

November 15, 2017

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175 Fulweiler Avenue
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Subject: Cultural Resources Inventory Update for the Placer County Government Center Master Plan Update Project, Auburn, CA

Dear Mr. Breckenridge:

This letter documents Dudek's review of, and update to, cultural resources investigations conducted for the Placer County Government Center (PCGC) Master Plan Update Project (project), located in Auburn, California (Figure 1). The County of Placer (County) is the lead agency responsible for compliance with the California Environmental Quality Act (CEQA). Review of cultural resources technical information, fieldwork, and reporting for this project has been conducted by Adam Giacinto, RPA, who meets the Secretary of the Interior's Professional Qualifications Standards. Records on file at the North Central Information Center (NCIC) indicate that the entirety of the PCGC area has been subject to previous investigations by qualified archaeologists and architectural historians.

As of the date of the NCIC records search, conducted August 1, 2016, no additional cultural resources had been recorded within the proposed project area since preparation of the *Draft EIR Public for the DeWitt Government Center Facility Plan (2003–2010)* by North Fork Associates in 2003 (NCIC Report ID 006745B). Technical studies prepared in support of this environmental document appear to have been completed to appropriate standards and sufficiently considered impacts to cultural resources. Three cultural resources have been recorded within the Placer County Government Center project site. Two of these will be impacted by the project, including the National Register of Historical Resources (NRHP) listed World War II-era DeWitt General Hospital District (District) and the Ophir Canal. This later resource has since been added as a contributing feature to the District. The remaining resource identified within the project area consists of a prehistoric Native American bedrock milling site. This resource will not be impacted, and will be avoided by project design.

PROJECT LOCATION AND DESCRIPTION

Placer County is proposing an update of the 1993 Comprehensive Facilities Master Plan for the PCGC. The project site is located west of the City of Auburn within the census designated area of North Auburn. The site falls within Public Lands Survey System (PLSS) area Township 13 North, Range 8 East, Section 32; and on the Auburn 7.5' United States Geological Society (USGS) Quadrangle (Figure 2). The project site is located west of State Route 49 (SR 49), between Bell and Atwood Roads (Figure 3). The project site includes the following seven parcels: APNs 051-120-061-000, 051-120-010-000, 051-110-013-510, 051-120-064-000, 051-120-065-000, 051-120-066-000, and 051-120-067-000.

The PCGC primarily supports County offices, facilities, warehouse space, and functions, as well as a Home Depot home improvement store located on 10 acres of leased land at the eastern side of the campus. These facilities are a mixture of modern buildings and older World War II-era buildings associated with the DeWitt General Hospital. Nearly all of the PCGC area has been previously developed (approximately 140 acres). The PCGC area includes approximately 40 acres of undeveloped land, all of which has been subject to varying degrees of past modification by agriculture, drainage improvements, used for storage, or for other purposes. The PCGC campus consists primarily of one- and two-story structures, including some of the original World War II-era DeWitt General Hospital barracks-style hospital buildings and more contemporary facilities that have replaced the hospital buildings over the last several decades. While many of the original buildings from the DeWitt General Hospital remain on site, building demolition and construction have occurred over the last 30 years, beginning with construction of the Finance and Administration Building in the late 1980s. The Auburn Main Jail and Juvenile Detention Center were constructed on the site in the early and mid-1990s. In the early 2000s, the County demolished several of the original DeWitt General Hospital buildings to allow for the construction of the Auburn Justice Center and the Community Development Resource Center buildings. Most recently, the County constructed a new animal services center in the western portion of the campus.

The proposed plan consists of various development types: county facilities, retail/service commercial, offices, multifamily and single-family residential units; public park facilities and trails; and open space. The plan proposes modifications to existing roadways; new roadways at key locations to provide greater connectivity; improvements to transit, bicycle, and pedestrian facilities; and corresponding circulation connections.

REGULATORY FRAMEWORK

State of California

The California Register of Historical Resources

In California, the term “historical resource” includes “any object, building, structure, site, area, place, record, or manuscript which is historically or archaeologically significant, or is significant in the architectural, engineering, scientific, economic, agricultural, educational, social, political, military, or cultural annals of California” (Public Resources Code (PRC) Section 5020.1(j)). In 1992, the California legislature established the California Register of Historical Resources (CRHR) “to be used by state and local agencies, private groups, and citizens to identify the state’s historical resources and to indicate what properties are to be protected, to the extent prudent and feasible, from substantial adverse change” (PRC Section 5024.1(a)). The criteria for listing resources on the CRHR, enumerated in the following text, were developed to be in accordance with previously established criteria developed for listing in the NRHP. According to PRC Section 5024.1(c)(1–4), a resource is considered historically significant if it (i) retains “substantial integrity,” and (ii) meets at least one of the following criteria:

- (1) Is associated with events that have made a significant contribution to the broad patterns of California’s history and cultural heritage
- (2) Is associated with the lives of persons important in our past
- (3) Embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of an important creative individual, or possesses high artistic values
- (4) Has yielded, or may be likely to yield, information important in prehistory or history

To understand the historic importance of a resource, sufficient time must have passed to obtain a scholarly perspective on the events or individuals associated with the resource. A resource less than 50 years old may be considered for listing in the CRHR if it can be demonstrated that sufficient time has passed to understand its historical importance (see 14 CCR 4852(d)(2)).

The CRHR protects cultural resources by requiring evaluations of the significance of prehistoric and historic resources. The criteria for the CRHR are nearly identical to those for the NRHP, and properties listed or formally designated as eligible for listing in the NRHP are automatically listed in the CRHR, as are state landmarks and points of interest. The CRHR also

includes properties designated under local ordinances or identified through local historical resource surveys.

California Environmental Quality Act

As described further in the following text, the following CEQA statutes and CEQA Guidelines are of relevance to the analysis of archaeological, historic, and tribal cultural resources:

PRC Section 21083.2(g) defines “unique archaeological resource.”

PRC Section 21084.1 and CEQA Guidelines Section 15064.5(a) define “historical resources.” In addition, CEQA Guidelines Section 15064.5(b) defines the phrase “substantial adverse change in the significance of an historical resource.” It also defines the circumstances when a project would materially impair the significance of a historical resource.

PRC Section 21074(a) defines “tribal cultural resources.”

PRC Section 5097.98 and CEQA Guidelines Section 15064.5(e) set forth standards and steps to be employed following the accidental discovery of human remains in any location other than a dedicated ceremony.

Commission (NAHC) to resolve disputes regarding the disposition of such remains. In addition, the Native American Historic Resource Protection Act makes it a misdemeanor, punishable by up to 1 year in jail, to deface or destroy a Native American historic or cultural site that is listed or may be eligible for listing in the CRHR.

California Health and Safety Code Section 7050.5

California law protects Native American burials, skeletal remains, and associated grave goods, regardless of their antiquity, and provides for the sensitive treatment and disposition of those remains. California Health and Safety Code Section 7050.5 requires that if human remains are discovered in any place other than a dedicated cemetery, no further disturbance or excavation of the site or nearby area reasonably suspected to contain human remains can occur until the County Coroner has examined the remains (Section 7050.5b). PRC Section 5097.98 also outlines the process to be followed in the event that remains are discovered. If the County Coroner determines or has reason to believe the remains are those of a Native American, the coroner must contact the California NAHC within 24 hours (Section 7050.5c). The NAHC will notify the Most Likely Descendant. With the permission of the landowner, the Most Likely Descendant may inspect the site of discovery. The inspection must be completed within 48 hours of notification of the Most Likely Descendant by the NAHC. The Most Likely Descendant may recommend means

of treating or disposing of, with appropriate dignity, the human remains and items associated with Native Americans. PRC Sections 21083.2(b)–(c) and CEQA Guidelines Section 15126.4 provide information regarding the mitigation framework for archaeological and historic resources, including examples of preservation-in-place mitigation measures; preservation-in-place is the preferred manner of mitigating impacts to significant archaeological sites because it maintains the relationship between artifacts and the archaeological context, and may also help avoid conflict with religious or cultural values of groups associated with the archaeological site(s).

Under CEQA, a project may have a significant effect on the environment if it may cause “a substantial adverse change in the significance of an historical resource” (PRC Section 21084.1; CEQA Guidelines Section 15064.5(b)). If a site is either listed or eligible for listing in the CRHR, or if it is included in a local register of historic resources, or identified as significant in a historical resources survey (meeting the requirements of PRC Section 5024.1(q)), it is a “historical resource” and is presumed to be historically or culturally significant for purposes of CEQA (PRC Section 21084.1; CEQA Guidelines Section 15064.5(a)). The lead agency is not precluded from determining that a resource is a historical resource, even if it does not fall within this presumption (PRC Section 21084.1; CEQA Guidelines Section 15064.5(a)).

A “substantial adverse change in the significance of an historical resource” reflecting a significant effect under CEQA means “physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the significance of an historical resource would be materially impaired” (CEQA Guidelines Section 15064.5(b)(1); PRC Section 5020.1(q)). In turn, the significance of a historical resource is materially impaired when a project does any of the following:

- (1) Demolishes or materially alters in an adverse manner those physical characteristics of an historical resource that convey its historical significance and that justify its inclusion in, or eligibility for, inclusion in the California Register; or
- (2) Demolishes or materially alters in an adverse manner those physical characteristics that account for its inclusion in a local register of historical resources pursuant to Section 5020.1(k) of the PRC or its identification in an historical resources survey meeting the requirements of Section 5024.1(g) of the PRC, unless the public agency reviewing the effects of the project establishes by a preponderance of evidence that the resource is not historically or culturally significant; or

- (3) Demolishes or materially alters in an adverse manner those physical characteristics of a historical resource that convey its historical significance and that justify its eligibility for inclusion in the California Register as determined by a lead agency for purposes of CEQA [CEQA Guidelines Section 15064.5(b)(2)].

Pursuant to these sections, the CEQA inquiry begins with evaluating whether a project site contains any “historical resources,” then evaluates whether that project will cause a substantial adverse change in the significance of a historical resource such that the resource’s historical significance is materially impaired.

If it can be demonstrated that a project will cause damage to a unique archaeological resource, the lead agency may require reasonable efforts be made to permit any or all of these resources to be preserved in place or left in an undisturbed state. To the extent that they cannot be left undisturbed, mitigation measures are required (Section 21083.2(a), (b), and (c)).

Section 21083.2(g) defines a unique archaeological resource as an archaeological artifact, object, or site about which it can be clearly demonstrated that without merely adding to the current body of knowledge, there is a high probability that it meets any of the following criteria:

- (1) Contains information needed to answer important scientific research questions and that there is a demonstrable public interest in that information
- (2) Has a special and particular quality such as being the oldest of its type or the best available example of its type
- (3) Is directly associated with a scientifically recognized important prehistoric or historic event or person

Impacts to nonunique archaeological resources are generally not considered a significant environmental impact (PRC Section 21083.2(a); CEQA Guidelines Section 15064.5(c)(4)). However, if a nonunique archaeological resource qualifies as tribal cultural resource (PRC 21074(c); 21083.2(h)), further consideration of significant impacts is required.

CEQA Guidelines Section 15064.5 assigns special importance to human remains and specifies procedures to be used when Native American remains are discovered. As described in the following text, these procedures are detailed in PRC Section 5097.98.

California State Assembly Bill 52

The project pre-dates requirements for Assembly Bill (AB) 52, which updated PRC Section 5097.94, and added PRC Sections 21073, 21074, 21080.3.1, 21080.3.2, 21082.3, 21083.09, 21084.2, and 21084.3. AB 52 established that Tribal Cultural Resources (TCR) must be considered under CEQA and also provided for additional Native American consultation requirements for the lead agency. Section 21074 describes a TCR as a site, feature, place, cultural landscape, sacred place, or object that is considered of cultural value to a California Native American Tribe. A TCR is either:

- On the California Register of Historical Resources or a local historic register; Eligible for the California Register of Historical Resources or a local historic register; or
- A resource determined by the lead agency, in its discretion and supported by substantial evidence, to be significant pursuant to criteria set forth in subdivision (c) of Section 5024.1.

AB 52 formalizes the lead agency–tribal consultation process, requiring the lead agency to initiate consultation with California Native American groups that are traditionally and culturally affiliated with the project, including tribes that may not be federally recognized. Lead agencies are required to begin consultation prior to the release of a negative declaration, mitigated negative declaration, or environmental impact report.

Section 1 (a)(9) of AB 52 establishes that “a substantial adverse change to a tribal cultural resource has a significant effect on the environment.” Effects on tribal cultural resources should be considered under CEQA. Section 6 of AB 52 adds Section 21080.3.2 to the PRC, which states that parties may propose mitigation measures “capable of avoiding or substantially lessening potential significant impacts to a tribal cultural resource or alternatives that would avoid significant impacts to a tribal cultural resource.” Further, if a California Native American tribe requests consultation regarding project alternatives, mitigation measures, or significant effects to tribal cultural resources, the consultation shall include those topics (PRC Section 21080.3.2[a]). The environmental document and the mitigation monitoring and reporting program (where applicable) shall include any mitigation measures that are adopted (PRC Section 21082.3[a]).

Native American Human Remains

State law (PRC Section 5097 et seq.) addresses the disposition of Native American burials in archaeological sites and protects such remains from disturbance, vandalism, or inadvertent destruction; establishes procedures to be implemented if Native American skeletal remains are

discovered during construction of a project; and established the Native American Heritage Commission (NAHC).

In the event that Native American human remains or related cultural material are encountered, Section 15064.5(e) of the CEQA Guidelines (as incorporated from PRC Section 5097.98) and California Health and Safety Code Section 7050.5 define the subsequent protocol. In the event of the accidental discovery or recognition of any human remains, excavation or other disturbances shall be suspended of the site or any nearby area reasonably suspected to overlie adjacent human remains or related material. Protocol requires that a county-approved coroner be contacted in order to determine if the remains are of Native American origin. Should the coroner determine the remains to be Native American, the coroner must contact the NAHC within 24 hours. The most likely descendent may make recommendations to the landowner or the person responsible for the excavation work, for means of treating, with appropriate dignity, the human remains and any associated grave goods as provided in PRC Section 5097.98 (14 CCR 15064.5(e)).

NCIC RECORDS SEARCH

An updated records search of the project area was completed by North Central Information Center staff on August 1, 2016 (Confidential Appendix A). This records search included their collection of mapped prehistoric, historical, and built-environment resources; California Department of Parks and Recreation (DPR) Site Records; technical reports; archival resources; and ethnographic references. Additional consulted sources included the NRHP; California Inventory of Historical Resources/CRHR; and listed Office of Historic Preservation Archaeological Determinations of Eligibility, California Points of Historical Interest, and California Historical Landmarks.

Previously Conducted Studies

NCIC records indicate that 11 previous cultural resources technical investigations have been conducted within the project area (Table 1). All but three of these studies were conducted prior to the initial environmental study for the project site, the *Draft EIR Public for the DeWitt Government Center Facility Plan (2003–2010)* that was prepared by North Fork Associates in 2003 (NCIC Report ID 006745B). No resources have been recorded since drafting this EIR, however additional archaeological testing was conducted at one recorded prehistoric bedrock milling site (P-31-002626). This site will now be avoided by project design.

Table 1. Previous Technical Studies within the Project Area

Report Number	Author	Year	Proximity to APE	Title
000032	Ernest H. L. Decater	1982	Intersects	An Archeological Survey of the Proposed Roschak Development Auburn, Placer Co. CA.
001662	Heipel, Steve	1991	Intersects	Cultural Resources Inventory of the Proposed Expansion of the Placer County Detention Facility, Placer County, California.
002553	Simons, Dwight	2000	Intersects	Archaeological Survey Report for Three Proposed Road Corridors, Auburn, Placer County, California
004084	Foster, Lee	1994	Intersects	Cultural Resources Survey and Investigation of the DeWitt General Hospital
004136	Yep, Walter	1994	Intersects	Removal of Underground Fuel Storage Tanks and Associated Fuel Pipelines DeWitt General Hospital, Placer County, California
004137	Dougherty, John	2000	Intersects	Archaeological Investigation of the Placer County Jail Expansion Project, DeWitt Center, Auburn, Placer County, California
006745	Windmiller, Ric	2002	Intersects	Dewitt Center Existing Conditions Report
006745B	North Fork Associates	2003	Intersects	Dewitt Government Center Facility Plan Final Environmental Impact Report
006745C	Peak & Associates, Inc	2004	Intersects	Archaeological Investigation at Site DWC #1, DeWitt Center, Placer County, CA
008046	Billat, Lorna	2006	Intersects	Flapwheel/ CA-3275E
011554	Carrie D. Wills	2014	Intersects	Cultural Resources Records Search and Site Visit Results for Verizon Wireless Candidate Placer Sheriff Auburn, 2965 Richardson Drive, Auburn, Placer County, California, EBI Project No. 61145905

Previously Identified Cultural Resources

Records at the NCIC indicate that three cultural resources have been previously identified within the APE (Table 2; Confidential Appendix A).

Table 2. Previously Recorded Cultural Resources within the Project Area

Resource Number	Trinomial	Age	NRHP/CRHR Status	Description
P-31-001171	CA-PLA-963H	Historic	Listed on the NRHP/CRHR as contributor to DeWitt Hospital	AH06 (Water conveyance system); HP20 (Canal/aqueduct)

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Resource Number	Trinomial	Age	NRHP/CRHR Status	Description
P-31-002626	CA-PLA-1858	Prehistoric	Evaluated – Recommended not NRHP/CRHR Eligible	AP04 (Bedrock milling feature)
P-31-002627	CA-PLA-1859H	Historic	Listed on the NRHP as a District, Eligible for CRHR	HP34 (Military property); HP41 (Hospital)

P-31-001171

P-31-001171 consists of the Ophir Canal, which runs into the project area at its eastern edge. The *Public Draft EIR for the DeWitt Government Center Facility Plan (2003–2010)*, prepared by North Fork Associates in 2003, provides a general summary of previous cultural resources investigations completed by URS in 2002 for the DeWitt Center. The following information has been gleaned primarily from these two resources, both of which are on file with the NCIC. The Ophir Canal was likely constructed between 1887 and 1894, as indicated by its absence on the 1887 official map of Placer County and its reference in the 1894 South Yuba Water and Mining Company’s listing of active canals.

The canal was built to supply water to the mines at Ophir, a small mining town several miles south of the project site. Today, Ophir is State Historic Landmark #463. A state historic plaque at the town states that Ophir was founded in 1849, was the most populous town in Placer County in 1852, and was later a center of quartz mining activity. The water that was delivered by the Ophir Canal was needed to power stamp mills and to wash soil for the recovery of minerals. The Ophir Canal was part of the South Yuba Water and Mining Company’s holdings until 1911, when the Pacific Gas and Electric Company purchased the Placer County holdings of the South Yuba Water Company. The Ophir Canal was owned by the Pacific Gas and Electric Company from 1911 until 1933, when the Nevada Irrigation District purchased Pacific Gas and Electric’s Gold Hill System, including the Ophir Canal (NCIC Report ID 006745B).

As part of the construction of DeWitt General Hospital, a portion of the Ophir Canal was reconstructed and relocated. This segment, today known as the Combie 3 Canal (also called the Ophir Canal and the Kemper Canal), includes the portion that runs in a straight line alongside 1st Street. Water from the Combie 3 Canal was supplied to DeWitt General Hospital’s open, earthen reservoir. The water treatment plant and an enclosed, concrete water storage tank were located a short distance east of the canal. Because of this relationship with the DeWitt Hospital, the rebuilt segment of the Ophir Canal (Combie 3 Canal), along with a pump house and flume were also evaluated for NRHP and CRHR eligibility. The canal, pump house, and flume were separately

evaluated (NCIC Report ID 006745B), and found to be contributing elements of the DeWitt Hospital District.

P-31-002626

P-31-002626 is a prehistoric bedrock milling site. It consists of a single granite outcrop with 17 mortars and a small milling slick. No artifacts have been discovered in the vicinity of the feature. In 2004, Peak & Associates excavated 16 Shovel Test Pits (STPs) throughout the site area. The terminal depths of STPs ranged between 15 and 40 centimeters below the surface (cmbs). All STPs failed to yield cultural material, and provided no evidence of subsurface cultural deposits. This resource falls in area designated as open space by the project design and will not be impacted.

P-31-002627

P-31-002627 consists of the CRHR/NRHP-listed DeWitt General Hospital District (NCIC Report ID 006745B). This historic complex includes more than 80 buildings on approximately 220 acres. Prior to 1942, the project site was used for livestock pasture and orchards. Small farm buildings were present on site when the land was acquired by the War Department in 1943. The central historic core of the PCGC was then developed as the DeWitt General Hospital, which cared for battle casualties during the last two years of World War II (1943-1945). In late 1945, the hospital was deactivated and closed as an Army installation. The State of California acquired the DeWitt Hospital in 1946 and activated it as a California State Hospital in the early summer of 1946. The DeWitt State Hospital cared for thousands of mental patients after the State of California took over the property in the post-war years. The state closed the hospital and transferred the land to Placer County in 1972.

