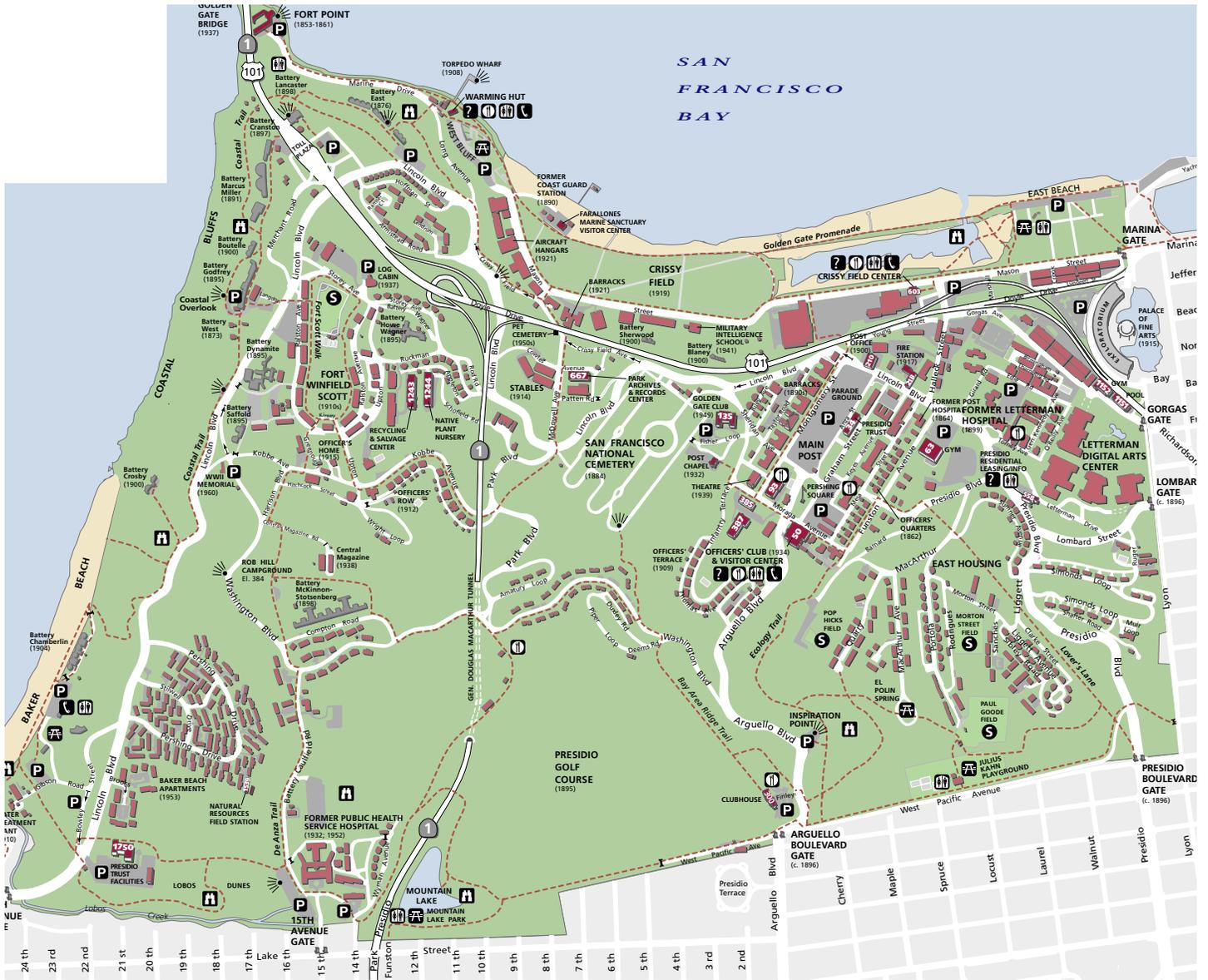


# PHSH Timeline

1875	US Marine Hospital constructed on land carved from the Army's Presidio.
1932	New hospital complex constructed-- 13 building complex with 366 hospital beds.
1951	Wings added to the main hospital building, doubling number of beds, making it the largest federal hospital in the West Coast. Helipad allows air-lifting from sea.
1980	The busiest year for PHSH. The Second largest staff (810 staff members) of all the PHSH hospitals. Outpatient visits reaches 147,065 in Federal Fiscal Year 1988.
1981	All US Public Health hospitals are ordered closed. The Presidio PHSH site reverts back to the US Army.
1988	US Army grants 10-year lease to City and County of San Francisco to convert PHSH to an AIDS hospital. City is unable to raise the estimated \$10 million to renovate the building; lease is dissolved.
1990	National Park Service conducts a Feasibility Study on the buildings' reuse potential and costs.
1994	Presidio is scheduled for closure per the BRAC commission.
1994	National Park Service completes its GMPA for Presidio- PHSH is designated to become a residential education (youth job-training) and Conference Center.
1994	US Army leaves the Presidio and the National Park Service assumes control.
1997	Presidio Trust assumes control of Area B of the Presidio.
1999	The Presidio Trust issues an RFQ for the PHSH District. 14 proposals are received. The Presidio Trust Board decides to discontinue process.
	Presidio Trust conducts re-use feasibility study with updated cost estimates.
2002	Presidio Trust adopts the PTMP -- which identifies both residential and educational uses for the PHSH District.
2003	The Presidio Trust issues an RFQ for PHSH.
	A short list of 3 firms is selected to submit proposals in an RFP process.
2004	The Presidio Trust selects Forest City for exclusive negotiations based on their all-residential proposal.
	A Draft EIS circulated by Trust for public review.
2006	A Final EIS is issued for the PHSH District.



