



June 11, 2012

Submitted by email

Diana Kitching
Los Angeles Department of City Planning
200 N. Spring Street, Room 750
Los Angeles, CA 90012
Email: Diana.Kitching@lacity.org

**RE: Barlow Hospital Replacement and Master Plan Project Draft EIR—
ENV-2009-2519-EIR**

Dear Ms. Kitching:

On behalf of the Los Angeles Conservancy, thank you for the opportunity to comment on the draft environmental impact report (Draft EIR) for the Barlow Hospital Replacement and Master Plan Project. The Los Angeles Conservancy is the largest local historic preservation organization in the United States, with over 6,700 members. Established in 1978, the Conservancy works to preserve and revitalize the significant architectural and cultural heritage of Los Angeles County.

The Conservancy's involvement with Barlow Hospital and its collection of significant historic buildings dates back to the early 1990s. We are disappointed that twenty years later, the currently proposed project calls for demolition of 21 of 32 historic buildings on site and significant alteration of the cultural landscape. While we sympathize with the hospital's predicament and support its desire to construct a new hospital in accordance with state mandates, the Conservancy strongly believes it should not come at the expense of this unique and highly significant site.

I. Historic significance of Barlow Hospital

Located on 25 acres of land adjacent to Elysian Park, Barlow Sanatorium was founded in 1902 by Dr. Walter Jarvis Barlow to care for tuberculosis patients in Los Angeles County. He constructed the non-sectarian sanatorium with contributions from some of Los Angeles' most prominent families to treat those who had a reasonable chance for recovery, but were unable to work and could not afford private care. While the most ill patients recuperated in the infirmary, the sanatorium initially housed healthier patients in tent cottages with shingled roofs above board and canvas sides. Starting in the 1910s, these cottages were replaced one by one with bungalow-style permanent buildings, each donated by certain families or organizations that still afforded patients plenty of sunshine and fresh air through sleeping and open porches.

Barlow Hospital, with its collection of 32 historic administrative, patient, recreational, and workshop buildings mostly in the California Bungalow and Spanish Colonial Revival styles dating from 1902 to 1952, is one of the few sanatorium campuses remaining in Los Angeles. It is one of the most intact assemblages of contributing buildings and grounds that reflect this typology, with buildings ranging from the first permanent patient cottage at the site, the 1914 Bonfilio Memorial Cottage, to lodging provided for on-site medical staff in the 1919 Birge Hall, to the sidewalks, stairs, and overall landscape that were integral to treatment of the patients.

Barlow Hospital as a whole was declared City of Los Angeles Historic-Cultural Monument (HCM) #504 in 1990. The site, with its collection of buildings and landscape features was determined eligible for listing in the National Register as a historic district in 1992. The Draft EIR has further identified three buildings as individually eligible for local and national designation: The 1909-10 Williams Hall that served as the sanatorium's recreation hall; the 1919 Birge Hall that housed nurses; and the 1921-22 Library.

II. The proposed project, which seeks to demolish the majority of historic buildings and radically alter the site, would have significant unavoidable impacts to historic resources

The proposed project would retain only eleven of the 32 contributing structures while demolishing 21 or 66% of historic buildings on site, including Birge Hall, one of the site's three individually eligible resources. In addition, the construction of 888 residential units would radically alter the existing village-like setting of Barlow Hospital and eliminate much of the landscape features that are integral to the significance of Barlow's tuberculosis treatment. The Draft EIR concludes the proposed project would render Barlow Hospital no longer a historic resource or an intact HCM, and as such, constitutes a significant, unavoidable impact under the California Environmental Quality Act.

a. Every effort should be made to avoid demolishing a designated historic resource

As a designated Historic-Cultural Monument, the City through the Cultural Heritage Commission, its appointed panel of experts, has recognized Barlow Hospital as important to Los Angeles' heritage. Every effort should be made to retain Barlow's local designation and continued eligibility. If the proposed project is approved and most of Barlow's historic structures and landscape are demolished, the loss would call into question the City's ability to protect our cultural heritage when clear adaptive reuse options are available.

Although Los Angeles' current Cultural Heritage Ordinance cannot prevent the demolition of a Historic-Cultural Monument, it does allow the City to delay demolition. This delay period allows for further consideration of preservation alternatives, which has been successful in the past. As a result, there have been very few instances when a Historic-Cultural Monument has been demolished to make way for new development (excluding loss because of fire, earthquake damage, etc.).

The 1985 demolition of the Philharmonic Auditorium Building (HCM #61) remains an ever-present reminder that our city's landmarks can be vulnerable. Despite receiving HCM designation in 1969 for its rich cultural heritage and architectural significance, this prominent landmark opposite Pershing Square was demolished for a mixed-use development project that never materialized. Twenty-six years after its demolition, the site remains a parking lot.

To avoid a similar outcome, especially as the proposed project anticipates implementation over a 10-year period, we request that at a minimum an additional mitigation measure be included that no grading or demolition permits impacting any of the historic features be issued until final building permits for a replacement project are ready to be issued.