Several buildings were demolished between 2005 and 2008 as part of the County's implementation of the 2003 DeWitt Government Center Facility Plan (2003 – 2010), which was the prior Master Plan update for the site. As required by the 2003 DeWitt Government Center Facility Plan EIR, the County retained an architectural historian to conduct photograph recordation of the entire PCGC campus. The recordation was prepared in compliance with the Historic American Buildings Survey standards and was completed prior to demolition of the buildings identified for removal in the 2003 facility plan.

A survey was conducted to identify historic architectural resources within the proposed project area. The findings of this survey were originally presented in the Historic Architectural Survey Report Section in the DeWitt Center Existing Conditions Report (NFA/URS, 2002). The report identified and evaluated the properties greater than 45 years of age within DeWitt Center for

eligibility for listing on the NRHP and the CRHR. The report found that a number of structures greater than 45 years of age exist in the proposed DeWitt Government Center Facility Plan project area, specifically within the project sites for the Wastewater Treatment Plan demolition, Land Development Building, and other building demolition. These structures were constructed in 1943 as part of DeWitt General Hospital. The DeWitt General Hospital Historic District was recommended to be eligible for NRHP listing under criteria A and C and the CRHR under criteria 1 and 3.

NAHC AND NATIVE AMERICAN COORDINATION

A number of technical studies conducted of the project site have requested searches of the Sacred Lands File; none of these searches have indicated the presence of Native American resources on file with the NAHC. Ongoing correspondence and coordination with NAHC-listed Native American Tribal representatives for this project has taken place over more than 15 years. These communications have indicated that the project area was a place traditionally used and occupied by the Nisenan, however have not resulted in the identification of known resources that would be impacted. One prehistoric bedrock milling site (P-31-002626) has been recorded on the County's property, however, the project as currently designed will have no impact to this resource.

Although the permitting process for the present project has been extended and pre-dates Assembly Bill 52 requirements, the County has made a good faith effort to maintain ongoing communication with tribal representatives from the United Auburn Rancheria Indian Community (UAIC) and Wilton Rancheria throughout this planning process. The most recent site visit on October 3, 2017 included an in-person meeting with UAIC representatives, during which the County provided details relating to the current permitting efforts and project design. Following this meeting, County representatives and UAIC representatives, as accompanied by Mr. Giacinto of Dudek, visited the location of P-31-002626 to inspect the area. No specific comments or concerns were expressed during this visit by tribal representatives. Based on information provided by the County and in previous technical studies, no Native American resources (including any tribal cultural resources as defined in Public Resources Code § 21074) have been identified to date that would be impacted by the project as currently designed.

METHODS

Pedestrian Survey

On September 3, 2017, Dudek Archaeologist Adam Giacinto inspected previously recorded resources and areas with exposed ground surface throughout the County project area with the

greatest potential to support the presence of additional cultural material, features, or deposits. No newly identified archaeological or built-environment resources were identified. The prehistoric bedrock milling site (P-31-002626) was relocated, and observed to be in the same condition as last documented by Peak & Associates in 2004. The County property has been subject to an extended history of development, modification, and upkeep. Disturbance to native soils was most evident in areas with existing buildings, roads, drainage modifications, water treatment, utility corridors, and other components related to modern and historic-era facilities. However, indications of past disturbance to areas with exposed ground surface throughout the project area was also observed by irregular surface topography, displaced boulders, and vegetation restoration efforts.

SUMMARY AND MANAGEMENT CONSIDERATIONS

As currently designed, the project will avoid impacts to a known prehistoric bedrock milling site (P-31-002626) and will impact the Ophir Canal and other contributing elements of the Dewitt General Hospital District (P-31-001171 and P-31-002627). The significance of these historic-era built environment resources has been appropriately evaluated pursuant to CEQA. Dudek's pedestrian survey efforts and review of information on file with the NCIC suggests that there is a low potential for the inadvertent discovery of prehistoric cultural deposits during earth moving activities associated with the project. There is some potential to encounter historic-age deposits associated with the NRHP-listed DeWitt General Hospital.

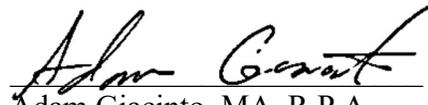
Should archaeological resources be encountered during project implementation, additional archaeological action as outlined in the EIR should be taken. All construction crew should be alerted to the potential to encounter archaeological material. In the event that archaeological resources (sites, features, or artifacts) are exposed during construction activities for the proposed project, all earth-disturbing work occurring within that immediate area shall immediately stop until a qualified archaeologist, meeting the Secretary of the Interior's Professional Qualification Standards, can evaluate the significance of the find and determine whether additional study is warranted. Prehistoric archaeological deposits may be indicated by the presence of discolored or dark soil, fire-affected material, concentrations of lithic materials, or other characteristics observed to be atypical of the surrounding area. Common prehistoric artifacts may include modified or battered lithic materials; lithic or bone tools that appear to have been used for chopping, drilling, or grinding; projectile points; fired clay ceramics or non-functional items; non-local high quality materials such as chert and obsidian; and other items. Historic-age deposits are more likely to be encountered, and are often indicated by the presence of glass bottles and shards, ceramic material, building or domestic refuse, ferrous metal, or old features such as concrete foundations or privies.

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Should human remains be discovered, work will halt in that area and procedures set forth in the California Public Resources Code (Section 5097.98) and State Health and Safety Code (Section 7050.5) will be followed, beginning with notification to the County and County Coroner. If Native American remains are present, the County Coroner will contact the Native American Heritage Commission to designate a Most Likely Descendent, who will arrange with the County for the dignified disposition and treatment of the remains.

Should you have any questions relating to this report and its findings please do not hesitate to contact me directly.

Respectfully Submitted,



Adam Giacinto, MA, R.P.A.
Archaeologist

DUDEK

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Att: Figure 1. Regional Map

Figure 2. Vicinity Map

Figure 3. Project Area Map

Appendix A: Confidential NCIC Records Search Information

NATIONAL ARCHAEOLOGICAL DATA BASE INFORMATION

Authors: Adam Giacinto, M. A., RPA and William Burns, M.Sc, RPA

Firm: Dudek

Client/Project Proponent: County of Placer.

Report Date: 11/10/17
Report Title: Cultural Resources Inventory Update Placer County Government Center Master Plan Update Project, Auburn, CA

Type of Study: Cultural Resources Inventory Update
New Sites: None
Updated Sites: None
USGS Quad: Auburn 7.5-minute
Acreage: 200 acres

Permit Numbers: Permitting pending

Key Words: Cultural Inventory update; DeWitt General Hospital Historic District; Bedrock milling

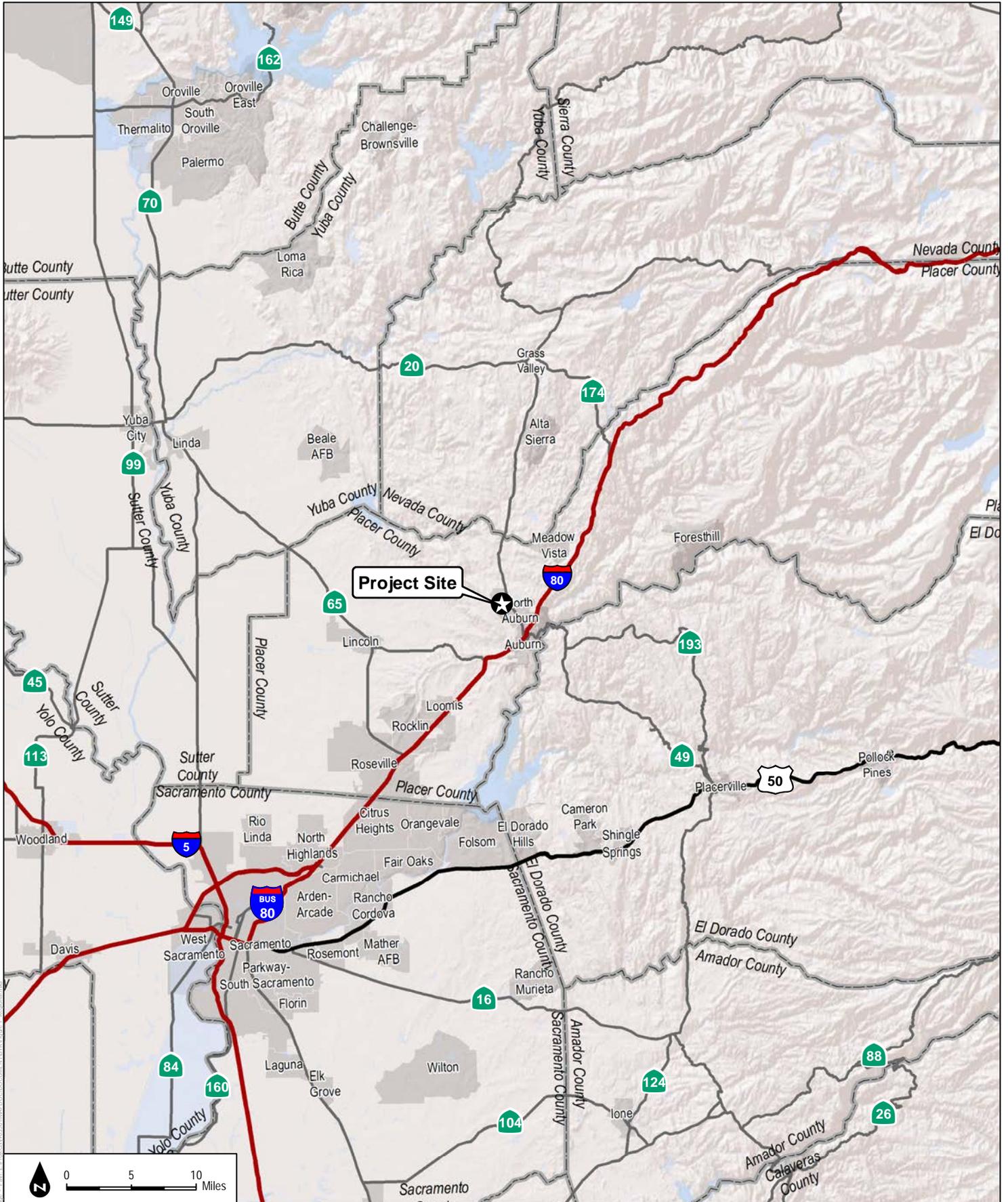
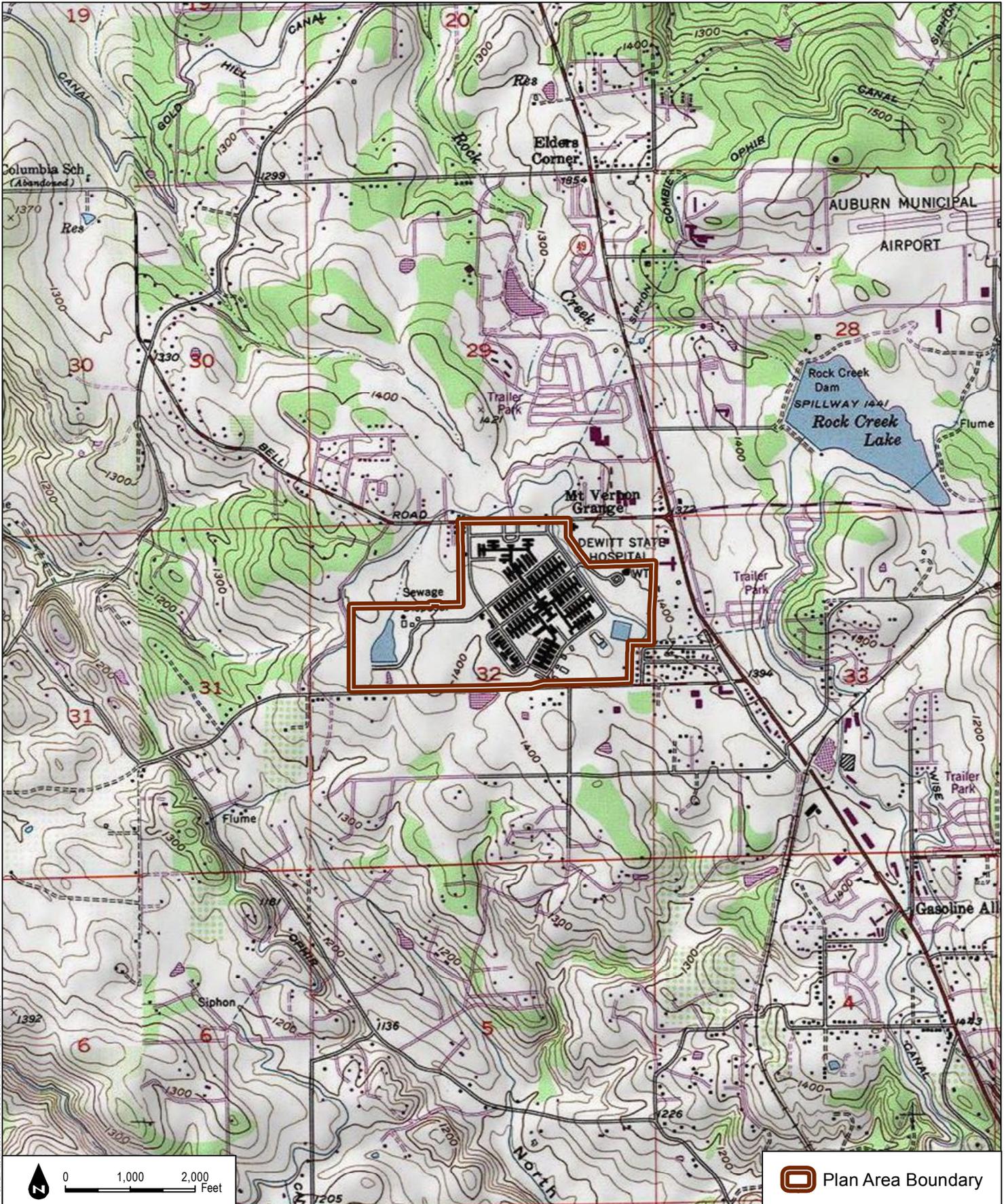


FIGURE 1
Regional Map



SOURCE: USGS 7.5 Minute Series Auburn Quadrangle

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Placer County Government Center Master Plan Update

FIGURE 2
Vicinity Map

Cultural Technical Report

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SOURCE: Bing (Accessed 2016), County of Placer 2016

DUDEK

Placer County Government Center Master Plan Update

 Plan Area Boundary

FIGURE 3
Site Map

Technical Report

Appendix A (Confidential)
NCIC Records Search Results

November 07, 2018

Paul P. Breckenridge
Senior Architect
Department of Public Works and Facilities | Capital Improvements
175 Fulweiler Avenue
Auburn, CA, 95603

Subject: Cultural Resources Assessment of the Ophir Canal for the Placer County Government Center Master Plan Update Project, Auburn, CA

Dear Mr. Breckenridge:

This letter documents Dudek's review of, and update to, cultural resources investigations conducted for the Placer County Government Center (PCGC) Master Plan Update Project (project), located in Auburn, California (Figures 1, 2, and 3). The County of Placer (County) is the lead agency responsible for compliance with the California Environmental Quality Act (CEQA). Review of cultural resources technical information, fieldwork, and reporting for this project has been conducted by Adam Giacinto, MA, RPA, who meets the Secretary of the Interior's Professional Qualifications Standards. Records on file at the North Central Information Center (NCIC) indicate that the entirety of the PCGC area has been subject to previous investigations by qualified archaeologists and architectural historians. A previously prepared cultural resources Inventory letter report (Giacinto 2017) provided an inclusive summary of previously recorded resources and technical reports completed for the project to date. Since preparation of this previously prepared report, design changes have provided for potential modification of an additional cultural resource, the historical-era Ophir Canal (P-31-001171). The intent of the present letter is to provide the results of updated recordation completed of this feature in order to document that all potential historical resources have been appropriately considered in compliance with CEQA and County requirements.

P-31-001171 (Ophir Canal or Combie 2 Canal)

P-31-001171 consists of the Ophir Canal, an unlined earthen irrigation canal which is currently still in use. The proposed project plans to enclose, or otherwise modify, the segment of the canal extending along the eastern side of the project site, north of Atwood Road to Bell Road. The *Public Draft EIR for the DeWitt Government Center Facility Plan (2003–2010)*, prepared by North Fork

Associates in 2003, provides a general summary of previous cultural resources investigations completed by URS in 2002 for the DeWitt Center. The initial canal alignment was constructed between 1887 and 1894 in order to support the growing population of the foothills region. The canal was owned by the Pacific Gas and Electric Company (PG&E) from 1911 until 1933, when the Nevada Irrigation District (NID) purchased it. This segment of the original water conveyance feature intersected the WWII-era DeWitt General Hospital grounds, and was redirected along the present canal route in 1943 in order to serve the hospital's design as a self-contained facility. This relocated segment is sometimes called Combie 3 Canal in order to differentiate it from other portions of the Ophir Canal. Water from this canal segment was supplied to DeWitt General Hospital's open, earthen reservoir. The water treatment plant and an enclosed, concrete water storage tank were located a short distance east of the canal.

Ophir Canal was reviewed as part of the NRHP Nomination Form prepared for the DeWitt General Hospital Historic District (District; P-31-002627), and was not considered a contributor (Appendix A). The District boundary was mapped immediately west of 1st Street, which excludes the majority of the Ophir Canal. The segment of the Ophir Canal segment immediately to the north of Bell Road has been piped and redirected, associated documentation noting that it had been subject to substantial modification that resulted in impacts to its integrity and was not a significant resource segment (not CRHR eligible).

Methods and Results

In order to ensure that this resource has been appropriately documented individually, Dudek revisited the Ophir Canal segment proposed for modification by the present project in order to evaluate its potential for individual CRHR/NRHP listing. Cultural resources specialist, Adam Giacinto, MA, RPA, inspected all portions of this segment on October 09, 2018. The canal was observed to be in the location documented within existing DPR site record forms on file with the CHRIS Information Center. The canal averages 10 feet across (bank to bank) and 4 feet in depth. The canal segment has been maintained and operated by the NID since it was moved in 1943, and has been piped between Willow Creek Road and Professional Drive, next to Home Depot. Six features of historic age were observed along this segment of Ophir Canal. These included one concrete gate, a concrete box, one NID inspection box (NID 587), a brick pump station (located outside of the project site northwest of Cottage Drive), and a concrete bridge with brick rails (at 1st Street and C Avenue).

Review of Impacts

According to CEQA, a project with an effect that may cause a substantial adverse change in the significance of an historical resource is a project that may have a significant effect on the

environment and the cultural resource itself. A substantial adverse change in the significance of an historical resource would be constituted by physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the significance of a historical resource would be materially impaired. Significance, under these management conditions, is to be interpreted in terms of the resource's eligibility for listing on the CRHR and/or NRHP. In order to best mitigate the effects of the project on cultural resources, a reasonable, good faith effort must be applied to determining their character and eligibility for CRHR/NRHP listing.

As discussed above, the project as currently designed has the potential to impact the Ophir Canal (P-31-001171). The pump house is outside of the project site and is not included in the present significance evaluation. All features within the project site were recorded to California Office of Historic Preservation (OHP) standards by updating the existing DPR form for this resource. The bridge and concrete features are likely associated with the WWII-era DeWitt Hospital. As noted above, the canal and associated features are not documented as contributors to this NRHP-listed district within the NRHP Nomination Form and fall largely outside of its defined boundary. With the exception of the process of shared water conveyance, the presently considered canal segment and features are not part of the original Ophir Canal route and, as such, are not considered to be associated with this original feature or its period of significance. Portions of this canal segment has been piped and subject to improvements since its initial construction in 1943, which has affected its integrity of location, setting, feeling and association. P-31-001171 is not considered a contributor to any specific significant events locally, regionally, or nationally (Criterion 1); is not directly associated with the lives of any important people locally, regionally, or nationally (Criterion 2); does not embody the distinctive characteristics of a type, period, region or method of construction, represent the work of a master, or possesses high artistic values (Criterion 3); and, beyond the attributes captured through recordation, does not have the potential to yield information locally, regionally, or nationally (Criterion 4). Based on these considerations, and as is consistent with previous findings for adjacent canal segments, this segment of the Ophir Canal and associated features intersecting the project site are not considered eligible for CRHR/NRHP listing.