PSH District: Historic and Non-historic structures



Presidio Map

# History and Setting

## A. National Park in an Urban Setting

The Presidio of San Francisco is a unit of the Golden Gate National Recreation Area. As such, the Presidio attracts local, national and international visitors who take advantage of interpretive programs and exhibits and visit the historic military sites, as well as those who enjoy the natural resources and scenery. The Presidio also contains almost six million square feet of building space, much of it currently vacant. The Presidio Trust Management Plan, adopted in August 2002, describes how building space will be used and states that the Presidio will remain an open space haven with its natural, historic, scenic, cultural, and recreational resources preserved for public use and enjoyment.

## B. Natural Landscape

The Presidio is one of the few places on the San Francisco peninsula where significant traces of the area's original ecology persist. Geological, hydrologic, climatic, and ecological forces created the physical conditions that the Presidio's first inhabitants found, and they continue to operate on the site despite human activity. Understanding and acknowledging these factors in the continuing use and transformation of the landscape is critical.

Part of the Presidio Trust's mandate is to preserve, protect, and enhance the natural and cultural resources that remain in the park for the benefit of the public. The Public Health Services Hospital district includes significant and unusual natural features that must be protected.

### Character-defining Features of the Natural Landscape

#### *Topography and Soils*

The site occupies a promontory ridge that separates Mountain Lake and Lobos Creek. Much of the site slopes toward Lake Street; the grade change across the site from north to south is approximately one hundred feet. Before it was developed, the area consisted of dunes. Soils are sandy and prone to erosion.

#### *Drainage*

The PHS complex is located at an extremely sensitive point in the Lobos Creek Watershed. Its west side drains into Lobos Creek, the source of the Presidio's drinking water, and its east side drains into Mountain Lake, one of only two natural lakes in San Francisco. Protecting the quality of water draining into the lake and the creek is essential.

Below the slope upon which Battery Caulfield sits, there is a seep which drains into seasonal wetlands known as the Nike Swale.

## **. Vegetation**

The upper plateau supports significant native plant communities that include coast live oaks, grasses, and perennial and woody dune scrub vegetation. Within this area, places where the ground surface has been disturbed support the San Francisco *Lessingia* (*Lessingia germanorum*), a rare and endangered species.

Non-native plant species on the site include iceplant, mixed dune slack vegetation, non-native grasses, a strip of Monterey Pine immediately north of the hospital, and a strip of Blue Gum Eucalyptus to the east of the *Lessingia* area.

Seasonal wetland plants are found at the Nike Swale.

## **Wildlife**

A variety of wildlife species make the Presidio their home or migrate through the area.

Quail Commons, a 1.5 acre site north of the Nike Missile site is a nesting and winter covey feeding area. The Nike Missile site serves as a corridor for nesting and foraging quail, and the area south of the Nike Missile site, known as Presidio Hills, is one of the most valuable quail habitats in the Presidio.

## **C. National Historic Landmark District**

A National Historical Landmark is a property of national historical significance as designated by the Secretary of the Interior under the authority of the Historic Sites Act of 1935. The Presidio of San Francisco was designated as a National Historic Landmark in 1962, with an update designation in 1993.

The update designation defines the Presidio's "period of significance" as 1776 to 1945. When considering the built environment, buildings and features are considered to be historic if they were constructed during the period of significance and retain their historic integrity. Of the Presidio's approximately 850 buildings, 470 are historic and are classified as "contributing features" to the Landmark district. The PHS complex is part of the district and contains 16 contributing historic structures. Its period of significance is from 1875, when the original Marine Hospital was established at the Presidio, to the year 1945. However, an historic district such as the Presidio consists of more than just individual historic buildings. It also includes contributing archeological resources, road corridors, and site structures. Within the PHS district, there is one known archeological resource, the former Marine Cemetery, on the plateau north of the hospital buildings, and three predicted resources: a remnant of the Lobos Creek water control system, known as the Hottaling Tunnel, which once connected Mountain Lake to Lobos Creek; remnants from the 19th-century era hospital and possible farm sites which occupied the site prior to the hospital; and the area surrounding Mountain Lake, which has high potential for prehistoric archaeology sites.