III. The Draft EIR fails to evaluate a range of reasonable alternatives that reduces impacts to historic resources while meeting the basic project objectives

A key policy under the California Environmental Quality Act (CEQA) is the lead agency's duty to "take all action necessary to provide the people of this state with historic environmental qualities and preserve for future generations examples of major periods of California history."¹ To this end, CEQA "requires public agencies to deny approval of a project with significant adverse effects when feasible alternatives or feasible mitigation measures can substantially lessen such effects."²

Courts often refer to the EIR as "the heart" of CEQA, providing decision makers with an in-depth review of projects with potentially significant environmental impacts and analyzing alternatives that would reduce or avoid those impacts.³ The CEQA Guidelines require a range of alternatives to be considered in the EIR, with an emphasis on options capable of "substantially lessening" the project's significant adverse environmental effects. The fact that an environmentally superior alternative may be more costly or fails to meet all project objectives does not necessarily render it infeasible under CEQA.⁴ Findings of alternative feasibility or infeasibility must be supported by substantial evidence.⁵

The No Project Alternative (Alternative 1) and the Historic Preservation/Community Center and Open Space Alternative (Alternative 3) would retain Barlow Hospital's historic status. However, neither includes construction of a new hospital in order to allow Barlow to continue providing medical services on its existing site, a fundamental objective for the project. Alternative 2: Code Compliance -- Single Family Residences also does not include a new hospital, and is unclear as to whether the historic buildings and landscape would be retained. The Partial Historic Preservation Alternative (Alternative 4) and the Reduced Density Alternative (Alternative 5) come closest to meeting the project objectives while also retaining a majority of the historic structures. Each includes the construction of an on-

¹ Public Resource Code Sec. 21001 (b),(c).

² *Sierra Club v. Gilroy City Council* (1990) 222 Cal.App.3d 30, 41, italics added; also see PRC Secs. 21002, 21002.1.

³ *County of Inyo v. Yorty* (1973) 32 Cal.App.3d 795; *Laurel Heights Improvement Association v. Regents of the University of California* (1993) 6 Cal.4th 1112, 1123.

⁴ CEQA Guideline Secs. 15126.6(a).

⁵ PRC Sec. 21081.5.

site replacement hospital. The Draft EIR nevertheless concludes that neither Alternative 4 nor 5 would retain Barlow’s eligibility for historic designation due to the loss of some structures and changes to the setting from the resulting new development.⁶ To meet the underlying goal of CEQA, the Final EIR should include a preservation alternative that retains Barlow’s status as an HCM as well as its eligibility for the National Register, while meeting most of the project objectives.

a. Alternatives 4 and 5 can be refined to maintain Barlow’s eligibility as a historic resource while meeting most of the project objectives

Although Alternative 4 and 5 retain much, if not most of the historic structures, and have the greatest potential to meet all of the project objectives either fully or partially, further refinements are warranted. The density, placement, and design of the new development appear to jeopardize Barlow’s historic status and eligibility. It is unclear in the current analysis exactly how and to what extent this finding was made. The Final EIR should provide more thorough evaluation on how exactly Alternative 4 and 5 fail to meet the *Secretary of the Interior’s Standards for Historic Preservation* or render Barlow no longer eligible for local and national listing.

We strongly believe refinements or the development of new alternatives within the Final EIR may reduce the number of proposed residential units and locate them in a manner more compatible with the massing, scale, and setting of the existing buildings and cultural landscape. This can be done through a mix of townhouses, apartment buildings, and other typologies that also includes rehabilitation of the existing historic structures. As a result, Barlow’s setting and feeling, which allows it to convey its significance, can be maintain while adding a new hospital and some sensitively-placed new development onto the site.

b. The infeasibility of Alternatives 4 and 5 in meeting the basic project objective is not substantiated

The project’s assertion that redevelopment of the Barlow site with residential land uses at the proposed density is necessary in order to generate funds needed for the construction of a replacement hospital is not substantiated within the Draft EIR. Without this information, it is premature to conclude that the reduced amount of units in Alternative 4 “conflicts with or undermines the project’s underlying purpose,” or that Alternative 5 would meet the project’s objectives to a lesser extent than the proposed project even while a replacement hospital can be accommodated in both alternatives.⁷ Other means for fundraising may be available to Barlow’s administration, aside from the construction and sale of hundreds of residential units at a designated historic site. Additional options may not have been fully explored and therefore could assist in funding a replacement hospital, which would allow

⁶ The Draft EIR offers a cursory explanation for why neither Alternative 4 nor 5 retain Barlow’s historic status. The Conservancy requests that the Final EIR include more detailed analysis identifying the ways Alternative 4 and Alternative 5 jeopardizes Barlow’s designation as an HCM and its eligibility for national listing.

⁷ *Draft Environmental Impact Report—Barlow Hospital Replacement and Master Plan Project*, April 2012, p. V-85 and V-109.

for further reduction in the amount of new development proposed and in a manner more compatible with the existing site.

The Conservancy appreciates the outreach Barlow Hospital and its team has made to meet with our staff and we remain available to assist with finding a solution that retains the Barlow site as a historic resource while allowing the hospital to continue its operation. Please feel free to contact me at afine@laconservancy.org or 213-430-4203 should you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Adrian Scott Fine". The signature is written in a cursive, slightly slanted style.

Adrian Scott Fine
Director of Advocacy