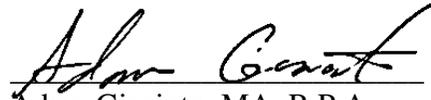
SUMMARY AND MANAGEMENT CONSIDERATIONS

P-31-001171 is not recommended to be CRHR/NRHP eligible, and is not considered a significant resource pursuant to CEQA or the NHPA. Having been appropriately documented, modification of the Ophir Canal (Combie 3 Canal) and associated features by the project as currently designed will not represent a significant effect to cultural resources.

*Subject: Cultural Resources Assessment of the Ophir Canal for the Placer County Government
Center Master Plan Update Project, Auburn, CA*

Should you have any questions relating to this report and its findings please do not hesitate to contact me directly.

Respectfully Submitted,



Adam Giacinto, MA, R.P.A.
Cultural Resources Specialist
DUDEK

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cc: Katherine Waugh, Dudek

*Att: Figure 1. Regional Map
Figure 2. Vicinity Map
Figure 3. Project Site Map*

*Appendix A: DeWitt General Hospital Historic District NRHP Nomination Form
Appendix B: P-31-001171 DPR Form Update (In Preparation)*

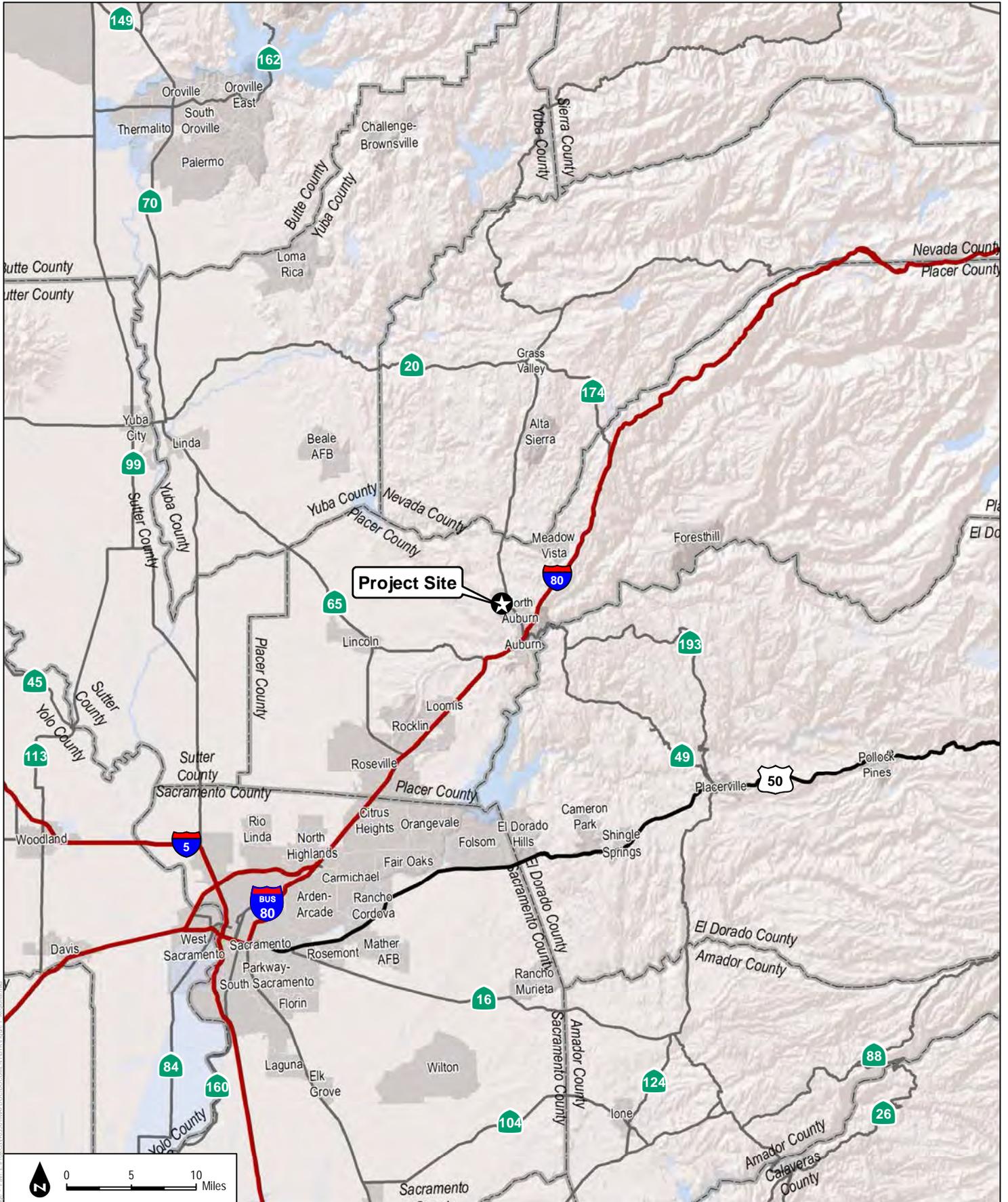
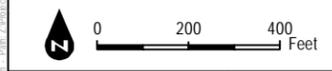


FIGURE 1
Regional Map



 Plan Area Boundary

FIGURE 3
Site Map

*Subject: Cultural Resources Assessment of the Ophir Canal for the Placer County Government
Center Master Plan Update Project, Auburn, CA*

NATIONAL ARCHAEOLOGICAL DATA BASE INFORMATION

Authors: Adam Giacinto, M. A., RPA

Firm: Dudek

Client/Project Proponent: County of Placer.

Report Date: 11/7/18
Report Title: Cultural Resources Assessment of the Ophir Canal for the Placer County Government Center Master Plan Update Project, Auburn, CA

Type of Study: Cultural Resources Inventory Update
New Sites: None
Updated Sites: None
USGS Quad: Auburn 7.5-minute
Acreage: 10 acres

Permit Numbers: Permitting pending

Key Words: Ophir Canal; DeWitt General Hospital Historic District

Appendix A
DeWitt General Hospital Historic District NRHP
Nomination Form

DEC 31 2015

Nat. Register of Historic Places
National Park Service

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

1. Name of Property

Historic name: DeWitt General Hospital

Other names/site number: DeWitt State Hospital

Name of related multiple property listing:
Latinos in 20th Century California

2. Location

Street & number: First Street and B Avenue, south of Bell Road and north of Atwood Road

City or town: Auburn State: CA County: Placer

Not For Publication: Vicinity:

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this x nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property x meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

___ national ___ statewide x local

Applicable National Register Criteria:

x A x B x C ___ D

State Historic Preservation Officer <u>28 Dec. 2015</u>	
Signature of certifying official/Title:	Date
<u>California Office of Historic Preservation</u>	
State or Federal agency/bureau or Tribal Government	

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In my opinion, the property ___ meets ___ does not meet the National Register criteria.

Signature of commenting official:

Date

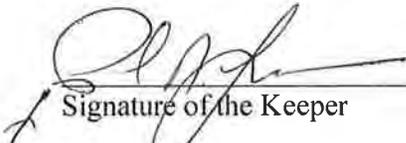
Title :

State or Federal agency/bureau
or Tribal Government

4. National Park Service Certification

I hereby certify that this property is:

- ___ entered in the National Register
- ___ determined eligible for the National Register
- ___ determined not eligible for the National Register
- ___ removed from the National Register
- ___ other (explain:) _____


Signature of the Keeper

2/12/2016
Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

- Private:
- Public – Local
- Public – State
- Public – Federal

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Category of Property

(Check only **one** box.)

- Building(s)
- District
- Site
- Structure
- Object

Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>49</u>	<u>5</u>	buildings
<u> </u>	<u> </u>	sites
<u>1</u>	<u> </u>	structures
<u> </u>	<u> </u>	objects
<u>50</u>	<u>5</u>	Total

Number of contributing resources previously listed in the National Register

6. Function or Use

Historic Functions

(Enter categories from instructions.)

- HEALTH CARE/Hospital
- RECREATION & CULTURE/Theater
- RECREATION & CULTURE/Sports Facility
- RELIGION/Religious facility
- DEFENSE/Military facility

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Current Functions

(Enter categories from instructions.)

GOVERNMENT/Government Office

RECREATION & CULTURE/Theater

RECREATION & CULTURE/Sports Facility

7. Description

Architectural Classification

(Enter categories from instructions.)

Other: Pavilion Plan Hospital

Materials: (enter categories from instructions.)

Principal exterior materials of the property:

Foundation: CONCRETE

Walls: BRICK

Roof: ASPHALT

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

The DeWitt General Hospital was constructed in 1943 as one of the sixteen 'Type A' pavilion plan Army hospitals in the United States designed by architects York and Sawyer. In total, there were sixty-six Army hospitals in the United States that treated American soldiers wounded in World War II. The DeWitt Hospital site contained about 220 acres and was designed to be a self-contained facility originally consisting of approximately 80 buildings, a circulation system of roads, sidewalks, enclosed corridors, a steam power plant, water and sewage treatment plants and incinerator. The district consists of 49 contributing buildings, 1 contributing structure (a pool), and 5 non-contributing buildings.

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The DeWitt Hospital complex is located approximately three miles north of downtown Auburn and a short distance west of State Highway 49 in Placer County California. Originally, the hospital site was rural in character however some of the neighboring vicinity is becoming more suburban in nature. The DeWitt hospital complex has had three uses since its construction, a World War II military hospital from 1943 to 1945, a state mental hospital from 1946 to 1972, and its current use primarily houses county offices with a few buildings being leased to local businesses or services. Nearly all of the hospital buildings were constructed of brick with the most significant buildings being the patient wards - long, narrow, single-story buildings arranged in rows with enclosed connecting corridors and sidewalks. The majority of the hospital buildings were organized in long rectangular pavilions in uniform rows along streets with a grid-like plan. Spaces in between the pavilions generally contain grass, trees and shrubs. Buildings were arranged hierarchically, with the administration building, physician and nurses quarters, and medical clinics at the north end of the complex, industrial buildings at the south end, and patient wards and service buildings in the center. Buildings were designed as modern and functional structures with a straightforward use of materials, namely brick on concrete foundations, and gabled or flat roofs according to use. Windows were double-hung or fixed with wooden muntins dividing them into multiple lights. Doors were wood paneled with upper lights and most interior finishes were smooth gypsum board.

Historic Integrity

In general, the DeWitt Hospital retains much of its historic integrity in terms of internal setting, location, materials, workmanship, and feeling. It no longer has integrity of association due to its change in use. Most of the remaining original hospital buildings have not been significantly altered in their footprints or general exterior appearance. Approximately sixty percent of the original hospital buildings remain standing, nearly all of which are in good condition and currently or recently occupied. The core of the DeWitt Hospital complex retains much of its historic military and institutional feel. Approximately half of the patient wards, all of the enlisted men's barracks (later converted to wards) and nearly all service and utility type buildings remain, as do the theater, chapel, gymnasium and swimming pool. Buildings no longer in existence include the administration building, six officer's quarters, four medical buildings and seventeen patient wards. The northern portion of the DeWitt property contains two noncontributing post World War II modern office buildings located outside of the district boundaries. These offices occupy the periphery of the property thus leaving a sixty-three acre portion of the original hospital complex significantly intact. The one large noncontributing building within the district is a Butler manufactured metal maintenance garage located on the southeast corner of the property. The southern portion of the property also contains small garage structures that are noncontributing. In summary, the integrity of the DeWitt Hospital's World War II era building design, materials, layout and setting contribute to a cohesive sixty-three acre district representing its feeling of historic time and place. The hospital's remaining structures retain their appearance as a World War II military hospital, conveying their sense of history. The property reflects its military complex layout and is distinguished from its surroundings by its architecture, street pattern and building placement.

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Narrative Description

Note: A substantial amount of information provided in this nomination application is derived from the following document prepared by William Kostura, architectural historian, URS Corporation: State of California Department of Parks and Recreation Primary Record (DPR 523L) Forms, April 2002. Where applicable, excerpts from this document are used to provide historical information and descriptions of the site and buildings. Any subsequent changes to the buildings and site post-dating this report is noted and described. Historical information not derived from this document will also be noted as such.

General Description of the DeWitt Hospital Complex

DeWitt General Hospital was constructed in 1943 as a permanent World War II Army medical facility designed to treat injured American soldiers. The hospital site consisted of approximately 220 acres and was designed to be a self-contained facility that included over eighty buildings, a circulation system of roads, sidewalks, and enclosed corridors as well as utility infrastructure including a steam power plant, reservoir, incinerator and sewage treatment plant. When constructed, the hospital was located in a rural area approximately three miles north of downtown Auburn, California. At present, this area retains some of its rural character to the north and west of the hospital site but the northeast and southeast portion is becoming more suburban in nature as development continues along State Highway 49. Since its construction and operation as a military hospital and state mental hospital, the DeWitt Hospital site has undergone some significant modifications. Most notably, approximately thirty percent of its original structures have been recently demolished in the northwest and western portion of the site. Noncontributing structures include two large, modern county government buildings that have been constructed on the northwestern periphery of the property. To the west of the hospital site and west of Richardson Drive is a juvenile hall and County jail; both were constructed after World War II. A Home Depot store was constructed on the eastern periphery of the property to the east of First Street. At present, a collection of original buildings remains on sixty-three acres stretching from the southern to the central and northeastern portion of the property.

The DeWitt hospital complex has had three uses since its construction, a World War II military hospital from 1943 to 1945, a state mental hospital from 1946 to 1972, and its current use primarily houses county offices with a few buildings being leased to local businesses or services. All of the hospital buildings were constructed of brick with the most significant buildings being the patient wards - long, narrow, single-story buildings arranged in rows with enclosed connecting corridors and sidewalks. The majority of the hospital buildings were organized in long rectangular pavilions in uniform rows along streets with a grid-like plan. Spaces in between the pavilions generally contain grass, trees and shrubs. Buildings were arranged hierarchically, with the administration building, physician and nurses quarters, and medical clinics at the north end of the complex, industrial buildings at the south end, and patient wards and service buildings in the center. Buildings were designed as modern and functional structures with a

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straightforward use of materials, namely brick on concrete foundations, and gabled or flat roofs according to use. Windows were double-hung or fixed with wooden muntins dividing them into multiple lights. Doors were wood paneled with upper lights and most interior finishes were smooth gypsum board. Most of the remaining original hospital buildings have not been significantly altered in their footprints or general exterior appearance. Approximately sixty percent of the original hospital buildings remain standing, nearly all of which are in good condition and currently or recently occupied. The core of the DeWitt Hospital property retains much of its historic military and institutional feel. Approximately half of the patient wards, all of the enlisted men's barracks (later converted to wards) and nearly all service and utility type buildings remain, as do the theater, chapel, gymnasium and swimming pool. Buildings no longer in existence include the administration building, six officer's quarters, four medical buildings and seventeen patient wards.

According to architectural historian William Kostura, the DeWitt Hospital complex and its buildings were designed following a traditional model for hospitals known as the pavilion plan that "was developed to apply a scientific understanding of disease to the design of hospitals. Scientific understanding was applied both to the overall plan and to the buildings and other elements of the plan. The basic unit of the pavilion plan was the ward, a narrow, rectangular one or two-story building set in landscaped grounds and oriented so that maximum sunlight entered the building. The interior was an open space with a radiator under each window and a bed between windows. At either end of the ward was a nurses station and a sunroom or porch. Each ward was provided with a passive or mechanical ventilation system intended to keep air moving. Moving air was thought to dissipate germs. Sunlight and views of greenery were considered therapeutic. Details of the interior were designed so that every surface was easily cleaned and so that germs could not accumulate. Typical details included hard plaster walls, cover corners, and the use of minimal trim around windows and doors. In a pavilion plan hospital, as many wards as necessary were built as separate structures, all with the same orientation, so that each ward had the same exposure to light, air, greenery, and the same protection from germs. The pavilion plan was first widely used for military hospitals in Europe and America in the second half of the nineteenth century. They were also used for non-military hospitals, especially from the late nineteenth century to the mid-twentieth century. Pavilion plan hospitals continued to be built until the proliferation of new technologies radically changed hospital design in the 1950s. Thus, World War II military hospitals were among the last pavilion plan hospitals to be built. All branches of the United States military built pavilion plan hospitals during World War II. One type for the U.S. Army, called 'Type A,' was a standard plan for general hospitals. (General hospitals provide facilities for patients with all types of problems and diseases, as opposed to station hospitals for patients with particular types of problems, such as orthopedic hospitals or sanitariums. In the hierarchy of military hospitals, station hospitals are smaller and provide fewer services than general hospitals.) This standard plan was designed by for the U.S. Army by a New York architectural firm, York and Sawyer, and was applied to sixteen hospitals built during the war. DeWitt General Hospital conformed to this standard plan in all but a few details" (2).

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Like the other 'Type A' general hospitals, the DeWitt Hospital plan was organized into zones of similar uses. Mr. Kostura describes the overall DeWitt complex as follows: "The buildings where physicians and nurses lived and performed most of their medical tasks were at the north end of the complex, while the industrial buildings were at the south end. In between were medical buildings, patient wards, and recreational and service buildings. This geographic arrangement of uses served to insulate, first, the officers and nurses, and secondly the patients, from noise that was generated by various activities at the hospital. The largest and most important buildings in the hospital – the wards – were oriented northwest-southeast, providing sun on the long sides of the buildings all day. The other main types of buildings – the administration and staff residences at the north end and the warehouse group at the south corner – were orientated differently, expressing their different functions from those of the patient treatment buildings. The overwhelming majority of the buildings, for all purposes, were located in long rectangular pavilions with spaces in between them for grass, trees and shrubs. Although landscaping was an essential feature of pavilion plan hospitals, no landscaping plan or other evidence has been discovered for DeWitt Hospital. Pavilions of all types were organized in uniform rows along streets in a grid-like plan. In addition, each pavilion was accessible along open sidewalks. The wards and principal medical and service pavilions were also accessible from enclosed corridors. Most of these covered corridors linked the pavilions at the centers of their long sides" (2-3).

Northern portion of DeWitt Hospital complex bounded by Bell Road, First Street, B Avenue and Richardson Drive:

Brick entrance gates and an expanse of lawn once occupied the north end of the complex. The lawn may have originally extended throughout much of the complex. Behind the gates and lawn at the entry stood an administration building and six other buildings that functioned as officers and nurses quarters. An officers club and mess hall for officers and nurses stood just to the south of their quarters. These buildings and entry gates were demolished between 2004 and 2013. Today, the lawn and mature trees still occupy the northeast corner of the property while a large modern brick faced county office building, referred to as the CDRA building, and a parking lot occupying the northwest corner of the property.

Just west of the CDRA building, across Richardson Drive, is a small bungalow that pre-dates World War II. This cottage may have functioned as the commanding officer's residence during World War II. The cottage is a single-story wood-frame residence with side-gabled roof, wood porch and concrete deck.

Four medical buildings were located just to the north of B Avenue and south of the officers club. These buildings housed dental and x-ray clinics, laboratories, surgical rooms, other clinics and medical offices. An expansive lawn also flanked these buildings. These buildings were demolished in 2010. Today the area that the medical buildings once occupied is vacant, with parking areas and a lawn with mature trees to the east and a parking lot to the west. The Larry Oddo Finance and Administration building was constructed around 2002 and now occupies what was originally the lawn area northwest of the medical buildings.

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Given that all of the hospital buildings located on this portion of the property have been demolished and the bungalow pre-dates World War II, this area is not included in the district boundaries. The district boundaries encompass sixty-three acres and include the following portions of the hospital property described as follows:

Central portion of DeWitt Hospital complex located between B and D Avenues and Richardson Drive and First Street:

Originally, thirty patient wards were arranged in four blocks between B and D Avenues. Central to these wards were three service buildings that held a canteen, post office, recreation hall for ambulatory patients, and a kitchen and mess hall for patients. A chapel is located at the east end of the wards between B and C Avenues. Lawn and mature trees extend throughout the patient ward areas. Today, seventeen of the patient wards are no longer standing and the area they once occupied is now vacant land. The majority of the wards were demolished between 2008 and 2013. Most of the thirteen remaining patient wards are located on the eastern end of the complex between B and C Avenues.

Southern portion of DeWitt Hospital complex located south of D Avenue and north of Atwood Road:

Barracks for enlisted men (converted to wards in 1945), a theater, mess hall and recreation building occupy the southeast portion of the complex and are bounded by D and F Avenues and First and Second Streets. Some lawn and trees also extend throughout the barracks area. To the south of Avenues E and F is an industrial area containing the following buildings that once served as auto repair, shop, utility, laundry, warehouses, firehouse, and power house. The southeastern area also has a gymnasium and swimming pool that continue to function as such. The remains of a small earthen reservoir that once served as the hospital's fresh water supply is located just to the east of the gymnasium and swimming pool. This reservoir is not included in the district boundaries as it is no longer in use.