The Public Health Service Hospital itself was not included in the 1962 landmark district. It was added in the 1993 National Register of Historic Places Registration Form update. The

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1993 update states the foundation for its inclusion in the landmark district:

"The definable areas of the Presidio's Historic landscape and the range and diversity of resources within it are not limited to developments associated with the early Spanish-Mexican occupation and with the myriad of military activities of the United States Army: other federal and civilian entities have shared portions of the reservation. " [Section 8, page 8-4, paragraph 2]

It goes on to identify the Public Health Service Hospital, the Coast Guard station on Crissy Field, the golf course, and the Panama-Pacific International Exposition as some of the non-military places or buildings that exist or have existed within the Presidio throughout its history.

The update then explains the PHS's association with the Presidio and the reason for being part of the historic district:

"The history of the Marine Hospital and Presidio are intertwined both in the development of reservation lands and in the provision of services to the community. As a civilian facility, the Marine Hospital provided free medical care, both short-term and convalescent, to merchant marines. The longstanding presence of the hospital on the reservation enriches the function and role of the Pre-sidio in the historic development of San Francisco and the Bay Area." [Section 8, pg 8-32, par.2.]

## Evolution of the Hospital Complex

The Marine Hospital Service, operating under the Department of the Treasury, was established in 1798 to provide care free of charge for the world's merchant seamen coming ashore in America's growing and busy ports. The first structure erected in San Francisco in 1850 for this purpose was located at Harrison and Spear Streets on what was then Rincon Hill. The first U.S. Marine Hospital was damaged in an earthquake in 1868, and a location for a new hospital complex was selected within the boundaries of



the Presidio military reservation adjacent to Mountain Lake. The Army leased 85 acres along its southern edge on the east and west sides of Mountain Lake to the U.S. Treasury for the new marine hospital site.

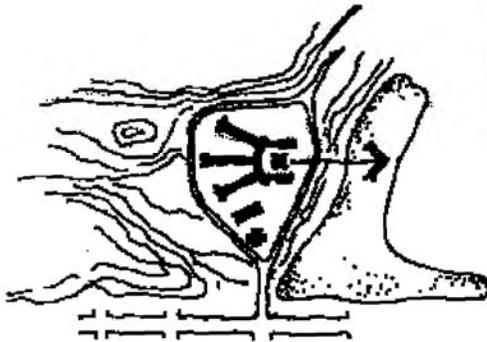
By 1875, the Marine Hospital complex was completed. It consisted of one- and two-story wood frame buildings creating a small complex on the west bank of Mountain Lake, facing east

Original US Marine Hospital in San Francisco at Spear and Harrison Streets, constructed in 1850

National Library of Medicine

toward San Francisco. Initially, its three long hospital wards were laid out in a radial pattern behind a small group of administrative buildings. The complex was continually expanded by the construction of additional buildings. In 1912, the Service was reorganized and renamed the U.S. Public Health Service (USPHS). Its new name reflected its emerging role as the Federal guardian of public health. The Public Health Service presence in San Francisco is of national significance as the birthplace of epidemiology in the first use of a laboratory and scientific method in determining the existence and prevention of disease (during the period 1900 to 1907).

A Hygiene Laboratory was established during this period at the hospital complex to aid researchers and public health officials in combatting serious health risks. By the late 1920's,



US Marine Hospital site plan, circa 1875



Aerial photo of US Marine Hospital taken in the late 1920's

Park Archive and Record Center Photo Collection  
Golden Gate National Recreation Area

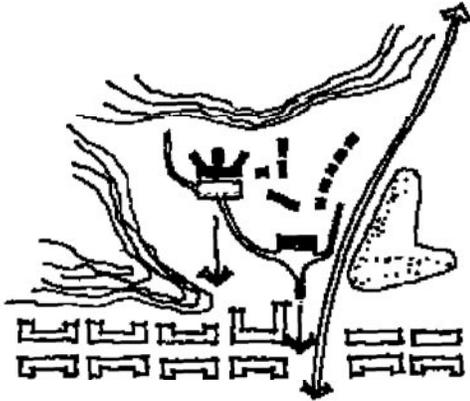
it was determined that the hospital complex was inadequate to serve the needs of a modern hospital, and planning began for the construction of a new, bigger hospital on the site. Before the USPHS was willing to allocate money to new construction, however, it wanted a more permanent title to the land. Terms were renegotiated with the Army in 1927 to assign the land to the USPHS in a formal transfer, which included a reverter clause giving the Army the right to reclaim the land whenever the land ceased to be used for Marine Hospital uses. This land assignment reduced the size of the parcel from 85 to 35 acres.

In 1928, plans were completed for the new 472-bed hospital. Because the old wooden structures had to be kept in use until the new structures were complete, the main hospital building was located on open land west of the original hospital structure. It was not until the new buildings were completed that most of the older structures were demolished.

The new hospital building was oriented facing south, to the city. The change in orientation away from Mountain Lake can be explained by the fact that San Francisco had grown considerably since the 1875 hospital was sited, so that now a new urban residential neighborhood adjoined the southern boundary of the site. The 1932 main hospital contrasted greatly with the modest frame structures that it replaced. The new buildings reflected the expanded, high profile role of the federal agency whose mission it was to guard public health and also reflected the era in which the building was designed, when

government buildings tended to represent public and civic aspirations. The period from 1922 to 1936 is considered by the Public Health Service to be its most significant historical period is the development of health issues in the United States.

Little is known about the architecture firm that



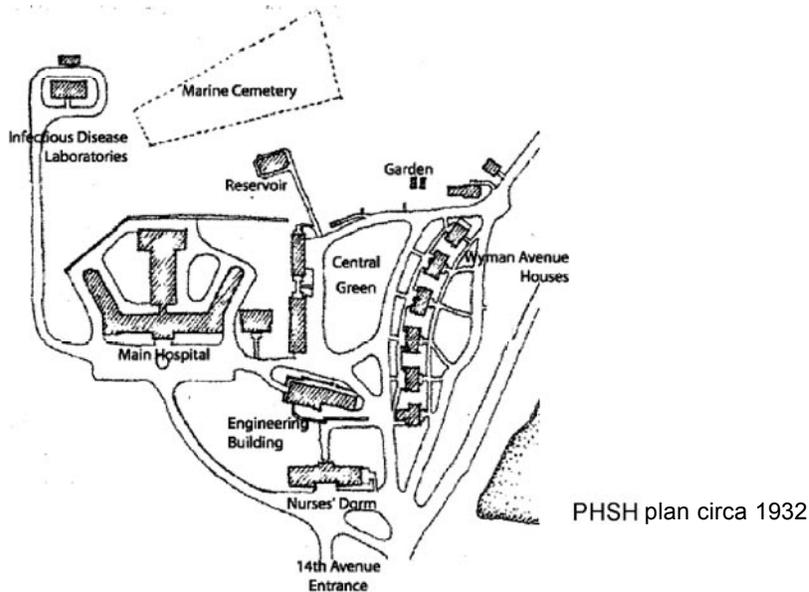
PHSH Hospital, 1932

designed the complex. The work was undertaken by the Treasury Department under the direction of its Acting Supervising Architect, James Wetmore, who oversaw the construction of Federal buildings during one of the Department's most prolific periods of building. The Public Building Act of 1926 authorized construction of large, new Public Health Service hospitals in San Francisco, Seattle, Baltimore and New Orleans. All these hospital complexes are strikingly similar in appearance with narrow wings, brick exteriors and similar Colonial Revival architectural details.

Certain buildings and elements from the original San Francisco Marine Hospital were retained and integrated into a new site layout. Three buildings were kept: Building 1807, used for staff quarters, constructed around 1920; Building 1809, constructed in 1920 and Building 1810, built in 1915, both of which were officer's residences.

The complex was arranged in two parts; the hospital and the housing area. Building 1801, the main hospital, formed the centerpiece of the PSH complex. It visually dominates the surrounding buildings with its seven-story height and 174,000 square feet. The nurses' dorm, Building 1808, is the second largest building in the complex and historically, would have been the first thing a visitor saw upon entering from the 14th Avenue gate, which was the site's only entrance.

The two parts were integrated around an open green whose shape was a remnant of the 1875 hospital complex: three radiating hospital ward buildings stood on what is now the open green. The five almost identical officers' residences along Wyman Avenue were arranged in a curving row which aligned with two existing residential structures. Today, this



residential group maintains the original hospital's eastward orientation toward Mountain Lake. An ancillary facility which contained a group of laboratory buildings (Buildings 1818 and 1819) was located north of the main hospital and connected to it by Wedemeyer Road. This facility provided space for research and testing related to contagious diseases, which was part of the agency's expanded responsibility to protect public health.

The Marine Cemetery, located on the land north of the present-day hospital, was created in the late 1880's to bury those patients who died while at the hospital. The list of burials, which is estimated to include as many as 585 graves, includes sailors from around the globe, ranging from Scandinavia to the Hawaiian Islands. The cemetery was in use until approximately 1915, when interments stopped. From photos taken in the 1930's it is clear the cemetery was maintained with neat rows of white grave markers. Photos from the 1950's indicate that the grave markers were no longer present, although the cemetery site can be clearly distinguished. In 1969, in order to construct a large parking lot north of the hospital and that could be connected to the hospital by a pedestrian bridge, fill was added on top of the western portion of the cemetery to provide a level grade for the parking lot. Excavations performed in 1994 in the area of the former cemetery identified human remains under approximately 10 feet of fill, confirming that the grave sites remain to this day.

In the early 1950's, plans were drawn up to expand the size of the hospital. By this time, the USPHS had moved from the Treasury Department to the Federal Security Administration, forerunner to the Department of Health, Education and Welfare [known today as Health and Human Services]. Design and construction was handled by the Public Building Administration, who hired the San Francisco firm of Douglas Dacre Stone and Lou B. Mulloy to design two large six story wings attached to the front of the existing hospital. In the twenty years since the original hospital was designed, Modernism was adopted by most designers as an appropriate form of architectural expression, and the addition to the hospital was therefore designed in the Modern vocabulary. The architects of the addition used the



same buff brick and massing as in the existing structure but dramatically increased the amount of glazing by grouping double hung windows in strongly expressed horizontal bands. The two wings are connected by a one story structure at the ground level and offer two entrances into the building instead of a single, central entrance. Large glazed areas on the ground floor at the southern corners of each wing face the reconfigured entrance area. Blue glazed ceramic panels were used on the front face of each wing and roof terraces covered with cantilevered roofs provided an excellent viewing opportunity for hospital patients. During this same remodeling of the hospital, the landscape and roads were changed significantly. A new road segment was added to create another entrance to the PSHH from 15th Avenue, and a large, level parking lot was added to the southwest of the main hospital by filling what was formerly a sandy slope. The brick and steel gates and the large parking lot to the west of this road segment were added at the same time, an addition was made to the Engineering Building on its west side, and two two-story additions were made to the rear, middle wing of the original hospital.