Descriptions of Buildings

Nearly all of the World War II-era buildings at the DeWitt General Hospital are similar in plan, structural type and materials. Stylistically, nearly all of the hospital buildings were brick and built in a modern and utilitarian design, without reference to historical styles. Only the chapel (existing) and the administration building (demolished) expressed a restrained colonial revival style. The predominant buildings, the patient wards and enlisted men's barracks (later converted to patient wards) are long, narrow rectangles in plan. They are oriented with their long sides running northwest to southeast in order for the large, regularly spaced windows to allow ample light into the interior. These buildings had gable roofs with eaves flush with the walls, louvered gable vents and roof-ridge monitors providing ventilation. A fall 1945 Auburn Journal article reports that air conditioning in every building except warehouses was to be installed (DeWitt Plans Air Conditioning). All foundations are reinforced concrete, some being a few inches to a

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few feet in height. Walls are made of brick laid in common bond. Originally the bricks were left unpainted, but an August 1945 Auburn Journal report notes that they were painted with a light cream color waterproof coating (Paint Job Finished). At some point in time most buildings have been painted tan and a few have been sandblasted to expose the original brick. Original windows have wood frames and wood sash, and are divided into lights by wooden muntins. Most of these windows are double hung, with multiple lights in each sash. Some buildings have either replaced windows in their original frames and a few have been boarded up. All other DeWitt General Hospital buildings, with the exception of the gymnasium were similarly constructed of brick on cement foundations. Most service and utility buildings had flat roofs where eaves overhung the walls by several inches to a foot. Windows had wooden frames, some were fixed multiple light and others were double hung multiple light sash windows. Many original doors have been replaced, but some original door frames remain. Wheelchair ramps have been added to most buildings and some buildings have roof mount solar panels. Most interiors have been remodeled. Originally, most interiors were probably finished with smooth gypsum board walls and ceilings and minimal door and ceiling moldings. Smooth surfaces were easy to clean and fostered sanitary conditions.

An inventory of existing contributing buildings that date to World War II is as follows:

Wards for patients: 13

Enlisted men's barracks (converted to wards in 1945): 11

Staff and patient services (mess halls, chapel, post office, theater, recreation buildings, etc): 10

Warehouses, laundry, shop buildings, power plant, etc.: 15

A tally of World War II era DeWitt Hospital buildings no longer in existence include:

Administration: 1

Physicians' and nurses' quarters: 6

Officers' club and mess room: 2

Medical buildings (surgery, laboratory, dental clinic, x-ray clinic): 4

Wards for patients: 17

Water treatment plant, sewage treatment plant, and incinerator: 7

Descriptions of existing buildings in the DeWitt hospital district are as follows, beginning at the north end and continuing south. All buildings are rectangular in plan and of brick construction unless otherwise noted.

Patient Wards (Buildings 107 to 117, 211 and 212)

These thirteen buildings constitute the majority of the patient wards that remain standing from the original thirty patient wards. Each building is thirty feet in width and one story in height, with a high concrete foundation and an end-gabled roof. The foundation is raised to a level about four feet above ground, with brick walls above. The north and south ends of these buildings were devoted to common areas in the form of sun porches, and originally featured continuous bands of six-over-six double-hung wood sash windows that stretched across the facades and continued around to the sides. These windows are held in place by heavy, exposed wood framing which also supports the roof. A course of brick sills broken only by the central

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entry unites these windows. Centrally placed entry doors are topped by transoms of six lights. The gabled area of the façade is composed of fixed windows of multiple lights and a metal louvered vent.

On the long sides of these buildings are ranges of uniformly spaced windows with six-over-six double-hung wood sash. These windows have brick sills and rise to the eave line.

Inside each building, an interior brick wall separates the sun porch area from the patient ward. Within the patient ward, wall and ceiling surfaces were of smooth manufactured wallboard (probably gypsum board), with minimal door and ceiling moldings. Patient beds were placed against the walls between the window openings. Most of the interior spaces have been altered and do not retain their original finish.

These buildings were connected by brick corridors with flat roofs, brick buttresses, and eight-over-eight double hung wood sash windows. As many as eight ward buildings are connected by these corridors.

These buildings have been altered to varying degrees since they were first constructed. Buildings 111-113 and 115 have intact facades save for the replacement of windows, doors and front steps. The north side of building 114 is relatively intact behind a modern porch addition. The south ends of six buildings (107-110, 116, 117) have been altered with facings of stucco or wood to replace or cover some of the windows. With the exception of building 110, the long façade of each building and their connecting corridors have many or most original windows in place and are otherwise little altered. Building 110 has the most notable alteration in that a portion of its western façade has been removed to create a larger main entry and a small infill addition on its southern side connecting to building 111. Buildings 108 and 117 also have small additions on their southern ends. Nearly all of these buildings have two small wooden additions on the north and south end of their west façade that were delineated on a hospital site map dated 1963.

Chapel (Building 118)

The chapel is located on First Street, between B and C Avenues, at the end of the row of ward buildings 110-117. This building has a front gabled roof the rises to a square steeple with a tall, pyramidal cap. The steeple is made of wood and has louvered vents in each side. Windows divided into lights by wood muntins include the circular windows in the front and rear gable areas that light the interior. All other window have been replaced with metal sash. The central entry features paired wood panel door. The interior has brick wall surfaces and open wood trusses that support the wooden roof. Stylistically, this is a restrained version of an early New England church. An expansive lawn can be found in front of the building. The exterior and interior of the building are little altered.

Service Buildings (Buildings 208, 209 and 210)

This cluster of buildings functioned as a patients' auditorium and library (208); post office, canteen and offices (209); and mess hall and kitchen for patients (210). These buildings were

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placed close together and were connected by a sidewalk. The most significant changes to these structures consist of three small additions, including the enclosure of the connecting sidewalk which essentially joins these buildings together. Two additions are constructed of brick and were designed to resemble the original construction and one addition is stucco. The three buildings were originally surrounded on three sides by patient wards buildings. Today patient wards exist on the north and east sides. The patient wards to the west were demolished in 2013 and their site is now a vacant lot. Descriptions of the three buildings are as follows:

Auditorium and Library (Building 208) – This building is generally cruciform in plan and has a high, central nave with a gabled roof, and low wings with flat roofs. Buttresses of brick, with sloping tops, add support to the roof. Most windows in the central nave have twelve-over-twelve double hung windows, while those in the wings have replacement metal sash windows. The exterior of this building has been little altered except for a small brick addition to the south wing. The northern wing has been sandblasted exposing the original brick while the nave portion is painted cream.

Post Office, Canteen and Offices (Building 209) – This building is U-shaped in plan, has a flat roof with extended eaves, and has brick-clad columns. The windows have replacement metal sashes. Most of its wall surfaces have been sandblasted. There is a small stucco addition on its south façade and a small brick addition on its northwest corner.

Mess Hall and Kitchen (Building 210) – This building is roughly H-shaped in plan, with a flat roof, brick-clad columns, and original twelve-over-twelve double hung windows. It is little altered.

Enlisted Men's Barracks (Buildings 309-314 and 320-324)

These one-story buildings are similar in size, shape and materials to the patient ward buildings, save that their ends are devoid of windows, and are pierced only by central entries with eight-light transoms. Most of the original wooden doors in these buildings have been replaced with newer metal doors. Windows in the long façades have double-hung wooden sash divided into lights by muntins. Ten of these eleven buildings were converted into patient wards in 1945. Save for the replacement doors, these buildings and their connecting corridors have generally few exterior alterations. Only the south façades of buildings 313 and 314 has been altered with an infill addition between these buildings.

Enlisted Men's Mess Hall and Recreation Building (Buildings 318 and 319)

Both of these are one-story buildings. The mess hall for enlisted men, Building 318, has a flat roof, twelve-over-twelve wood sash windows and a replacement front door with original sidelights. Save for a few bricked-in windows, it is little altered. Building 319, which was probably a recreation building for enlisted men, has a gabled roof, six-over-six wood sash windows, an original door with nine upper lights and two lower panels, and an eight-light transom over the door. It is little altered.

Theater Building (315)

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This two-story building has an extremely slight-pitched, almost flat roof, two-over-four wood sash windows, paired wood doors with upper lights and lower panels, and a covered front porch, of wood. A lawn can be found in front of this building. The exterior is little altered. The interior contains the original stage and the original seating was recently removed and preserved.

Shops, Storage and Morgue (Buildings 306 and 307-308)

These one-story buildings have flat roofs. Building 306 has replacement windows and doors. Building 307-308 has original six-over-six wood sash windows and replacement doors.

Laundry (Building 301) and Warehouses (Buildings 302-305)

These one-story buildings have flat roofs. Central vehicle entries can be found on the short façades. In the long sides, most of the original paired twelve-over-twelve windows have been replaced by metal sash windows, but some original windows remain. Except for a few small additions these buildings have been little altered.

Gymnasium (Building 410)

This is a wood-framed building that is one of the taller of the World War II-era buildings in the hospital complex. The cladding of cement-asbestos shingles is original. The building is devoid of windows. The small, projecting entrance pavilion on the west side appears to be an addition. The building is still used as a gymnasium, but the interior finished have been completely remodeled.

Swimming Pool and Changing Room (Buildings 411 and 412)

The outdoor swimming pool is rectangular and dates to World War II. Adjacent to it are two one-story brick changing rooms with a gable roof and wood casement windows.

Utility Area (Buildings 413, 416 – 420 and 423)

Located south of F Avenue, this is a somewhat dispersed cluster of shop buildings. The original use of these buildings were: garage (416), firehouse (417), stone mason's storage (418), Engineer's Department (419, 420, 423). Building 413 may have been an auto shop. Building 413 is a small brick building with a flat roof, a vehicle canopy, and wood sash windows divided into multiple lights. Building 416, demolished in 2009, was clad with cement-asbestos shingles and four vehicle bays took up nearly all of the building. Building 417 is brick and has three vehicle bays for fire engines. The wooden hose tower on its west side appears to be an addition. Building 418 is brick and has a gabled roof, while buildings 419, 420 and 423 are also brick but have flat roofs. Save for the replacement of original windows in Buildings 418 and 419 and the hose tower addition at Building 417, these buildings are little altered.

Power Plant (Building 500)

This building on the west side of Richardson Drive is constructed of reinforced concrete and is about forty feet in height. It has a very slightly pitched roof that is almost flat, industrial steel sash windows of many lights, and metal louvered vents near the top of the building. The exterior of the building is little altered.

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The one large noncontributing building within the district is a Butler manufactured metal maintenance garage located on the southeast corner of the property. The southern portion of the property also contains four smaller noncontributing garage structures.

Numbered List of Contributing and Noncontributing Buildings and Structures (see map in section 9)

Contributing Buildings and Structures

1. Patient Ward Building 107
2. Patient Ward Building 108
3. Patient Ward Building 109
4. Patient Ward Building 110
5. Patient Ward Building 111
6. Patient Ward Building 112
7. Patient Ward Building 113
8. Patient Ward Building 114
9. Patient Ward Building 115
10. Patient Ward Building 116
11. Patient Ward Building 117
12. Chapel, Building 118
13. Auditorium and Library, Building 208
14. Post Office, Canteen, and Offices, Building 209
15. Patient Mess Hall and Kitchen, Building 210
16. Patient Ward Building 211
17. Patient Ward Building 212
18. Laundry, Building 301
19. Warehouse, Building 302
20. Warehouse, Building 303
21. Warehouse, Building 304
22. Warehouse, Building 305
23. Shop, Building 306
24. Morgue, Building 307
25. Storage, Building 308
26. Enlisted Men Barrack Building 309
27. Enlisted Men Barrack Building 310
28. Enlisted Men Barrack Building 311
29. Enlisted Men Barrack Building 312
30. Enlisted Men Barrack Building 313
31. Enlisted Men Barrack Building 314
32. Theater, Building 315
33. Enlisted Men Mess Hall, Building 318
34. Enlisted Men Recreation, Building 319
35. Enlisted Men Barrack Building 320
36. Enlisted Men Barrack Building 321

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37. Enlisted Men Barrack Building 322
38. Enlisted Men Barrack Building 323
39. Enlisted Men Barrack Building 324
40. Gymnasium, Building 410
41. Swimming Pool
42. Swimming Pool Changing Room, Building 411
43. Swimming Pool Storage, Building 412
44. Auto Shop, Building 413
45. Fire Station, Building 417
46. Mason's Storage, Building 418
47. Engineer's Department and Utility Yard, Building 419
48. Engineer's Department and Utility Yard, Building 420
49. Engineer's Department and Utility Yard, Building 423
50. Powerhouse, Building 500

List of Noncontributing Buildings

51. Maintenance Garage
52. Garage
53. Garage
54. Garage
55. Garage

Historic Integrity Analysis

Location: The property retains integrity of location as all buildings within the district remain in their original locations.

Design: Despite the recent demolition of approximately thirty percent of the hospital's structures that were located on the northern and western portion of the property, the DeWitt General Hospital complex still embodies a majority of the distinctive design characteristics of a U.S. Army World War II 'Type A' permanent hospital. A sixty-three acre collection of original hospital buildings remains stretching from the southern to the central and eastern portion of the property. Approximately half of the patient wards, all of the enlisted men's barracks (later converted to wards) and nearly all service and utility type buildings remain, as do the theater, chapel, gymnasium and swimming pool. Buildings no longer in existence include the administration building, six officer's quarters, four medical buildings and seventeen patient wards. The remaining original hospital buildings have not been significantly altered in their footprints or general exterior appearance. The exterior façades of the chapel, theater, gymnasium and powerhouse have generally high integrity in all respects. The post office, patient's mess hall, auditorium, laundry, warehouses, fire station, buildings in the utility yard, nine of the eleven enlisted men's barracks and five of the thirteen patient wards have generally high integrity save for replacement windows, doors, steps, some awnings and wheelchair ramps. The northern façades of all eleven patient wards are relatively intact while the southern façades have been more heavily altered with replacement windows and coverings of stucco or wood replacing the

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sunroom glazing. The long façades and the connecting corridors of the patient wards and enlisted men's barracks remain generally intact, often including the retention of the original windows and some original doors. The two small wooden additions on the western façades of the patient wards probably predate 1963 as they are delineated on a hospital site map dated that year. The pattern of streets and the landscaping of the property are generally intact.

Setting: There are two noncontributing large, modern county office buildings located on the periphery of the property and are not included in the district boundaries, thus leaving a significant core of the hospital property intact and resulting in a good to high quality internal setting for these remaining structures. While the area around the DeWitt property has moved from a rural to a more suburban setting along Highway 49, the property is still located at the edge of Auburn's development and retains some rural character. The DeWitt Hospital's appearance and design characteristics are distinctly different from surrounding properties.

Materials: The DeWitt Hospital property retains high integrity of its most identifiable building material, namely brick buildings. Nearly all additions and building modifications are minimal in size. Some additions are constructed of brick, while others are wood or stucco and typically do not detract from the overall feel of the brick structures. Originally the buildings were not painted, but historic newspaper reports provide evidence that all buildings were painted a cream color before the end of World War II. Today, many buildings are painted a tan color and some have been sandblasted. Most buildings have retained some of their original windows along with some replacement windows fitted to the original window frames, while other windows have been boarded up or covered with wood or stucco. While most of the original wooden doors have been replaced with metal doors, some original doorframes remain and a few doors have been bricked in.

Workmanship: With the exception of the chapel and previously existing administration building that displayed restrained Colonial Revival elements, the DeWitt Hospital facilities were constructed with simple and utilitarian design and workmanship. The remaining hospital buildings on the property retain their simple character as the construction of additions, installation of air conditioning, rooftop solar panels and the replacement of doors, windows, and steps over the years are also simple and utilitarian in form and workmanship.

Feeling: The core of the DeWitt Hospital property retains much of its historic military and institutional feel. Approximately sixty percent of the original hospital buildings remain standing, nearly all of which are in good condition. Overall, the majority of building façades remain largely intact contributing to their feeling and appearance as World War II military hospital structures. Thus the property conveys its feeling and sense of history.

Association: The district has lost some integrity of association due to its change in use and demolition of 30% of the buildings, but the majority of the buildings on the site are buildings associated with the district during its period of significance.

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In general, the DeWitt Hospital retains its historic integrity in terms of internal setting, location, materials, workmanship, and feeling. Approximately half of the patient wards, all of the enlisted men's barracks (later converted to wards) and nearly all service and utility type buildings remain, as do the theater, chapel, gymnasium and swimming pool. Buildings no longer in existence include the administration building, six officer's quarters, four medical buildings and seventeen patient wards. In summary, the DeWitt Hospital property building design, materials, layout and setting make the property a cohesive unit contributing to its feeling of historic time and place. The property reflects its military complex layout and is distinguished from its surroundings by its architecture, street pattern and building placement.

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8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A. Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B. Property is associated with the lives of persons significant in our past.
- C. Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D. Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

- A. Owned by a religious institution or used for religious purposes
- B. Removed from its original location
- C. A birthplace or grave
- D. A cemetery
- E. A reconstructed building, object, or structure
- F. A commemorative property
- G. Less than 50 years old or achieving significance within the past 50 years

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Areas of Significance
(Enter categories from instructions.)

HEALTH/MEDICINE
ARCHITECTURE
ART

Period of Significance
1942-1963

Significant Dates
N/A

Significant Person
(Complete only if Criterion B is marked above.)
Ramirez, Martin

Cultural Affiliation

Architect/Builder
U.S. Army
York , Edward Palmer
Sawyer, Philip

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

DeWitt General Hospital is significant under National Register Criteria A, B and C at the local level of significance in the areas of health/medicine, art, and architecture with a period of significance from 1942 to 1963. DeWitt Hospital is also nominated under the cover of the Latinos in 20th Century California MPS, under the associated contexts *Latinos in the Arts*, as an example of the *Residences and Studios of Prominent Persons* property type.

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Under Criterion A, DeWitt General Hospital is associated with the medical treatment of wounded servicemen during World War II, one of our nation's most significant historic events. DeWitt General Hospital is where highly regarded surgeon Norman Freeman pioneered important vascular surgical techniques. DeWitt General Hospital was one of the three designated Army vascular treatment centers in the United States. The construction and operation of the DeWitt General Hospital near Auburn, California also significantly influenced its local community economically and socially during the period 1943 to 1945. The hospital became one of the areas largest employers as well as supported various community activities including education, social outreach and entertainment. A nurses training program was established at the hospital, local social groups and individuals volunteered to help with patient care and morale as well as fundraising efforts for improving the hospital facilities. Area residents participated in entertainment activities at the hospital including dances held in the hospital auditorium and USO shows held in the hospital theater. The hospital's local economic significance continued after the war as the facility was converted into a state mental institution in 1946 and renamed the DeWitt State Hospital where it remained one of the area's largest economic drivers and employers until its closure in 1972. In addition, the DeWitt State Hospital is locally, regionally and perhaps nationally significant in the areas of medical treatment and art due to its association with artist and psychologist Tarmo Pasto, an early researcher in the area of artistic expression and psychology theory which influenced the development of the field of art therapy as treatment for mental illness.

Related to this significance is DeWitt State Hospital's eligibility under National Register Criterion B due to its association with internationally recognized outsider artist, Martin Ramirez. The period of significance for the DeWitt Hospital's association with Ramirez is 1948 to 1963, the years that he created his most notable artwork while in residence as a patient at the hospital. Tarmo Pasto and the Dewitt Hospital staff and facilities were crucial to the discovery and creation of Ramirez's artwork that has achieved recognition through local and national art exhibits as early as 1951. The importance of Martin Ramirez's work is nationally recognized by the recent issuance of U.S. postage stamps featuring his artwork. Thus, the DeWitt Hospital property is significant in several ways to local and national historic contexts of health/medicine and art. Considering its association with Martin Ramirez, the DeWitt Hospital property is also nominated under the cover of the Latinos in 20th Century California MPS, under the associated contexts *Latinos in the Arts*, as an example of the *Residences and Studios of Prominent Persons* property type.