### **Development of the Battery Caulfield**

At the same time the original PSHH complex was being extensively remodeled, the Army was beginning construction of the Nike Missile site on the plateau overlooking the PSHH complex. Given the name Battery Caulfield, it was constructed in 1953 as part of a national anti-aircraft defense system. A response to the Cold War threat, it is one of 300 such sites constructed by the Army to protect the 40 most populous U.S. urban areas. These Nike Missile sites were virtually identical in design. At Battery Caulfield, there are three underground storage magazines where the Nike Missiles were stored. There are a pair of steel trap doors which connect the magazines to the paved surface above. Missiles were transferred, via elevators, from the underground magazines to the surface, where steel racks and launching assemblies were built on either side of the trap doors. Today, only the paving and the underground magazines remain.

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By 1974, this surface-to-air missile system was completely phased out, made obsolete by the widespread deployment of intercontinental ballistic missiles. Within the Golden Gate Recreation Area, besides Battery Caulfield, there are Nike Missile sites remaining at Fort Funston and Fort Barry, in the Marin Headlands. The Fort Barry installation is the only Nike Missile site in the U.S. that has been restored and is open to the public, through an NPS/volunteer interpretive program.



Building 1450 view from the southwest

Adjacent to Battery Caulfield are two concrete buildings which were constructed as part of the World War II building campaign at the Presidio. Building 1450, constructed in 1942, was a radio transmitting station built to serve the coastal defense batteries. It is a two-story utilitarian structure with a small third floor penthouse. Building 1451, which sits next to it, was constructed in 1943 as a generator building to support the radio transmitting activities operating next door.

Once the three Nike Missile silos were constructed on adjacent land, these two buildings were adapted to serve this new function. Building 1450 was used for missile launch control, sleeping quarters and for missile maintenance. Building 1451 was also used to support missile operations. The buildings and missile launch areas were surrounded by a chain-link fence to create a secure compound

Although Building 1450 is a utilitarian concrete structure, it nevertheless has some exterior stylistic elements, most notably a series of decorative, recessed beltcourses which span between the windows to accent the horizontality of the building. The building's entry door, framed by a heavy cast-in-place molding, provides an additional decorative feature. Architecturally, it is one of the most "modern" early 1940s buildings constructed at the Presidio. Building 1451 is utilitarian without any notable stylistic features.

## D. The Landscape of the PSHH Complex

### ***Defining Cultural Landscape***

The natural landscape of the Presidio has been inhabited continuously for hundreds of years; it is likely that Native Americans created encampments near Mountain Lake before European settlement, and the De Anza party camped on the shore of the lake before moving farther into the Presidio. The form of the site has evolved and changed because of human activity; artifacts of this process include infrastructure, roadways, paths, buildings, and designed open spaces that transformed site, vegetation, drainage, and topography.

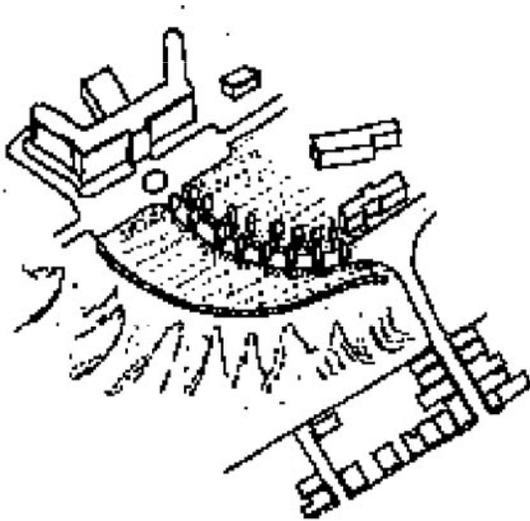
The 1996 publication, *The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for the Treatment of Cultural Landscapes*, designates places like the Presidio as cultural landscapes: "geographical area[s] (including both cultural and natural resources and wildlife or domestic animals therein) associated with a historic event,

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activity, or person or exhibiting other cultural or aesthetic values." Parts of the Presidio can be described more specifically as historic designed landscapes, which are "consciously designed or laid out by a landscape architect, master gardener, architect, engineer, or horticulturist according to design principles" and may display aesthetic values or be associated with significant practitioners, events, or trends in landscape architecture. Historic landscapes are dynamic and change over time and attain a range of cultural values.

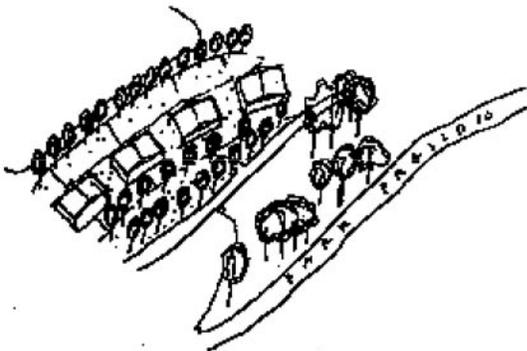
The Secretary's Standards outline procedures for the rehabilitation of cultural landscapes like the Presidio based on the understanding that such sites evolve over time.

Rehabilitation is defined as "the act or process of making possible a compatible use for a property through repair, alterations, and additions while preserving those portions or features which convey its historical, cultural, or architectural values."

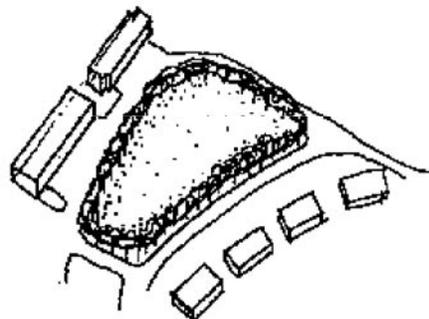


The formal lawn in front of main hospital, circa 1932

The principle of cultural landscape rehabilitation is that new development should respect the historical character of the site without simply replicating it. Interventions should be informed and inspired by extant (existing) features and important non-extant features (features that no



Wyman Avenue domestic landscaping



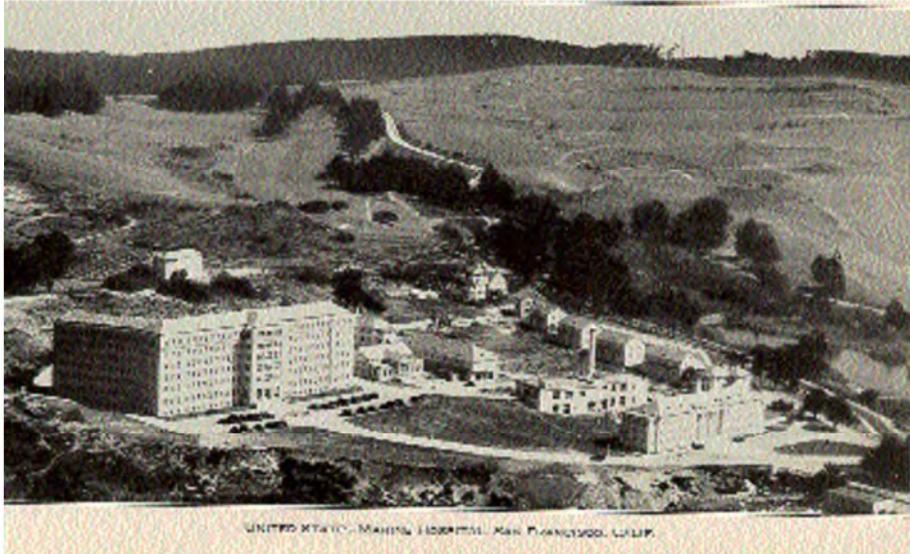
The Central Green, circa 1932

longer remain) in the cultural landscape, and significant existing features should be preserved and enhanced. However, new designs should not attempt to reconstruct or imitate what existed previously in ways that are falsely historical or inappropriate for current uses.

## ***Cultural Landscape Features***

### ***Spatial Organization***

The PSHH complex has two types of open space: primary, formal open spaces that served as public faces, and enclosed, internal semi-public spaces. The hospital and nurses' dorm presented a formal, monumental front to the city that included a parking terrace, an entry drive, and a lawn. However, both the entry drive and the great lawn were significantly changed in the



The main hospital building, as it appeared in 1931, dominates the complex because of its size and prominent position

*Park Archive and Record Center Photo Collection  
Golden Gate National Recreation Area*

1950's and these features are no longer extant. Another formal open space is created by the sloping lawn which sets off the Wyman Avenues houses (Buildings 1811 - 1815) when seen from Mountain Lake. This open space remains essentially unchanged today.

In addition to these large, formal public spaces, the site included a series of enclosed semi-public spaces that were internal to the complex. There were two courtyards between the wings of the 1930's hospital building, and the hospital complex was separated from the officers' housing by a central green bordered with trees.

The physical organization of the PSHH complex is based on having one dominant building surrounded by support buildings whose proximity is determined by functional and programmatic considerations. The hospital occupied the most prominent position on the site; associated buildings were located adjacent to it; and the infectious disease laboratories were isolated at the back of the site. The officers' housing comprised a distinct precinct within the

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complex that was smaller in scale than and oriented differently from the institutional buildings.