Furthermore, the DeWitt Hospital property is significant under National Register Criterion C as it is an example of the large-scale planning and construction that was required during World War II to meet national defense needs for the medical treatment of American soldiers wounded in the war. DeWitt Hospital is located approximately three miles north of Auburn, California. Like many of the general hospitals constructed in the United States during the last two years of World War II, the DeWitt site was chosen because of its location in a coastal state with flat terrain, moderate weather, proximity to a civilian work force and access to transportation routes such as a highway and train station. Despite the demolition of approximately thirty percent of the hospital's structures, the DeWitt General Hospital complex still embodies a majority of the

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distinctive design characteristics of the U.S. Army 'Type A' general hospitals constructed during World War II. The DeWitt hospital is also one of the last two remaining examples of its type. The period of significance for the architectural significance of DeWitt General Hospital is 1942 to 1945, the years that the complex was designed, built and operated as a military hospital.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

Criterion A: Health/Medicine

Under National Register Criterion A, the DeWitt Hospital is locally significant in the area of health/medicine during its uses as an Army general hospital and a state mental hospital. The period of significance is from 1943 to 1945 when the facility operated as a World War II Army general hospital and from 1946 to 1963, the years that the facility functioned as a state mental hospital and residence of artist Martin Ramirez.

During World War II, many of the Army general hospitals specialized in one or more types of treatment. Among the 'Type A' pavilion plan general hospitals such as DeWitt, specialties included orthopedic surgery, psychiatry, treatment of syphilis, plastic surgery, ophthalmologic surgery, treatment of rheumatic fever, neurology, neurosurgery and vascular surgery. In addition to performing general medical care, amputations and general surgery, these hospitals may have specialized in as many as four or five areas. The specialties at DeWitt were general medicine, neurology, neurosurgery, vascular surgery and psychiatry (Kostura 17). Doctor Norman Freeman, a recognized expert in vascular surgery, was assigned to DeWitt General Hospital in 1945 as Chief of Surgery. Freeman graduated from the Yale School of Medicine and furthered his training as a National Research Fellow at Harvard under the famous professor of physiology, Walter B. Cannon. After which, Freeman completed his surgical residency at Massachusetts General Hospital under Edward D. Churchill. In 1936, Freeman was appointed the J. William White Assistant Professor of Surgical Research at the University of Pennsylvania and was made the Chief of Vascular Surgery at Pennsylvania Hospital in 1938. From that point forward, Freeman confined himself entirely to vascular surgery, in effect becoming the first physician in this specialty in the United States. During his four years of service in the Army, Freeman is known to have continued his clinical research in vascular surgery where, according to the Journal of Vascular Surgery, he "pioneered many direct reconstructive vascular surgical techniques. As an example, at that time, arteriovenous fistulas were commonly treated by quadruple ligation. Freeman's contribution was to divide the arteriovenous communication and directly reconstruct the vessels with restoration of normal blood flow" (Connolly). In 1946, Freeman reported 18 successful operations utilizing this new surgical technique at DeWitt General Hospital to the American Surgical Association and was awarded the Army Commendation Ribbon for his innovation in arterial repair. Because of Freeman's innovation, DeWitt Hospital was the only Army Vascular Center to carry out routine arteriography at that time. After the war, Freeman joined the Department of Surgery at the University of California in San Francisco where he

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continued his innovative research and clinical practice in vascular surgery until his retirement (Connolly and Freeman).

The end of World War II led to a significant shift in ownership and medical focus for DeWitt Hospital. Despite that DeWitt was constructed as a permanent military general hospital for the intent of its possible conversion into a Veterans Administration medical center, the Army closed the hospital on December 31, 1945 and sold the facility to the State of California in 1946. At this time, California's mental institutions were overcrowded by 6,300 patients, or about 24 percent, with the expectation that these conditions would continue as new mental health institutions were not scheduled to open until 1951. As a result, DeWitt became California's eighth mental hospital and subsequently its name was changed to DeWitt State Hospital. California had mental hospitals located in Stockton (1853), Napa (1875), Agnews in San Jose (1889), Mendocino (1894), Patton (1894), Metropolitan in Norwalk (1916), and Camarillo (1937). Until 1950, DeWitt only received patients from other, overcrowded state mental hospitals (Kostura 20-21). The transfer of one patient from Stockton, Martin Ramirez in 1948, became of particular significance not only the hospital's history, but also to the history of the region and the practice of psychology. Due to his older age and diagnosis of tuberculosis, Martin Ramirez, a Mexican who immigrated to California in 1925, was transferred to DeWitt State Hospital. Shortly after his transfer, Ramirez came into contact with Tarmo Pasto, a professor of art and psychology at Sacramento State University. Pasto was of Finnish American decent and academically trained in art, humanities and psychology at Cornell University and the University of New York. Pasto's relocation to Sacramento, California was prompted by his fascination with the landscapes and deserts of the American West that he encountered during his military service in California during World War II (Espinosa 27). Pasto is credited with being one of psychology's more notable early pioneers in the study of artistic expression and psychology theory and his research influenced the establishment of the field of art therapy as treatment for mental illness (Junge 5-15). Pasto became familiar with DeWitt State Hospital through Paul Kivisto, a colleague and the senior clinical psychologist at DeWitt. During the years that Pasto was an art and psychology professor at Sacramento State University he received permission from DeWitt administration to visit the hospital with his students for observational learning. On one of his visits, Pasto noticed a drawing that was created by Martin Ramirez that hospital staff had posted on the screen door to the hospital's solarium. Pasto recognized the artistic talent displayed by Ramirez in this drawing and instructed hospital staff to collect and date his drawings for research purposes. In 1952, Pasto was awarded a fellowship from the Ford Foundation Fund for the Advancement of Education enabling him to more closely study Ramirez's case as well as other patients at DeWitt that were also engaged in creating paintings or sculpture. In 1956 Pasto was awarded a Fulbright Scholarship to continue his art and psychology research in Finland (Anderson 179 and Tarmo Pasto). Pasto also received a grant from the National Institute of Mental Health allowing him to continue his study of hospitalized psychiatric patients, California Youth Authority clients and adult prisoners in California in the mid 1960s to evaluate the usefulness of art therapy in California Institutions (Rubin 234-235). During this same time, Pasto was a member and officer of the American Society chapter of the International Society of Psychopathology of Expression, an organization which provided a forum for conferences and publications of early art therapists ultimately leading to the establishment of the

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profession of art therapy and the American Art Therapy Association. Besides his own research contribution, Pasto influenced the noteworthy careers of two other art therapists, Cay Dracknik and Don Uhlin, both of whom also advanced the profession of art therapy in California (Junge 5-15). Cay Dracknik who was well known for her legislative efforts in advancing the field of art therapy was appointed to the State of California Health Facilities Advisory Board and served as president of the American Art Therapy Association (Art Therapy 17). Dracknik also assisted Don Uhlin, an art professor at Sacramento State University who collaborated with Pasto in art therapy research, in establishing the university's art therapy graduate program (Kramer et al. 93 and Dracknik 18). In summary, the work of Doctor Norman Freeman and Professor Tarmo Pasto at DeWitt Hospital was directly and indirectly critical to the advancement of vascular surgery and art therapy thus supporting the hospital's historic significance in the area of health/medicine.

Additionally, the operation of the DeWitt Hospital was locally significant as its construction and operation as a World War II Army general hospital and later as a state mental hospital constituted the Auburn area's driving economic force and the community's largest employer from the period 1943 to 1972. In 1939, with the anticipation of America's possible entry into World War II, the United States began mobilizing troops and constructing military barracks and other facilities, including the planned expansion of hospital facilities. Policy directing the establishment of hospital facilities changed several times during the war. Initially the military focused on expanding its existing hospital facilities since this approach would be faster than constructing entirely new hospitals. However, by 1940 the addition of beds to existing hospitals proved unsatisfactory and additional hospital facilities were developed in two ways. One approach was to acquire civilian hospitals and other properties such as hotels and schools and convert them into military hospitals. Another method was to construct cantonment type hospitals consisting of rows of one-story wood-framed structures that were considered temporary. Later, in consideration of safety and veteran concerns, hospitals of more permanent materials, namely brick, were constructed. By mid-1942, hospital design refinements led to the development of another hospital plan, known as 'Type A' pavilion plan to be constructed of mostly one-story brick permanent structures (Kostura 13-15). In conjunction with this new hospital design policy were military policies regarding the location of new hospitals that ultimately influenced the selection of Auburn, California as a military general hospital site.

Similar to the military's fluctuating policies on hospital design were their policies on determining locations for general hospitals. Initial policy was to locate hospitals near large Army training camps. However, these camps were rarely near large centers of population and thus lacked access to a civilian work force to staff hospital positions. With the United States full involvement in the war in early 1942, fear of air attack from overseas influenced a decision to place hospitals in interior states of the country, between the Appalachians and Sierras. Unfortunately this policy proved difficult with the transportation of patients from the Pacific and European theaters to hospitals as ports of debarkation were located on the coasts. Consequently this policy was modified later in 1942 and eventually rescinded resulting in more than half of the general hospitals being located in coastal states. Other factors influencing the determination of hospital location were proximity to rail lines, moderate weather, and flat terrain. One last factor,

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the proximity of wounded soldiers to their hometowns, was not considered until almost all hospital locations had been decided. Being one of the last hospitals to be designated, the construction of DeWitt General Hospital was in accordance with this later policy (Kostura 17).

With economic interests in mind and patriotic support, many communities lobbied to be selected as the sites of hospitals. A September 5, 1942 newspaper editorial written by the Placer Herald editor, W.A. Shepard, is credited as starting the campaign to bring a military hospital to Auburn. The Auburn Chamber of Commerce and Congressman Harry L. Englebright, representative for Placer, Nevada and Yuba Counties spearheaded the campaign by contacting the Army Surgeon General in Washington. The DeWitt site was selected because of its location in a coastal state with flat terrain, moderate weather, proximity to a civilian work force (Auburn's population was approximately 4,000) and access to transportation routes such as a highway and train station. After a site inspection by the District Engineer in Sacramento, Congress gave construction approval and appropriated funds on March 25, 1943 (Kostura 17-18 and Rushton). A major contracting firm from San Francisco, McDonald and Kahn was awarded the construction contract that eventually totaled nearly six million dollars. Construction of the hospital began on April 7, 1943 and its formal opening ceremony was held on February 27, 1944. Local newspapers routinely reported on the hospital's construction progress, civilian employment figures and community involvement activities. For example, the Placer Herald reported on August 7, 1943 that approximately nine hundred construction workers were employed along with a noted shortage of carpenters(The War Hospital). A year after the hospital's official opening, the March 22, 1945 issue of the Auburn Journal reported that DeWitt hospital housed 1,747 patients, 510 enlisted men, 253 commissioned officers, 105 WACs and employed 511 civilians (DeWitt Plans Broadcast). Population totals for DeWitt Hospital near the end of the war were reported in the August 23, 1945 Auburn Journal as 2,221 patients, 130 commissioned officers, 177 commissioned nurses, 617 enlisted men, 171 WACs and 492 civilian employees (Population at DeWitt). Despite that the number of civilian employees at DeWitt was reduced to approximately five hundred staff after construction tapered and hospital operations expanded, the hospital was one of the area's largest employers totaling one million dollars in annual payroll (Placer Herald and Leonard). In addition to staffed positions, many of the Auburn area residents and organizations provided volunteer services, recreational and educational opportunities, and donated goods to assist the recovering patients at the hospital. Various newspaper reports and a local news magazine highlighted the community's generosity that included financial contributions to construct a solarium, donations of books, pianos, radios, recreation equipment, flowers and musical accompaniment at the chapel, Christmas trees, stockings, greeting cards, fruitcake and Christmas gifts. Social engagement included local and USO organized shows at the theater, Red Cross organized dances in the auditorium, parties in private homes, outings to ball games, drives along the American River and visits to Lake Tahoe (Leonard 34-39). In addition, Auburn's educational community provided educational opportunities to the hospital's patients and staff. Private tutoring, high school and Placer college classes were offered and a psychiatric nurses training school was established (Graduate 8; Patients Receive Diplomas and Nursing School).

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In light of the substantial economic and social impact that DeWitt hospital made on the Auburn community, the end of the war caused considerable public concern over the facility's future use. Some community leaders lobbied for the conversion of DeWitt to a Veteran's Administration hospital, but this use was rejected despite that its permanent brick construction was authorized in part to keep this option available. The Army ceased hospital operations at DeWitt on December 31, 1945 and sold the facility to the State of California in 1946. At this time, California's mental institutions were overcrowded by twenty-four percent, roughly 6,300 patients, with the expectation that these conditions would continue as new mental health institutions were not scheduled to open until 1951. As a result, DeWitt became California's eighth mental hospital and subsequently its name was changed to DeWitt State Hospital. Until 1950, the DeWitt mental hospital was considered temporary and only received patients from other overcrowded state mental hospitals. After 1950, DeWitt was reclassified as a permanent state mental facility and began accepting new patients from Modoc, Lassen, Plumas, Sierra, Nevada, Yuba, Sutter, Placer, El Dorado, counties as well as Yolo, Butte and Sacramento counties in 1952 (Kostura 20-21 and Rushton).

Regardless of the concern expressed in newspaper editorials over the mental hospital's stigma impacts on the Auburn community, DeWitt hospital's local economic significance continued after the war. According to a September 12, 1952 Placer Herald news article, the DeWitt State Hospital employed seven hundred workers to care for three thousand patients, making it the largest economic unit in the Auburn area. This article also notes that five hundred of the hospital employees made a direct contribution to the community as they resided in the community's neighborhoods and half of whom owned their home (22 sec 4). Other news articles and personal accounts further support DeWitt hospital's economic significance to the area. Connie Queen, a psychiatric technician and LVN employed at DeWitt reported to the Auburn Journal, "All our neighbors worked at DeWitt. In those days, it seemed as if 75 percent of Auburn worked there...it was our bread and butter" (Rushton). Indeed, this statement reflects DeWitt hospital's economic importance as it was the area's largest employer and its operation contributed approximately seven million dollars annually into the Auburn-Grass Valley economy (Rushton and Carroll). In 1971, Governor Ronald Reagan mandated the closure of several state mental institutions due to combined circumstances of budget cutbacks, intolerable living conditions at state mental hospitals and changes in modern treatment of mental illness. Thus, the DeWitt State Hospital's local economic and historic significance for the period 1946 to 1972 ended with the transfer and discharge of its last patients scheduled for the spring of 1972 (DeWitt Patient Transfer Starts).

Criterion B: Martin Ramirez

Under National Register Criterion B, the DeWitt Hospital is significant in the area of from the period 1948 to 1963 as it is the facility where nationally recognized outsider artist Martin Ramirez lived and created his artwork. Due to its association with Martin Ramirez, the DeWitt Hospital property is also nominated under the cover of the Latinos in 20th Century California MPS, under the associated contexts *Latinos in the Arts*, as an example of the *Residences and Studios of Prominent Persons* property type.

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Martin Ramirez immigrated to California in 1925 in hopes of finding work to help support his wife and children who stayed behind to work the family's small rancho in Mexico. Martin's plan to periodically send money home to his family worked for about five years before it was interrupted by the Great Depression and by the Cristero Rebellion in Mexico. By 1930, the rebellion had recently ended and the United States entered into the Great Depression. Despite that thousands of Mexicans were deported and many voluntarily returned home after losing their jobs during the Great Depression, Ramirez was not deported and chose to remain in California, though he was likely vagrant or unemployed like most Mexican immigrants. On January 9, 1931 Ramirez was apprehended by police in San Joaquin County California and was committed to Stockton State Hospital because he was "confused and unable to care for himself" (Espinosa 24). Ramirez was first diagnosed with manic depression but throughout his institutionalization he was also diagnosed with dementia praecox, catatonic form and incurable schizophrenia. However, the true extent of his mental illness remains unclear due in large part to cultural and language barriers as well as racism against Mexican immigrants. While living conditions at the Stockton hospital were overcrowded and understaffed, it is reported that Martin was quiet, well behaved, well nourished, well rested and was assigned to work on the hospital grounds, dairy farm and gardens. Ramirez stayed at Stockton State Hospital for seventeen years. Due to his age, diagnosis of tuberculosis and overcrowded conditions at Stockton, Martin Ramirez was transferred to DeWitt State Hospital in 1948 and resided there until his death in 1963 (Espinosa 19-29).

The relocation of Ramirez to DeWitt State Hospital was pivotal to his life as an artist. Despite the notably horrid living conditions at state mental hospitals across the nation, Martin's stay at DeWitt was significantly improved compared to Stockton as it was less crowded and opportunities for entertainment, recreation and church services were provided. It is reported that Ramirez had brief conversations with the Irish priest who spoke some Spanish and held Sunday services at the hospital chapel. Martin also had access to magazines and publications from the hospital library and viewed popular movies in the small hospital theater. Arts-and-crafts classes were offered on a weekly basis and some patients had access to the library that held books and magazines donated by residents of the Auburn community. These more favorable conditions influenced his artistic production. Ramirez is considered an untrained, or outsider artist as no evidence exists to show that he had any experience or history with an arts and crafts background. Martin's family reports that he must have first begun to draw in the late 1920s as some drawings appeared in the margins or backsides of letters that he sent them. Ramirez also created some drawings of reasonable artistic merit during his stay at Stockton State Hospital as medical staff there saved some of his artwork and sent it to his family after he was transferred to DeWitt. However, Ramirez's artwork was not evaluated or preserved as art until after his encounter with artist and psychologist Tarmo Pasto (Espinosa 26-30).

Shortly after his transfer to DeWitt State Hospital, Martin Ramirez came into contact with Tarmo Pasto, a professor of art and psychology at Sacramento State University who routinely visited the hospital with his students for observational learning. On one of his visits, Pasto noticed a Ramirez drawing that hospital staff had posted on the screen door to the hospital's solarium.

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Pasto, recognizing the artistic talent displayed by Ramirez in this drawing, contacted the hospital staff who informed him that paper and drawing materials were often in short supply to meet the demands of Martin's desire to draw. As a result, Pasto provided Ramirez with art supplies and instructed hospital staff to collect and date Ramirez's drawings for his research in art expression and psychology theory. Due to Pasto's interest, support and encouragement, Ramirez's most productive period of artwork was from 1950 to 1956. During those years it was reported by hospital employees that Martin was engaged in art production full-time (Espinosa 27).

Ramirez's artwork is reflective of and was influenced not only by his memories of his life in Mexico but also by his life of confinement at DeWitt where his only knowledge of the outside world was limited to the images he saw in publications and magazines and in the movies at the DeWitt State Hospital. While at DeWitt, Ramirez had access to ample publications and magazines that were donated by community residents. These publications and other images Martin saw that reflected modern life were crucial to the production of Ramirez's work in their use as pictorial fragments in collages, visual inspiration or even used as material to draw over. According to Brooke Davis Anderson, Director of the U.S. Biennial and former director at the Los Angeles County Art Museum and the American Folk Art Museum, the collection of Ramirez's work "teems with traditionally Mexican motifs but also references popular American culture of the mid-twentieth century, forms an impressive map of a life lived between two worlds-two worlds in a geographical, cultural, as well as social sense" (Anderson). Besides utilizing images from his memory and from his life at DeWitt, Ramirez also utilized other artifacts from the DeWitt Hospital to create his artwork. Davis Anderson also notes that Ramirez, "began to assemble found bits of paper-candy wrappers, greeting cards, flattened paper cups, hospital supply forms, and book pages, for example-using a self made glue to create large surfaces for drawing" (Anderson). This artistic process was recorded by artists from the Sacramento area who accompanied Pasto on his visits to observe Ramirez's daily work routine. For example, painter Wayne Thiebaud would observe Ramirez patiently glue together scraps of paper into one enormous piece of paper using a paste he made from saliva and oatmeal. To work on these large pieces Ramirez crouched over them on the floor as some measured more than forty by one hundred inches. Thiebaud also observed Ramirez's use of media and tools which consisted of pencils, tongue depressors as straightedges, and matchsticks to apply a colored paste that he made from crayons, charcoal, red juice extract from fruits, shoe polish, his own saliva and even sometimes phlegm that he mixed in small pots he made from oatmeal and then dried on a radiator. While at DeWitt, Martin also attended and interacted with other patients engaged in art at weekly ceramics workshops where he was further encouraged to work on his drawings as they were stored in the ceramics workshop area (Espinosa 27-28).