### ***Topography and Drainage***

The configuration of the PHSH complex was strongly informed by the site's topography, which played an important role in the siting of the complex. The core development was on a relatively level natural bench in the south-facing slope of the ridge. The area directly above the building complex was reserved for the cemetery and cistern, and the area below it was left open, allowing views of the landscape that each complex faced.

To protect water quality in Mountain Lake and Lobos Creek, drainage from the PHSH complex was directed to the City of San Francisco combined sewer system.

### ***Circulation***

During its period of significance, (from 1875 to 1945) the complex was an enclave without a roadway connection to the rest of the Presidio. The hospital was the visual endpoint of a curving, tree-lined drive that entered the Presidio at 14th Avenue and expanded into a parking terrace in front of the building. This curving road way was replaced as a result of the 1952 building renovation, which reconfigured the road and parking in front of the hospital, and added a direct roadway connection to 15th Avenue. The nurses' dorm served as a kind of gatehouse for the main building when 14th Avenue was the only entry into the site. The present-day connection between Battery Caulfield Road and Wedermeyer Road was constructed in the early 1980's after the Army took over the complex.

The Wyman Avenue houses included walks parallel to the road along the front and back of the row and walks that connected each building to the road and to the central green.

### ***Vegetation***

Vegetation was used to articulate different kinds of spaces at the PHSH complex. Acting as a foreground to the hospital building, a formal open space was created, consisting of a sloping lawn bisected by the curving entry drive. The drive was lined with evenly spaced, clipped trees. The lawn's curving southwestern edge was defined by a trimmed hedge. At the center of the complex, the central green was articulated by tree planting at its edges and lawn in the middle. The Wyman Avenue houses were defined by lines of trees at their back and its front as well as by a forested area between Wyman and Park Presidio Boulevard. The north and west sides of the cemetery were bordered by a cypress windrow. The former tennis court across the street from Building 1808 was defined by a group of eucalyptus trees which still remain. Many of the buildings in the complex were partly surrounded by foundation planting.

The site includes a large stand of Monterey Pine trees just north of the hospital. Today these trees buffer views of the hospital service areas from the upper plateau and provide a visual backdrop for the hospital building from the city.

### ***Site Structures and Objects***

- 1 The site includes a number of small-scale features that are significant relics of historical domestic life at the PHSH complex. The front yards of the two most northern houses on Wyman Avenue were defined by low battered walls. Directly to the west of these houses was a terraced garden, separated from the central green by a concrete retaining wall. Within the garden, the foundations of a pair of small greenhouses still remain along with planting beds defined by wood.

### ***Character-Defining Landscape Features***

- Open space which defines a foreground to Building 1801 and 1808.
- Open space which defines a foreground to the Wyman Avenue houses when viewed from Mountain Lake.
- Central green serving as a semi-public open space, consisting of a flat lawn area defined by trees.
- Buildings sited to respond to topography and views.
- Historic road alignments associated with Wyman Avenue houses and central green.
- Residential landscape associated with Wyman Avenue houses.
- Remnants of the historic garden, including retaining walls, stairs and greenhouse foundations.
- Tree stands surrounding former tennis courts.
- Tree stands on slope behind Building 1801.

## **E. The Architecture of the PHSH complex:**

The building complex which exists today retains much of the original design intent of the 1932 plan despite the 1952 additions to the main hospital and the engineering building. Even the new roadway entrance from 15th Avenue and the gate and the large parking lots added to the site did not substantially alter the character of the complex. When the 1932 hospital complex was designed, its main orientation changed from facing Mountain Lake to facing south, to the City of San Francisco. A new site plan was developed which retained three of the buildings from the previous hospital complex, and also retained the majority of the former road system. Today, Wyman Avenue, Belles Street and Park Boulevard remain essentially unchanged from their earlier alignment. The designer of the 1932 hospital was able to create a complex of 16 buildings which are well-organized according to a functional program and are also responsive to the natural topography.

### ***Materials***

The largest and primary institutional buildings on the site, the main hospital (1801) and the nurses' dorm (1808), are the largest buildings on the site and are finished in buff brick. Smaller institutional components, such as the laboratories (1818 and 1819) and the recreation building (1805) are also buff brick buildings. Residential and service buildings are



Buff brick and flat clay roofing tiles are used on all types of buildings within the PSH complex.

finished in painted stucco. The Wyman Avenue houses have white painted stucco walls but use buff brick for their foundations. Flat clay roofing tiles are used on most of the buildings. They are a unifying element which create a cohesive building complex.

### ***Stylistic and Architectural Elements***

A strong Colonial Revival architectural vocabulary is used throughout the complex in both institutional and residential structures. For the main hospital (1932 portion), the basic division of the elevation into a base, middle and top represents a classical organization pattern. The hospital facade, as well as all PSH buildings, are strongly symmetrical. The building entrance is located in a central projecting bay with three arched openings as the entry. Limestone facing laid to look like cut blocks is used on the first floor to create a base story and is used for window sills and heads. Terra cotta which imitates the appearance of limestone creates classical banding at the cornice between sixth and seventh story. Stone quoining articulates the corners and adds to the classical effect. The nurses' dorm also has a prominent central entrance emphasized by a partially recessed porch with square wood



Nurses' dorm, Building 1808

columns. The railing over the porch and the octagonal cupola are strong Colonial Revival details which further emphasize the center portion of the building. The recreation building also emphasized the same central entry with a pedimented porch with large columns. The classical door surround demonstrates the stylistic rigor applied to these buildings. On the other hand, the buildings that do not have public or institutional functions are much plainer and less detailed. The laboratories (1818 and 1819) and the dormitory buildings (1806 and



Wood, divided light windows are used throughout the main hospital building

1807) have some classical detailing, but it is used very sparingly.