The first formal introduction of Martin Ramirez's work to the art community occurred in November 1951 when Tarmo Pasto organized a solo exhibit of Ramirez's drawings on the University of California Berkeley campus (Espinosa 27). Pasto continued to introduce Ramirez's work to other members of the art community resulting in further exhibits. For instance, Don R. Birrell, director of the E.B. Crocker Art Gallery in Sacramento organized another solo exhibition of Ramirez's work later in 1951. In January 1954, art historian Dr. Alfred Newmeyer, who attended the Crocker exhibit, organized another solo Ramirez exhibit at

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the Mills College Museum of Art in Oakland, California. Later that year Pasto organized a group exhibit that included Ramirez's work at the M.H. de Young Memorial Museum in San Francisco. Pasto also organized a Ramirez solo art exhibit on the East Coast in the 1950s at the Emily Lowe Art Center at Syracuse University in New York. In 1955, Pasto shipped ten pieces of Ramirez's work to James Johnson Sweeney, director of the Solomon R. Guggenheim Museum in New York, but an exhibition there never materialized (Espinosa 28 and Anderson 179). Despite this early recognition, it was not until the 1970s that Ramirez's work became more widely known to the art world. In the early 1970s, artist Jim Nutt and his dealer Phyllis Kind purchased nearly the entire collection of Ramirez's work from Pasto and subsequently sponsored more group and solo exhibits (Storr 14). In all, Ramirez created more than 450 drawings and collages during his residence at DeWitt State Hospital (USPS). The American Folk Art Museum in New York recognized the significance of Ramirez's work at their 2007 retrospective art exhibit that featured more than 97 of his works (American Folk Art Museum). Today, Ramirez's work is held by private collectors and is on display at the Guggenheim Museum, the American Museum of Modern Art, the Metropolitan Museum of Art and the Crocker Art Museum. The importance of Martin Ramirez's work was also nationally recognized by the 2015 issuance of U.S. postage stamps featuring his artwork, all of which was created at DeWitt State Hospital (USPS). According to the March 25, 2015 press release and USPS CFO and Executive Vice President, the "choice of Martin Ramírez as the subject of a Forever stamp sheet reflects the widespread — and growing — influence he has had on art in the United States, as well as on artists throughout the world, And though his name remained virtually unknown in the decade following his death in 1963, Martin Ramírez's work has become some of the most highly valued examples of art. Today, he joins the ranks of other famous artists, such as Norman Rockwell, Georgia O'Keefe, William H. Johnson and Frida Kahlo, who have been honored on American postage stamps" (USPS). In conclusion, the artwork created by Martin Ramirez is explicitly tied to his life at the DeWitt State Hospital and is recognized as being locally and nationally historically significant in the area of art.

Criterion C: Pavilion Plan Architecture

DeWitt General Hospital is significant in the area of architecture under National Register Criterion C as it is an example of the large-scale planning and construction that was required during World War II to meet national defense needs for the medical treatment of American soldiers wounded in the war. Architectural historian William Kostura states that the DeWitt General Hospital is "an important example of a pavilion plan hospital." (Kostura, 10) The pavilion plan is one of the most important hospital types of the past 130 years in the United States. While many examples of pavilion plan hospitals remain in this country, DeWitt is remarkable because it was a response to the very particular problems posed by World War II. It had to be built on a large scale with both speed and economy, while maintaining high standards regarding patient comfort, fire-resistance, and durability. It perpetuated the values espoused by Florence Nightingale in the 1850s in that its ward buildings were only one story in height and possessed sunrooms. Both of these features gave patients access to fresh air and natural light" (23). In total, sixty-six Army hospitals in the United States treated American soldiers wounded in World War II but not all of these were newly constructed or constructed as permanent pavilion

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plan hospitals. In addition to utilizing existing military hospitals, civilian hospitals, hotels and similar properties were temporarily acquired by the military for hospital use. New hospital construction consisted of twenty-six temporary cantonment wood structure hospitals and sixteen 'Type A' or similar brick pavilion plan Army hospitals. DeWitt General Hospital was inventoried as a permanent hospital and is one of twelve 'Type A' Army general hospitals designed by the architectural firm York and Sawyer (War Department and Kostura 15-16). The DeWitt hospital is also one of last remaining examples of its type. The period of significance is 1942 to 1945, the years that DeWitt General Hospital was designed, constructed and operated as an Army general hospital.

In 1939, with the anticipation of America's possible entry into World War II, the United States began mobilizing troops and constructing military barracks and other facilities, including the planned expansion of hospital facilities. Policy directing the establishment of hospital facilities changed several times during the war. Initially the military focused on expanding its existing hospital facilities since this approach would be faster than constructing entirely new hospitals. However, by 1940 the addition of beds to existing hospitals proved unsatisfactory and the Army Surgeon General recommended construction of cantonment type hospitals consisting of rows of one-story wood-framed structures that were considered temporary. A total of twenty-six cantonment type general hospitals were constructed in the United States during the war. Another shift in hospital development occurred in 1941 as the Army became dissatisfied with the safety of wood cantonment hospitals resulting in the construction of five "semi-permanent" hospital complexes from 1942-1943 consisting of two-story brick construction providing improved fire safety. This new hospital design was also short lived due to concerns over construction speed and costs as well as materials shortages occurring in early 1942 as the United States was fully engaged in the war (Brosin). As a result, the military returned to constructing wood cantonment hospitals in addition to acquiring and converting civilian hospitals and other properties such as hotels into hospitals from 1942 to 1943. However, at this same time, the Administrator of Veterans Affairs voiced his concern with constructing temporary hospitals citing that a problem from World War I was being repeated in that construction of temporary hospitals would have no use to serving veterans after the war. The Army Surgeon General was also interested in constructing improved hospital facilities, whereas the Army Corps of Engineers was focusing on costs. While these parties met to resolve their differences, wood construction materials were again scarce by mid 1942 and brick was more readily available. The result of these circumstances led to the development of another hospital plan, known as 'Type A' to be constructed of mostly one-story brick structures (Kostura 13-15).

In the fall of 1942, the Army contracted with the architectural firm, York and Sawyer to develop plans for the 'Type A' hospital complex. According to architectural historian, William Kostura, "York and Sawyer was a major architectural firm with a long history of designing large buildings and complexes. One of the founders was Edward Palmer York (1865-1928), who had studied at Cornell and worked as a draftsman with the firm McKim, Mead and White. The other founder, Philip Sawyer (1868-1949) worked as an engineer before turning to architecture. He attended the Ecole des Beaux Arts in Paris and then also went to work for McKim, Mead and White. In 1989 the two men left McKim, Mead and White to form their own firm in New York City. They

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quickly attracted commissions of major projects specializing in large office buildings, banks, hospitals, and colleges in New York and elsewhere. They admitted a number of partners, most importantly another former employee of McKim, Mead and White, Louis Ayres, in 1910. The firm's work was largely classical in style. Henry Hope Reed wrote that 'The firm had an unusual grasp of the monumental and achieving a striking visual effect that became the firm's trademark.' During 1908-1936 they designed more than a dozen hospitals in several states and in the Philippine Islands. During 1909-1913 they consulted to the Treasury Department, and in the 1910s Ayres served on the board that advised the Secretary of the Treasury in planning the Federal Triangle, the most elaborate complex of Federal buildings in Washington D.C. Their Commerce Building (1913) set the height and roof style for the Triangle. The selection of this firm to design Type A hospitals for the government during World War II was a natural result of their previous experience in designing hospitals and in consulting for the Federal government. No other York and Sawyer designs are known to have been built in California" (15).

The design plans for the 'Type A' hospital were similar to the "semi-permanent" two-story brick hospitals that were already under construction. The main differences in the 'Type A' design were that ward and clinic buildings were one-story in height which eliminated the need for ramps; the ward buildings measured 20 feet longer at 287 feet in total length; patient beds were arranged on both sides of the ward; and clinical facilities were better arranged. In addition, 'Type A' hospitals were more economical to build and the one-story wards provided better safety for patients (Kostura 15).

While the details and refinements of the 'Type A' hospital were designed to fit the needs of World War II America, its general form follows the pavilion plan hospital design that originated in France. The construction of the cantonment and "semi-permanent" Army hospitals also followed the pavilion plan concept. Pavilion plan hospitals, according to Kostura, "originated in France in the late eighteenth century as an antidote to the disease-ridden Hotel-Dieu, adjacent to Notre Dame Cathedral on the Ile de la Cite in Paris. Later, the pavilion type was popularized, and the form greatly refined, by Florence Nightingale as a result of her experiences in the Crimean War (mid-1850s). Believing that disease spread through harmful vapors that were emitted by the body, she pushed, with great success, for hospitals that admitted plenty of fresh air and light to each patient. She felt that large, monolithic, block-shaped hospital buildings were poorly designed for achieving these ends, whereas hospitals that were dispersed in plan could admit the air and light that was necessary for health. Instead of one large building, Nightingale favored numerous buildings that were preferably one or two stories in height. Buildings should not be so close to each other as to cast shadows on each other or interfere with air flow around and through buildings. Buildings could be connected by corridors, but there should be no enclosed courts or high walls. Buildings should be no more than thirty feet in width and arranged on a north-south axis for maximum exposure to natural light. These principles found favor in England almost soon after Nightingale's return from the Crimean War, and in the United States after the Civil War. As the pavilion plan developed in urban areas, where real estate was valuable, hospitals sometimes grew to many stories, but in accordance with pavilion principles, wings were narrow and were widely separated from each other" (16).

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Kostura further states, “The pavilion was developed to apply a scientific understanding of disease to the design of hospitals. Scientific understanding was applied both to the overall plan and to the buildings and other elements of the plan. The basic unit of the pavilion plan was the ward, a narrow, rectangular one or two-story building set in landscaped grounds and oriented so that maximum sunlight entered the building. The interior was an open space with a radiator under each window and a bed between windows. At either end of the ward was a nurses station and a sunroom or porch. Each ward was provided with a passive or mechanical ventilation system intended to keep air moving. Moving air was thought to dissipate germs. Sunlight and views of greenery were considered therapeutic. Details of the interior were designed so that every surface was easily cleaned and so that germs could not accumulate. Typical details included hard plaster walls, cover corners, and the use of minimal trim around windows and doors. In a pavilion plan hospital, as many wards as necessary were built as separate structures, all with the same orientation, so that each ward had the same exposure to light, air, greenery, and the same protection from germs. The pavilion plan was first widely used for military hospitals in Europe and America in the second half of the nineteenth century. They were also used for non-military hospitals, especially from the late nineteenth century to the mid-twentieth century. Pavilion plan hospitals continued to be built until the proliferation of new technologies radically changed hospital design in the 1950s. Thus, World War II military hospitals were among the last pavilion plan hospitals to be built. All branches of the United States military built pavilion plan hospitals during World War II” (2).

For the Army, sixteen of the last general hospitals to be constructed followed, or nearly followed ‘Type A’ plans. DeWitt plus ten other general hospitals and one regional hospital constructed between 1943 and 1944 are identified as ‘Type A’ in plan. Two hospitals constructed in 1944, McGuire and Vaughn General Hospitals, were slightly modified to better meet Veteran’s Administration post war needs with the substitution of five two-story buildings for ordinary patient wards. Another two hospitals constructed in 1943, Ashburn and Foster General Hospitals also resembled the ‘Type A’ plan (Smith 304-313 and Brosin).

Similar to the cantonment and semi-permanent pavilion plan hospitals, the ‘Type A’ plan arranged its buildings in a hierarchy according to use. The administration building, physician’s and nurses quarters and clinic buildings were on one end of the complex; enlisted men’s barracks, warehouses and other industrial buildings were on the other end; while patient wards and service buildings were located in the center. Except for the administration building, physician’s and nurses quarters that were two-story structures, all other buildings were one-story in height. Nearly all buildings were constructed of brick and had connecting brick corridors linking most buildings in the complex. However, two ‘Type A’ general hospitals were finished with stucco rather than brick. The layout of buildings allowed sufficient space between buildings to prevent them from shading each other. Most patient wards had common areas on either end, usually in the form of a glazed sunroom. However for increased safety and security to prevent escape, neuropsychiatric wards for soldiers who were mentally disturbed from combat lacked the sunrooms. Patient capacity at ‘Type A’ general hospitals ranged from 1,777 to 2,131 beds, with the exception of Madigan hospital in Tacoma, Washington that had 4,300 beds.

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Capacity for the DeWitt General Hospital was typical for a 'Type A' hospital as 1,852 beds were reported in April 1945 (Kostura 17).

In addition to patient capacity, DeWitt General Hospital conformed to the 'Type A' plan in all but a few details. The DeWitt Hospital site contained about 220 acres and in accordance with the 'Type A' plan was designed to be a self-contained facility originally consisting of approximately 80 buildings, a circulation system of roads in a grid-like plan, sidewalks, enclosed corridors linking the pavilions at the centers of their long sides, a steam power plant, water and sewage treatment plants and incinerator. Similar to many of the general hospitals constructed in the United States during the last two years of World War II, the DeWitt site was chosen because of its location in a coastal state with flat terrain, moderate weather, proximity to a civilian work force and access to transportation routes such as a highway and train station.

Like the other 'Type A' general hospitals, the DeWitt Hospital plan consisted mainly of one-story brick buildings that were organized into zones of similar uses. Mr. Kostura describes the overall DeWitt complex as follows: "The buildings where physicians and nurses lived and performed most of their medical tasks were at the north end of the complex, while the industrial buildings were at the south end. In between were medical buildings, patient wards, and recreational and service buildings. This geographic arrangement of uses served to insulate, first, the officers and nurses, and secondly the patients, from noise that was generated by various activities at the hospital. The largest and most important buildings in the hospital – the wards – were oriented northwest-southeast, providing sun on the long sides of the buildings all day. The other main types of buildings – the administration and staff residences at the north end and the warehouse group at the south corner – were orientated differently, expressing their different functions from those of the patient treatment buildings. The overwhelming majority of the buildings, for all purposes, were located in long rectangular pavilions with spaces in between them for grass, trees and shrubs. Although landscaping was an essential feature of pavilion plan hospitals, no landscaping plan or other evidence has been discovered for DeWitt Hospital" (3).

Also similar to other 'Type A' general hospitals, the DeWitt hospital included amenities such as a gymnasium, swimming pool and theater that were added to the design after the original plans were drawn. Most military hospitals, and the original design for the 'Type A' hospital, included a mess hall, post office, post exchange, and chapel. The original 'Type A' hospital design also included a recreation building for patients. The addition of a gymnasium, swimming pool and theater to many 'Type A' hospitals was probably a reflection of patient care ideology being promoted in late 1942. According to Kostura, "a consensus began to form in the government and military circles that more recreational and therapeutic activities ought to be offered at military hospitals, so that injured and mentally disturbed patients might recover more quickly, and be able to return to duty" (19). Various recreational activities, such as USO organized shows in the theater and Red Cross sponsored dances in the auditorium, as well as community engagement through parties hosted in private homes, outings to ball games and drives along the American River further supported patient recovery. During its nearly two years of operation, DeWitt General Hospital treated a total of 9,741 patients and was closed on December 31, 1945 (Kostura 18, 20).

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The property was sold to the State of California in 1946, whereby the hospital was used as a state mental hospital and renamed DeWitt State Hospital that remained in operation until 1972. While specific alterations to the hospital facilities for mental patients are unknown, changes were likely minimal as few buildings changed in their use for the mental hospital, suggesting that its reuse was practical. However, interior remodeling and equipment upgrades occurred in order to accommodate medical treatment for mental health patients (Kostura 20). In 1972, the DeWitt hospital facility was transferred to Placer County whose ownership and use of the property as office space continues today.

Despite the recent demolition of approximately 30% of the hospital's structures, the DeWitt General Hospital complex still embodies a majority of its distinctive design characteristics as a U.S. Army World War II 'Type A' permanent hospital. In general, the DeWitt Hospital retains its historic integrity in terms of internal setting, location, materials, workmanship, and feeling. It no longer has integrity of association due to its change in use. Most of the remaining original hospital buildings have not been significantly altered in their footprints or general exterior appearance. Approximately 60% of the original hospital buildings remain standing, nearly all of which are in good condition and currently occupied. The core of the DeWitt Hospital property retains much of its historic military and institutional feel. Approximately half of the patient wards, all of the enlisted men's barracks (later converted to wards) and nearly all service and utility type buildings remain, as do the theater, chapel, gymnasium and swimming pool. Buildings no longer in existence include the administration building, six officer's quarters, four medical buildings and seventeen patient wards. All noncontributing buildings are large, modern structures located on the periphery of the property and are not included in the district boundaries, thus leaving a significant core of the hospital property intact. In summary, the DeWitt Hospital property building design, materials, layout and setting make the property a cohesive unit contributing to its feeling of historic time and place. The hospital's remaining structures reflect its appearance as a World War II military hospital, conveying its sense of history. The property reflects its military complex layout and is distinguished from its surroundings by its architecture, street pattern and building placement.

Survival of other 'Type A' Hospitals in the United States

The DeWitt General Hospital was one of sixteen hospitals constructed following the U.S. Army 'Type A' design plan, or a variant of that plan in the United States during World War II. Fourteen of these hospitals have been mostly or completely demolished. Only DeWitt and Mayo General Hospital in Galesburg, Illinois remain approximately 60% intact. The other fourteen 'Type A' or similar hospitals are:

- Ashburn General Hospital, McKinney, Texas: approximately 10% of the buildings remain
- Battey General Hospital, Rome, Georgia: approximately 15% of the buildings remain
- Birmingham General Hospital, Van Nuys, California: approximately three buildings remain
- Crile General Hospital, Cleveland, Ohio: approximately 25% of the buildings remain
- Cushing General Hospital, Framingham, Massachusetts: demolished
- Dibble General Hospital, Menlo Park, California: demolished

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Foster General Hospital, Jackson, Mississippi: demolished
Glennan General Hospital, Okmulgee, Oklahoma: demolished
Madigan General Hospital, Tacoma, Washington: demolished
McGuire General Hospital, Richmond, Virginia: demolished
Newton D. Baker General Hospital, Martinsburg, West Virginia: approximately 25% remains
Northington General Hospital, Tuscaloosa, Alabama: demolished
Vaughan General Hospital, Hines, Illinois: two buildings remain
Waltham Regional Hospital, Waltham, Massachusetts: demolished

History of the Property

The DeWitt General Hospital was constructed in 1943 as one of the sixteen 'Type A' pavilion plan Army hospitals in the United States designed by architects York and Sawyer. In total, there were sixty-six Army hospitals in the United States that treated American soldiers wounded in World War II. The DeWitt Hospital site contained about 220 acres and was designed to be a self-contained facility originally consisting of approximately 80 buildings, a circulation system of roads, sidewalks, enclosed corridors, a steam power plant, water and sewage treatment plants and incinerator. The DeWitt Hospital complex is located approximately three miles north of downtown Auburn and a short distance west of State Highway 49 in Placer County California.

In 1939, with the anticipation of America's possible entry into World War II, the United States began mobilizing troops and constructing military barracks and other facilities, including the planned expansion of hospital facilities. Policy directing the establishment of hospital facilities changed several times during the war. Initially the military focused on expanding its existing hospital facilities since this approach would be faster than constructing entirely new hospitals. However, by 1940 the addition of beds to existing hospitals proved unsatisfactory and the Army Surgeon General recommended construction of temporary cantonment type hospitals consisting of rows of one-story wood-framed structures (Kostura 13).

Another shift in hospital development occurred in 1941 as the Army became dissatisfied with the safety of wood cantonment hospitals resulting in the construction of a few "semi-permanent" hospital complexes from 1942 to 1943 consisting of two-story brick construction providing improved fire safety. This new hospital design was short lived due to concerns over construction speed and costs as well as materials shortages occurring in early 1942 (Brosin). As a result, the military returned to constructing wood cantonment hospitals in addition to acquiring and converting civilian hospitals and other properties such as hotels into hospitals from 1942 to 1943. At this same time, however, the Administrator of Veterans Affairs was concerned with the development of temporary hospitals since they would have no use to serving veterans after the war. The Army Surgeon General was also interested in constructing more permanent hospital facilities, whereas the Army Corps of Engineers was focusing on costs. While these parties met to resolve their differences, wood construction materials were again scarce by mid 1942 and brick was more readily available. The result of these circumstances led to the development of another hospital plan, known as 'Type A' to be constructed of mostly one-story brick structures (Kostura 13-15). The design plans for the 'Type A' hospital were similar to the "semi-

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permanent” two-story brick hospitals that were already under construction but, ‘Type A’ hospitals were more economical to build and the one-story wards provided better safety for patients (Kostura 15).

In the fall of 1942, the Army contracted with the architectural firm, York and Sawyer to develop plans for the ‘Type A’ hospital complex. Founded in 1898, York and Sawyer was a well-known architectural firm with an established history of designing large buildings and complexes and that also consulted with the Federal Government in the development of the Federal Triangle in Washington D.C. The firm’s specialization in bank, hospital and college campus design along with their contacts with the Federal government primed them for the commission of designing ‘Type A’ hospitals in World War II (Kostura 15).

While the ‘Type A’ plan design reflects refinements to meet specific needs of World War II construction and patient care, its overarching design is classified as a pavilion plan hospital. Besides the ‘Type A’ plan other Army hospitals, such as cantonment and semi-permanent, constructed in the United States during World War II followed the pavilion plan. The pavilion plan hospital originated in France in the late eighteenth century and was further refined and popularized in the United States by Florence Nightengale as a result of her experience in the Crimean War in the mid 1850s. The design of the pavilion plan is based on the scientific understanding of the spread of disease at that time, namely that disease was spread through harmful vapors that were emitted by the body. With this understanding of disease, Nightengale advocated for hospitals to admit plenty of fresh air and light to each patient, which in her opinion, large multi-story block type hospitals were not able to accomplish. Instead, Nightengale favored a dispersed hospital plan where patient ward buildings were narrow and only one or two stories in height. The wards should also be situated a distance away from each other as not to cast shadows on each other or interfere with air flow around and through the buildings. Due to Nightengale’s influence, the pavilion plan was widely used for military and non-military hospitals in Europe and America during the nineteenth and mid-twentieth centuries. During this time, hospitals developed in urban areas where real estate was valuable, were also influenced by the pavilion plan. Despite that these urban hospitals were several stories high, their wings were narrow and widely separated from each other. California examples of hospitals built along pavilion plan designs in the twentieth century include county hospitals in Alameda, Marin and Santa Clara, state mental hospitals such as Agnews, and private sanitariums especially around the Los Angeles area. However, few of these hospital complexes remain standing. As new technologies developed after the war, hospital design radically changed in the 1950s. Therefore, World War II hospitals such as DeWitt General Hospital were some of the last pavilion plan hospitals to be constructed (Kostura 2,16).

Similar to the military’s fluctuating policies on hospital design were their policies on determining locations for general hospitals. Initial policy was to locate hospitals near large Army training camps. However, these camps were rarely near large centers of population and thus lacked access to a civilian work force to staff hospital positions. With the United States full involvement in the war in early 1942, fear of air attack from overseas influenced a decision to place hospitals in interior states of the country, between the Appalachians and Sierras.

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Unfortunately this policy proved difficult with the transportation of patients from the Pacific and European theaters to hospitals as ports of debarkation were located on the coasts. Consequently this policy was modified later in 1942 and eventually rescinded resulting in more than half of the general hospitals being located in coastal states. Other factors influencing the determination of hospital location were proximity to rail lines, moderate weather, and flat terrain. One last factor, the proximity of wounded soldiers to their hometowns, was not considered until almost all hospital locations had been decided. Being one of the last hospitals to be designated, the construction of DeWitt General Hospital was in accordance with this later policy (Kostura 17).

With economic interests in mind and patriotic support, many communities lobbied to be selected as the sites of hospitals. A September 5, 1942 newspaper editorial written by the Placer Herald editor, W.A. Shepard, is credited as starting the campaign to bring a military hospital to Auburn. The Auburn Chamber of Commerce and Congressman Harry L. Englebright, representative for Placer, Nevada and Yuba Counties spearheaded the campaign by contacting the Army Surgeon General in Washington. The DeWitt site was selected because of its location in a coastal state with flat terrain, moderate weather, proximity to a civilian work force (Auburn's population was approximately 4,000) and access to transportation routes such as a highway and train station. After a site inspection by the District Engineer in Sacramento, Congress gave construction approval and appropriated funds on March 25, 1943. A major contracting firm from San Francisco, McDonald and Kahn was awarded the construction contract that eventually totaled nearly six million dollars (Kostura 17-18 and Rushton).

The site selected for the hospital was referred to as the Grange Hall property, in the Rock Creek vicinity, after the old grange hall that still stands nearby. Designs for nearly all of the DeWitt hospital buildings followed the 'Type A' plans drawn by York and Sawyer and construction of the hospital began on April 7, 1943. Construction progressed rapidly as some of the hospital buildings were completed by August 1943. Although the first patients arrived at DeWitt in January 1944, the hospital's formal opening ceremony was held on February 27, 1944. The hospital was named after Brigadier General Calvin DeWitt (1840-1909), a senior medical officer during the Modoc Indian campaign in northern California (Leonard 34-35).

Local newspapers routinely reported on the hospital's construction progress, civilian employment figures and community involvement activities. For example, the Placer Herald reported on August 7, 1943 that approximately nine hundred construction workers were employed along with a noted shortage of carpenters (The War Hospital). A year after the hospital's official opening, the Auburn Journal reported that DeWitt hospital housed 1,747 patients, 510 enlisted men, 253 commissioned officers, 105 WACs and employed 511 civilians (DeWitt Plans Broadcast). Population totals for DeWitt Hospital near the end of the war in August 1945 were reported as 2,221 patients, 130 commissioned officers, 177 commissioned nurses, 617 enlisted men, 171 WACs and 492 civilian employees (Population at DeWitt). Despite that the number of civilian employees at DeWitt was reduced to approximately five hundred staff after construction tapered and hospital operations expanded, the hospital was one of the area's largest employers totaling one million dollars in annual payroll (Placer Herald and Leonard). In an interview with historian William Kostura, June Ferretti, a civilian who worked

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six days a week in the signal corps operating the telephone switchboard and teletype, stated that DeWitt “was a busy place, and the wards were pretty much filled to capacity” (Kostura 18). Ms. Ferretti also recalls that patients at DeWitt were from both the European and Pacific theaters and that as soldiers recuperated, they would be transferred to hospitals closer to their homes. Likewise, she reports that soldiers from northern California were transferred to DeWitt for further recovery and that some patients were even sent to their homes and family to recuperate. These and other hospital worker accounts do suggest that the Army did make efforts to place wounded soldiers in general hospitals nearby their hometowns (Kostura 19).

A wide variety of medical care was performed at DeWitt including amputations, treatment of severe facial wounds, brain surgery and rehabilitation for missing limbs, missing heels or paralysis. Among the ‘Type A’ general hospitals such as DeWitt, specialties included orthopedic surgery, psychiatry, treatment of syphilis, plastic surgery, ophthalmologic surgery, treatment of rheumatic fever, neurology, neurosurgery and vascular surgery. As well as performing general medical care, amputations and general surgery, these hospitals may have specialized in as many as four or five areas. The specialties at DeWitt were general medicine, neurology, neurosurgery, vascular surgery and psychiatry (Kostura 17). Doctor Norman Freeman, a recognized expert in vascular surgery, was assigned to DeWitt General Hospital in 1945 as Chief of Surgery. During his four years of service in the Army, Freeman is known to have continued his clinical research in vascular surgery where, according to the Journal of Vascular Surgery, he “pioneered many direct reconstructive vascular surgical techniques” one of which he developed while at DeWitt (Connolly). In addition to the twenty-five regular patient wards at DeWitt, five ward buildings were designed as “detention wards” or neuropsychiatric wards for the treatment of patients suffering from “battle fatigue” which is known today as post-traumatic stress disorder. These wards were slightly different in design as they lacked the glazed sunrooms and may have had a fence surrounding them (Kostura 19). Besides treating wounded soldiers, DeWitt hospital staff also responded to a local emergency in November 1944 when a Union Pacific train derailed near Colfax a town 17 miles northeast of Auburn. Medical staff and ambulances from DeWitt were sent to the site and returned with sixty wounded civilians and eighteen soldiers (Leonard 36).

As part of their medical care, recreational activities were provided to the soldiers recovering at DeWitt. Similar to many other military hospitals, DeWitt had a mess hall, post office, post exchange and chapel. However, in late 1942 according to Kostura, “a consensus began to form in the government and military circles that more recreational and therapeutic activities ought to be offered at military hospitals, so that injured and mentally disturbed patients might recover more quickly, and be able to return to duty” (19). As a result, DeWitt like some other ‘Type A’ hospitals included amenities such as a gymnasium, swimming pool and theater that were added to their facilities after the original plans were drawn (Kostura 19-20). Besides the hospital recreational amenities, many of the Auburn area residents and organizations provided volunteer services, recreational and educational opportunities, and donated goods to assist the recovering patients at the hospital. Various newspaper reports and a local news magazine highlighted the community’s generosity that included financial contributions to construct a solarium, donations of books, pianos, radios, recreation equipment, flowers and musical accompaniment at the chapel, Christmas trees, stockings, greeting cards, fruitcake and Christmas gifts. Social

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engagement included local and USO organized shows at the theater, Red Cross organized dances in the auditorium, parties in private homes, outings to ball games, drives along the American River and visits to Lake Tahoe (Leonard 34-39 and DeWitt Solarium). In addition, Auburn's educational community provided educational opportunities to the hospital's patients and staff. Private tutoring, high school and Placer College classes were offered and a psychiatric nurses training school was established (Graduate 8; Patients Receive Diplomas and Nursing School).

As World War II drew to a close with the defeat of Germany in May 1945 and the defeat of Japan in September 1945, the patients at DeWitt hospital were variously discharged or transferred to other hospitals. After treating a total of 9,741 patients at the end of its nearly two-year operation, DeWitt General Hospital was officially closed on December 31, 1945 (Kostura 18).

Conversion to DeWitt State Hospital

In light of the substantial economic and social impact that DeWitt hospital made on the Auburn community, the end of the war caused considerable public concern over the facility's future use. Some community leaders lobbied for the conversion of DeWitt to a Veteran's Administration hospital, but this use was rejected despite that its permanent brick construction was authorized in part to keep this option available. Similar to other military hospitals constructed during World War II, the Army declared DeWitt surplus and sold the facility to the State in 1946. At this time, California's mental institutions were overcrowded by twenty-four percent, roughly 6,300 patients, with the expectation that these conditions would continue as new mental health institutions were not scheduled to open until 1951. As a result, DeWitt became California's eighth mental hospital and subsequently its name was changed to DeWitt State Hospital. California's first state mental hospital opened in 1853 in Stockton and as the state's population grew, additional state mental hospitals were constructed in Napa (1875), Agnews in San Jose (1889), Mendocino (1894), Patton (1894), Metropolitan in Norwalk (1916), and Camarillo (1937). Besides DeWitt, additional post-war state hospitals were constructed in Modesto (1948) and Atascadero (1954).

The history of attitudes toward and treatment of the mentally ill fluctuated throughout California and the United States. For example, patients at Stockton during the 1850s were treated with kindness and respect and allowed outdoor activities while under the leadership of Doctor Robert Reid. However, after the Civil War and through the end of the century there was an increasing tendency to keep patients locked up or warehoused. Fortunately, after 1907 and under the direction of Doctor Leonard Stocking, a much more enlightened treatment of patients was being formulated with the construction of a new hospital complex at Agnews where the new building designs reflected the varied needs of the patients. With its extensive program of recreational activities that were developed to aid patients in their recovery, Agnews became a model for mental health hospitals into the 1930s. In later years, developments in other treatments such as hydrotherapy, electroshock therapy, drug therapy and lobotomies were used in California and across the United States (Kostura 21).

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While specific alterations to the DeWitt hospital facilities for mental patients are unknown, changes were likely minimal as few buildings changed in their use for the mental hospital, suggesting that its reuse was practical. The administration building, doctors' and nurses' quarters, clinics, patient wards, mess halls, chapel, post office, warehouses, laundry, morgue, power house, utility yards and other buildings retained their original uses at least into 1949. However, an increase in patient beds and interior remodeling and equipment upgrades occurred in order to accommodate medical treatment for mental health patients (Kostura 20).

Until 1950, the DeWitt mental hospital was considered temporary and only received patients from other overcrowded state mental hospitals. The transfer of one patient from Stockton, Martin Ramirez in 1948, became of particular significance not only the hospital's history, but also to the history of art and the practice of psychology in the United States. Due to his older age and diagnosis of tuberculosis, Martin Ramirez, a Mexican who immigrated to California in 1925, was transferred to DeWitt State Hospital. Shortly after his transfer, Ramirez came into contact with Tarmo Pasto, a professor of art and psychology at Sacramento State University. Pasto is credited with being one of psychology's more notable early pioneers in the study of artistic expression and psychology theory that influenced the establishment of the field of art therapy as treatment for mental illness (Espinosa 27) (Junge 5-15). During the years that Pasto was a professor at Sacramento State University he received permission from DeWitt administration to visit the hospital with his students for observational learning. On one of his visits, Pasto noticed a drawing created by Martin Ramirez that hospital staff had posted on the screen door to the solarium. Pasto, recognizing the artistic talent displayed by Ramirez in this drawing, contacted the hospital staff who informed him that paper and drawing materials were often in short supply to meet the demands of Martin's desire to draw. As a result, Pasto provided Ramirez with art supplies and instructed hospital staff to collect and date Ramirez's drawings for his research in art expression and psychology theory (Espinosa 27). Due to Pasto's interest, support and encouragement, Ramirez's most productive period of artwork was from 1950 to 1956 (Espinosa 27). In all, Ramirez created more than 450 drawings and collages during his residence at DeWitt State Hospital (USPS).

Ramirez's artwork is reflective of and was influenced not only by his memories of his life in Mexico but also by his life of confinement at DeWitt where his only knowledge of the outside world was limited to the images he saw in publications and magazines and in the movies at the DeWitt State Hospital. According to Brooke Davis Anderson, Director of the U.S. Biennial and former director at the Los Angeles County Art Museum and the American Folk Art Museum, the collection of Ramirez's work "teems with traditionally Mexican motifs but also references popular American culture of the mid-twentieth century, forms an impressive map of a life lived between two worlds-two worlds in a geographical, cultural, as well as social sense" (Anderson). Besides utilizing images from his memory and from his life at DeWitt, Ramirez also made use of artifacts from the DeWitt Hospital to create his artwork. Davis Anderson also notes that Ramirez, "began to assemble found bits of paper-candy wrappers, greeting cards, flattened paper cups, hospital supply forms, and book pages, for example-using a self made glue to create large surfaces for drawing" (Anderson). To work on these large pieces Ramirez crouched over them on the floor as some measured more than forty by one hundred inches. While at DeWitt, Martin

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also attended and interacted with other patients engaged in art at weekly ceramics workshops where he was further encouraged to work on his drawings as they were stored in the ceramics workshop area (Espinosa 27-28).

The first formal introduction of Martin Ramirez's work to the art community occurred in November 1951 when Tarmo Pasto organized a solo exhibit of Ramirez's drawings on the University of California Berkeley campus (Espinosa 27). Pasto organized other exhibits at the E.B. Crocker Art Gallery in Sacramento, the Mills College Museum of Art in Oakland, the M.H. de Young Memorial Museum in San Francisco and the Emily Lowe Art Center at Syracuse University in New York. Despite this early recognition, it was not until after his death in 1963 that Ramirez's work became more widely known to the art world through artist Jim Nutt and his dealer Phyllis Kind who sponsored more group and solo exhibits in the 1970s (Storr 14). More recently, the American Folk Art Museum in New York recognized the significance of Ramirez's work at their 2007 retrospective art exhibit that featured more than 97 of his works (American Folk Art Museum) and the US Post Office issued Martin Ramirez commemorative Forever stamps in 2015.

After 1950, DeWitt was reclassified as a permanent state mental facility and began accepting new patients from Modoc, Lassen, Plumas, Sierra, Nevada, Yuba, Sutter, Placer, El Dorado, counties as well as Yolo, Butte and Sacramento counties in 1952 (Kostura 20-21 and Rushton). Accordingly, the patient capacity at DeWitt steadily increased from 1,900 in 1947 to 2,900 in 1948 and 3,000 patients by 1952 (Kostura 20). While this patient load at DeWitt had significantly increased in comparison to World War II times, conditions were reportedly improved in comparison to the overcrowding at Stockton State Hospital. By 1958 however, DeWitt was also overcrowded resulting in approximately seventy-five men living in each ward. Besides information related to Ramirez's life at DeWitt, other information regarding treatment of mental patients at DeWitt is vague. Ramirez was assigned to a ward occupied by senile and other long-term chronic patients with poor prognoses and behavioral problems including aggression. Staff on the ward consisted of three daytime, two evening and one overnight psychiatric technician. These technicians provided nursing care, dispensed medication and oversaw all activities while being vigilant at all times so that patients could not run away or commit suicide. Meals were served in the ward and patients were responsible for daily chores such as sweeping, making beds and washing plastic dishes in the ward's kitchen. As Ramirez grew older, he was no longer required to do chores enabling him more time to work on his drawings. Other activities on the ward, depending on the patient's abilities, included watching television, playing cards and table games, drawing, pacing and sitting inside in the sunroom or outside in the lawn under the trees in summer. Some patients were granted access to the library, Sunday services at the chapel, weekly movies at the theater and weekly vocational and arts-and-crafts workshops (Espinosa 25-26). While Ramirez and other patients who did not cause any problems were not subject to shock treatment or hydrotherapy, a 1952 news article notes that treatment at DeWitt included group therapy, individual therapy, occupational, recreational, and music therapy, hydrotherapy, shock therapy and brain surgery. This same article notes that eighty percent of patients were discharged as a result of their treatment (Espinosa 26 and Placer Herald).

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While these accounts report favorable conditions for some patients at DeWitt, employees and news reports state that other patients suffered abuses, mainly due to the lack of qualified staff. For instance, in 1961 several female employees at DeWitt were investigated and two were suspended or dismissed for brutality toward patients that resulted in a death and a psychiatric technician was arrested for a fatal beating in 1964. In addition, DeWitt patients were fed only two meals a day rather than three due to budget cutbacks enacted by Governor Ronald Reagan in 1967. Staff shortages and inadequate patient care were also reported in studies investigating conditions at California mental hospitals under Governor Reagan (Kostura 21).

Regardless of the concerns expressed in news reports about the mental hospital's conditions and stigma impacts on the Auburn community, DeWitt hospital was valuable to the local economy. According to a September 12, 1952 Placer Herald news article, the DeWitt State Hospital employed seven hundred workers making it the largest employer in the Auburn area (22 sec 4). Other news articles and personal accounts further support DeWitt hospital's economic significance to the area. Connie Queen, a psychiatric technician and LVN employed at DeWitt reported to the Auburn Journal, "All our neighbors worked at DeWitt. In those days, it seemed as if 75 percent of Auburn worked there...it was our bread and butter" (Rushton). Indeed, this statement reflects DeWitt hospital's economic importance as its operation contributed approximately seven million dollars annually into the Auburn-Grass Valley economy (Rushton and Carroll).

In 1971, despite strong objection from Auburn community leaders, Governor Ronald Reagan mandated the closure of DeWitt and several state mental institutions due to combined circumstances of budget cutbacks, intolerable living conditions and changes in modern treatment of mental illness. Thus, the DeWitt State Hospital's local economic and historic significance for the period 1946 to 1972 ended with the transfer and discharge of its last patients scheduled for the spring of 1972 (DeWitt Patient Transfer Starts). Later that year the property was transferred to Placer County for use as county offices, a use that continues to the present.

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Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # _____
- recorded by Historic American Engineering Record # _____
- recorded by Historic American Landscape Survey # _____

Primary location of additional data:

- State Historic Preservation Office
 - Other State agency
 - Federal agency
 - Local government
 - University
 - Other
- Name of repository: _____

Historic Resources Survey Number (if assigned): _____

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10. Geographical Data

Acreage of Property 63.3

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

1. Latitude: 38.93819 Longitude: -121.10718
2. Latitude: 38.94069 Longitude: -121.10318
3. Latitude: 38.93793 Longitude: -121.10062
4. Latitude: 38.93484 Longitude: -121.10019
5. Latitude: 38.93479 Longitude: -121.10557
6. Latitude: 38.93654 Longitude: -121.10572

Verbal Boundary Description (Describe the boundaries of the property.)

The district boundary is that portion of DeWitt hospital located south of B Avenue, west of First Street, east of Richardson Drive and north of Atwood Road.

Boundary Justification (Explain why the boundaries were selected.)

The boundaries of the district include most of the land area that was developed by the U.S. Army as a hospital in the period 1943 to 1945. The boundaries encompass the area that currently contains the remaining original hospital buildings including patient wards, enlisted men housing, recreation facilities, support facilities, roads and sidewalks.