Divided-light, wood double-hung window are used consistently on all buildings except for the engineering building (1802), used singly or combined in pairs or threes. Applied to both



One of the Wyman Avenue duplex houses

the large-scale, seven-story hospital and to the one-story laboratory buildings, this window type is a significant character-defining feature.

The Wyman Avenue houses are designed in the Colonial Revival style on a residential scale. These buildings have defined bases, expressed frequently by differentiating the foundation from the main floors of the house. Although Buildings 1812 through 1815 are duplexes, each duplex shares a single entry porch and is designed to look like a single house. The two front doors are detailed in such a way as to appear to be part of a single, central door.

## ***Character-Defining Building Features :***

### ***Materials***

- Buff Brick, with limestone and terra cotta trim
- Red clay tile roofs
- Stucco wall finishes
- Double hung (six-over-six) wood windows

### ***Stylistic Elements***

- Centralized entry, often with a porch.
- Classical architectural details: porches and columns, railings, moldings, classical elements used at roofs (cupolas, pediments, eave details)

### ***Building Form***

- Symmetrical building massing and facade organization.
- Wide range of building scale and typology from small residences to the imposing main hospital. One dominant building with secondary and support buildings organized around it.
- Long narrow buildings and wings that facilitate excellent daylight access
- Solid weighty appearance of buildings. Articulation of the building base emphasize the building's full contact with the ground.



Existing Conditions, Building 1801, March 2006



## Range of Alternatives Analyzed in the PSHH EIS

	REQUESTED NO ACTION ALTERNATIVE	ALTERNATIVE 1: PTMP ALTERNATIVE	ALTERNATIVE 2: WINGS RETAINED/ TRUST REVISED ALTERNATIVE	ALTERNATIVE 3: WINGS REMOVED ALTERNATIVE	ALTERNATIVE 4: BATTERY CAULFIELD ALTERNATIVE
Preservation of Historic Portion of Building 1801 and other Historic Buildings	"Mothballed"	Yes	Yes	Yes	Yes
Removal of Non-Historic "Wings" of Bldg. 1801	No	No	No	Yes	Yes
Maximum Building Area	400,000 sf (68,000 sf occupied)	400,000 sf	400,000 sf	275,000 sf	362,000 sf
Proposed Uses within PSHH Complex on Lower Plateau	Cultural/Educational (53,000 sf) & Office/Accessory Uses (5,000 sf)	Residential (up to 210 units) & Other Uses <sup>a</sup> (173,000 sf)	Residential (up to 217 units) & Other Uses <sup>a</sup> (65,000 sf)	Residential (up to 230 units) & Other Uses <sup>a</sup> (25,000 sf)	Residential (up to 192 units) & Other Uses <sup>a</sup> (28,000 sf)
Proposed Uses within Battery Caulfield and Existing Buildings <sup>b</sup> on Upper Plateau	Maintenance/Corporation Yard (Existing Use) & Trust Facilities in Building 1450 (10,000 sf) (Existing Use)	Maintenance/Corporation Yard (Existing Use) & Other Uses <sup>a</sup> (17,000 sf) within Existing Buildings	Maintenance/Corporation Yard (Existing Use), Residential (up to 13 units) & Other Uses <sup>a</sup> (2,000 sf) within Existing Buildings	Maintenance/Corporation Yard (Existing Use) & Other Uses <sup>a</sup> (17,000 sf) within Existing Buildings	Residential (up to 64 units) within New Construction, Residential (up to 13 units) & Other Uses <sup>a</sup> (2,000 sf) within Existing Buildings
Underground Parking	No	No	Yes	No	No
Parking Spaces	276	537	452	330	267
Maximum Demolition	0	0	32,000 sf	125,000 sf	116,000 sf
Maximum New Construction	0	0	32,000 sf	0	73,000 sf
Senior (Independent & Assisted Living) Units	0	0	0	0	155
Affordable Housing Units	0	0-42	0	0-46	0
Maximum Dwelling Units	0	210	230	230	269
Average Unit Size <sup>c</sup>	NA	696 sf	1,025 sf	699 sf	865 sf
Total Bedrooms <sup>c</sup>	NA	233	367	253	385

Source: Presidio Trust 2006.

<sup>a</sup> Other Uses = Mix of office/accessory uses and cultural/education-related uses. Includes the retention of some existing tenants and Trust facilities.

<sup>b</sup> Includes Buildings 1818, 1819, and 1450.

<sup>c</sup> See Appendix A.

sf = square feet

NA = not applicable