11. Form Prepared By

name/title: Ramona Brockman, MURP

organization: _____

street & number: 4060 Ridge Drive

city or town: Loomis state: CA zip code: 95650

e-mail: ramona.brockman@gmail.com

telephone: (916) 759-3709

date: August 21, 2015

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Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Figure Log

Figure 1: Google Maps boundary map

Figure 2: District boundary sketch map

Figure 3: Numbered map of contributors and noncontributors

Figure 4: Standard plan for Type A general hospitals

Figure 5: Photograph Log Map

Figure 6: Dr. Tarmo Pasto and Martin Ramirez at DeWitt Hospital

Figure 7: Martin Ramirez creating art at DeWitt Hospital

**Figure 8: Exhibition "Art of the Schizophrene" at Mills College, Oakland, 1954, featuring
Martin Ramirez artwork**

Figure 9: Martin Ramirez artwork

Figure 10: Martin Ramirez artwork

Figure 11: Martin Ramirez artwork

Figure 12: Martin Ramirez artwork

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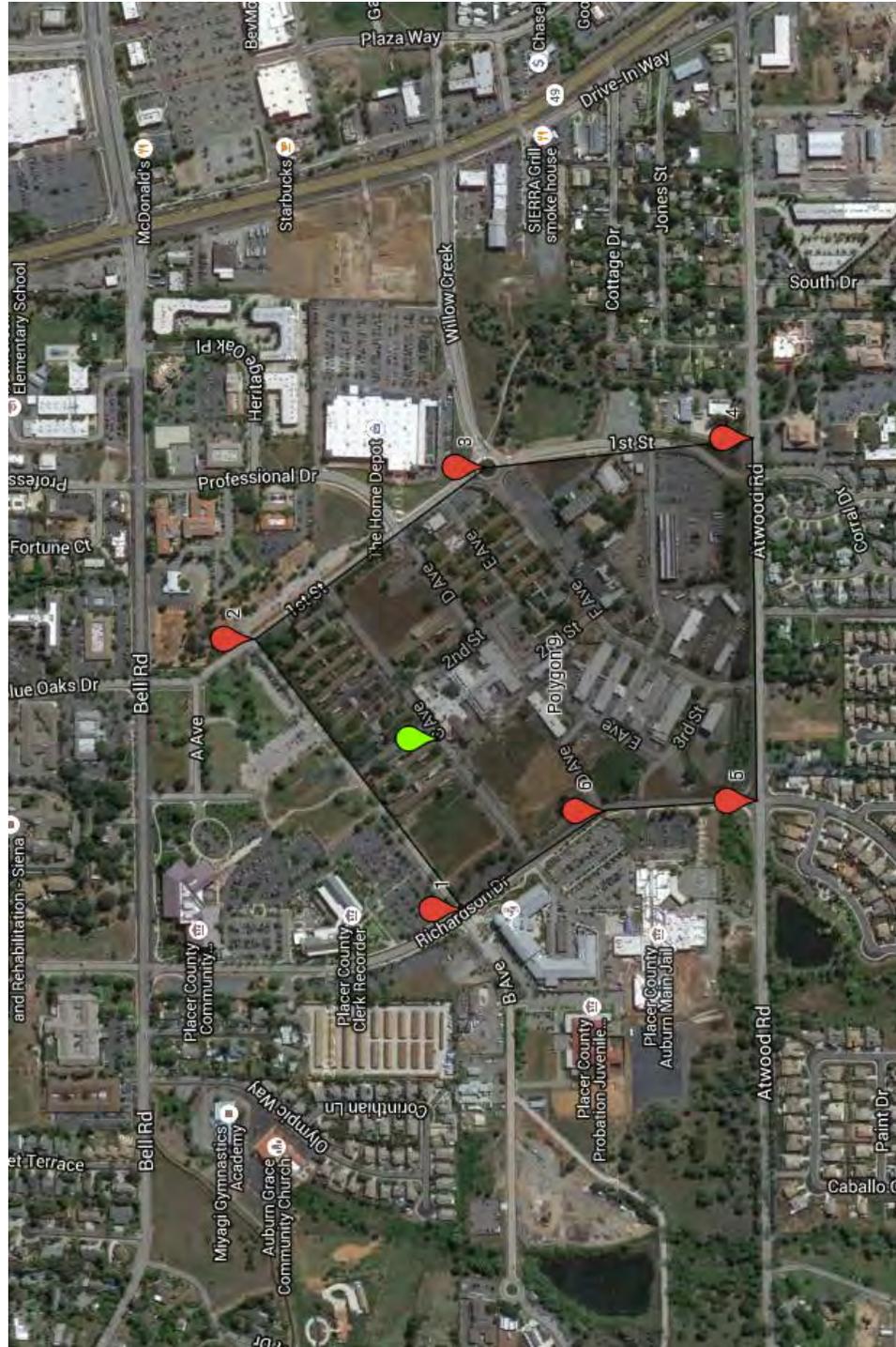
Figure 1: Google Maps boundary map

DeWitt General Hospital Auburn, California

- 4. Latitude: 38.93484
Longitude: -121.10019
- 5. Latitude: 38.93479
Longitude: -121.10557
- 6. Latitude: 38.93654
Longitude: -121.10572

DeWitt General Hospital Auburn, California

- 1. Latitude: 38.93819
Longitude: -121.10718
- 2. Latitude: 38.94069
Longitude: -121.10318
- 3. Latitude: 38.93793
Longitude: -121.10062



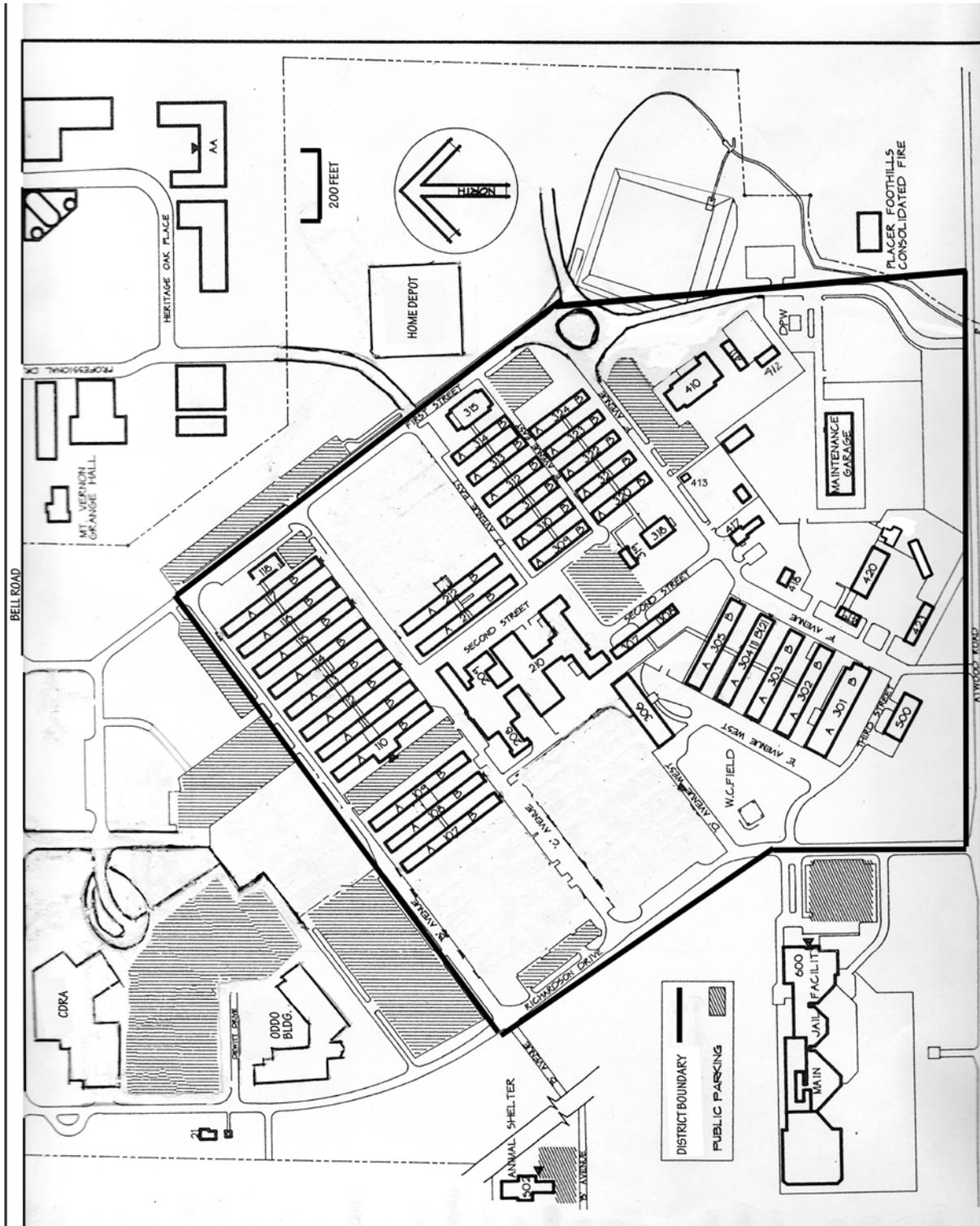
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Figure 2: District boundary map

DeWitt General Hospital

Auburn, California

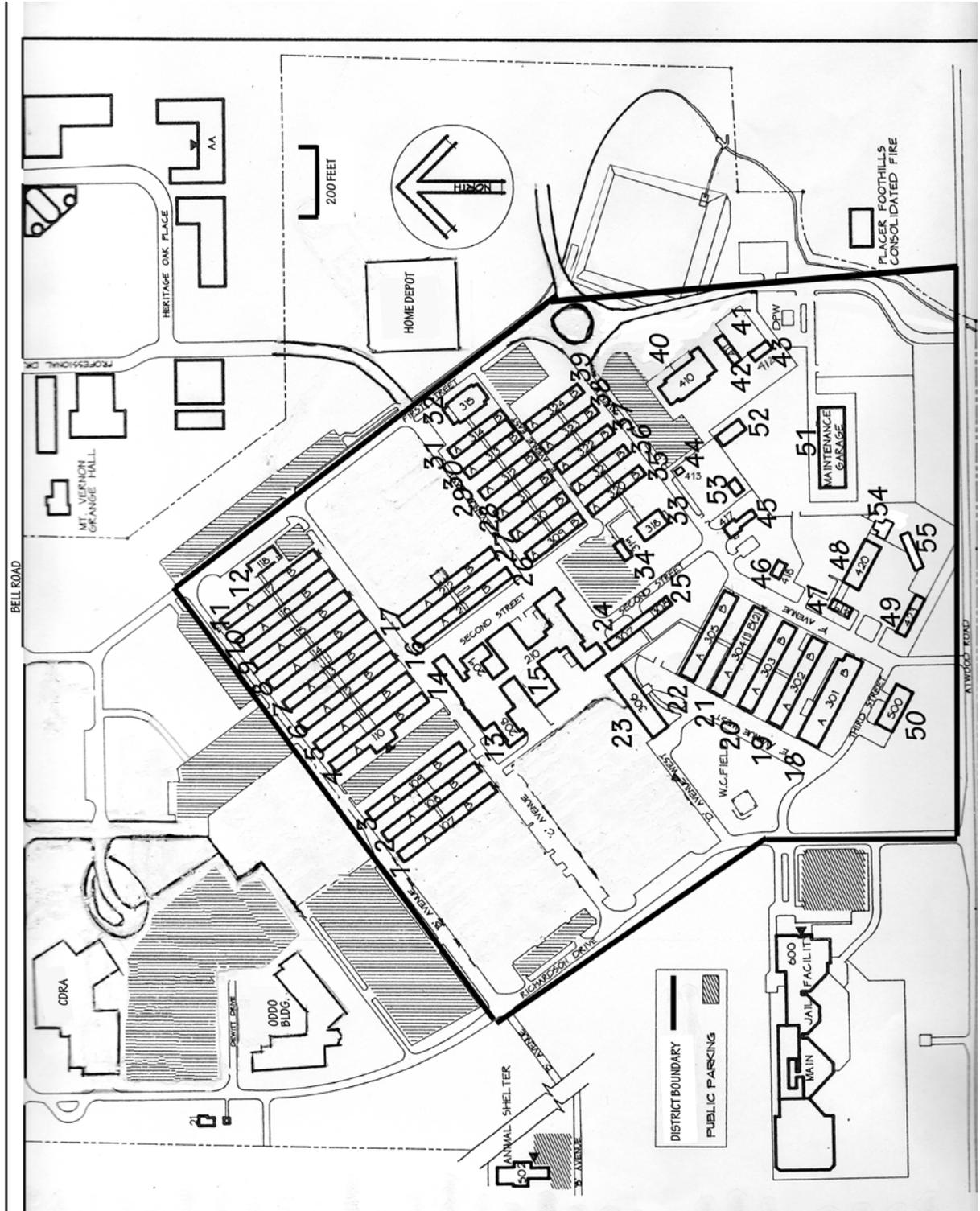


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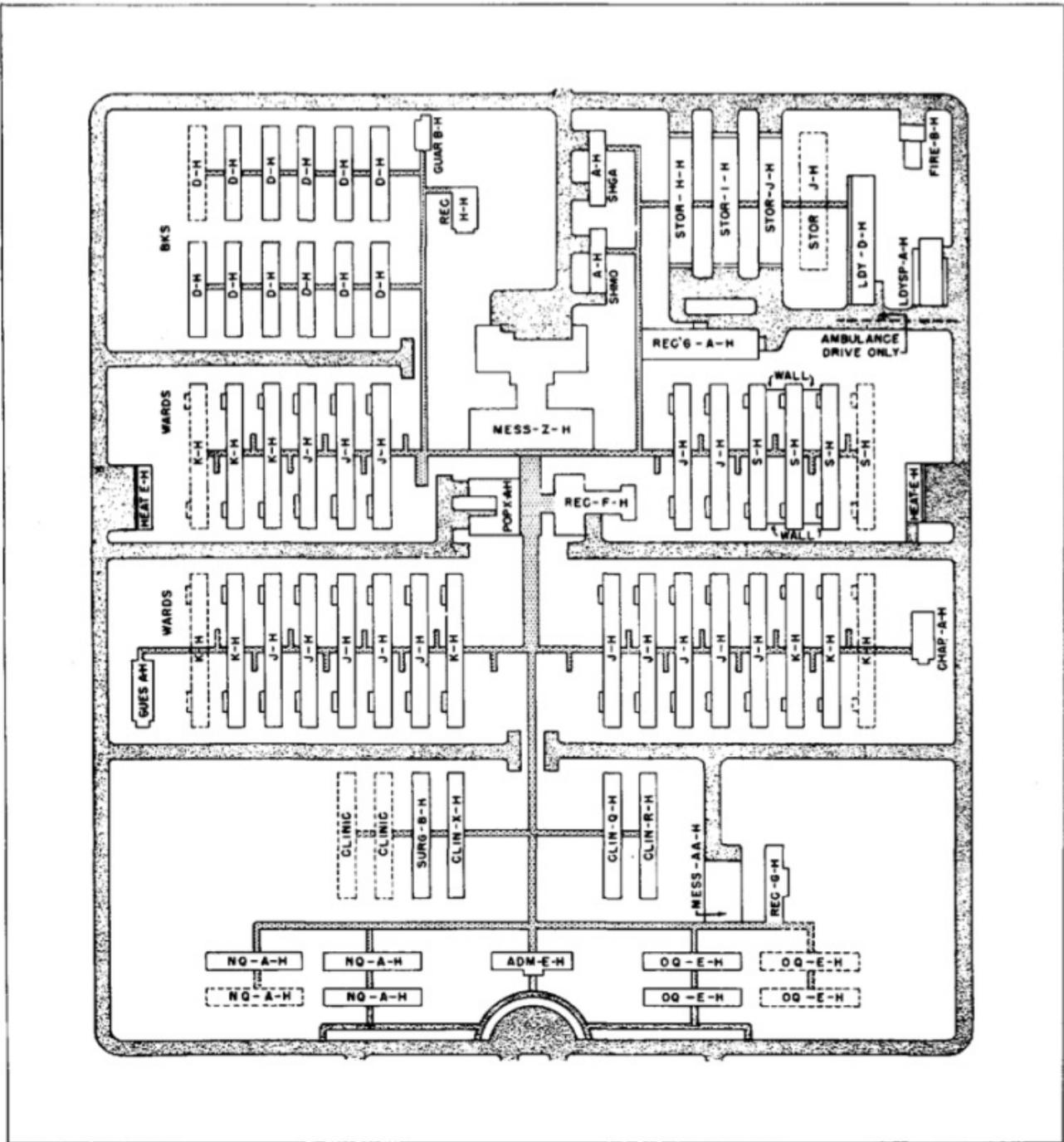
Figure 3: Numbered map of contributors and noncontributors

DeWitt General Hospital Auburn, California
Numbered Contributing/Noncontributing Structure Map



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PLAN FOR TYPE A HOSPITAL

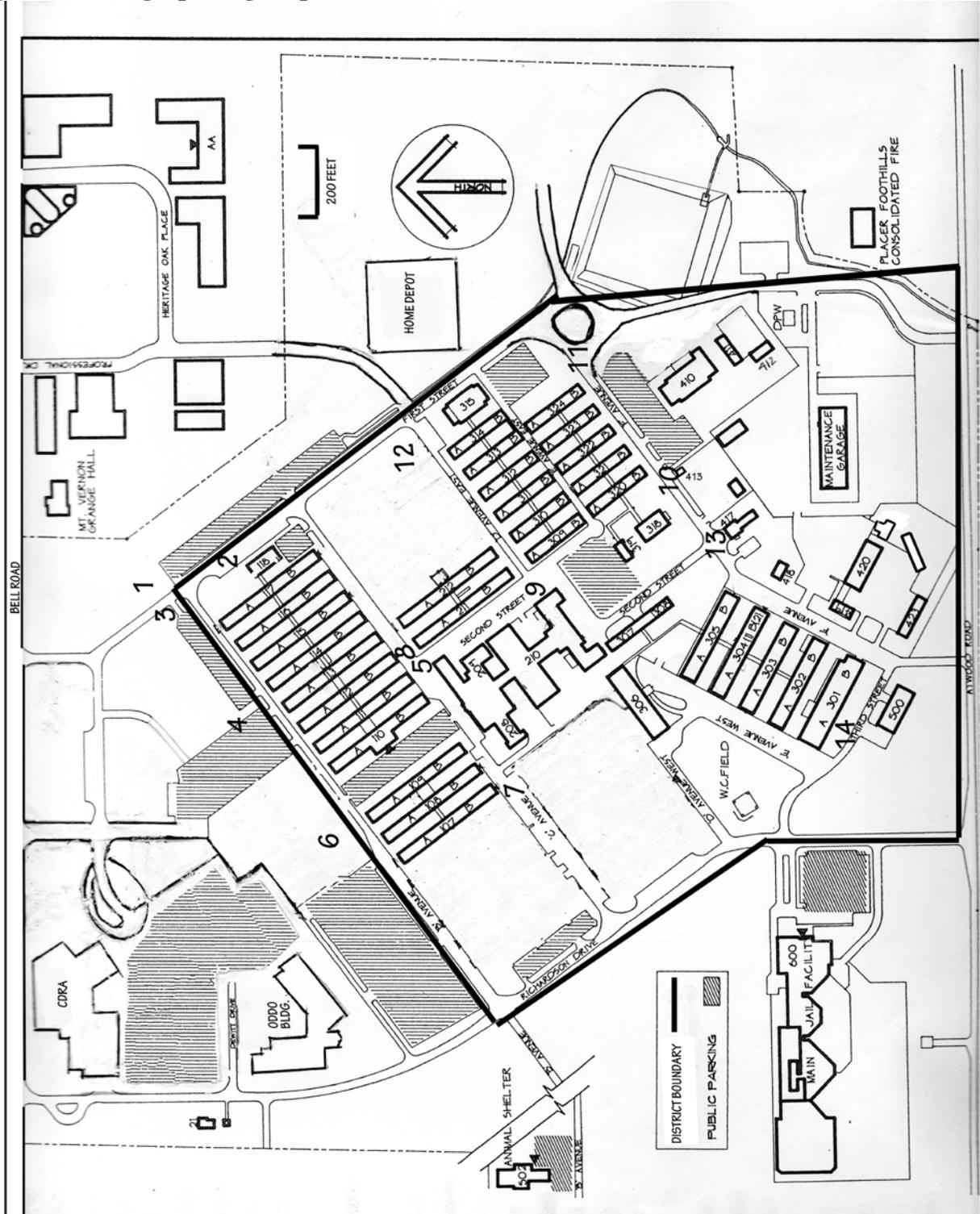
Figure 4: Standard plan for Type A General Hospitals. Published in Clarence Smith, *The Medical Department: Hospitalization and Evacuation, Zone of the Interior*. Washington D.C., Department of the Army, 1956. DeWitt conforms closely to this plan except in that the warehouse and utility buildings were canted relative to each other and that additional recreational facilities were constructed at DeWitt.

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Figure 5: Photograph Log Map

DeWitt General Hospital Auburn, California
Photograph Log Map



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Figure 6: Martin Ramirez and Dr. Tarmo Pasto at DeWitt Hospital



Figure 7: Martin Ramirez Working at DeWitt Hospital



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Figure 8: Exhibition, “Art of the Schizophrenic” at Mills College, 1954, featuring artwork by Martin Ramirez



Figure 9: Artwork by Martin Ramirez



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Figure 10: Artwork by Martin Ramirez

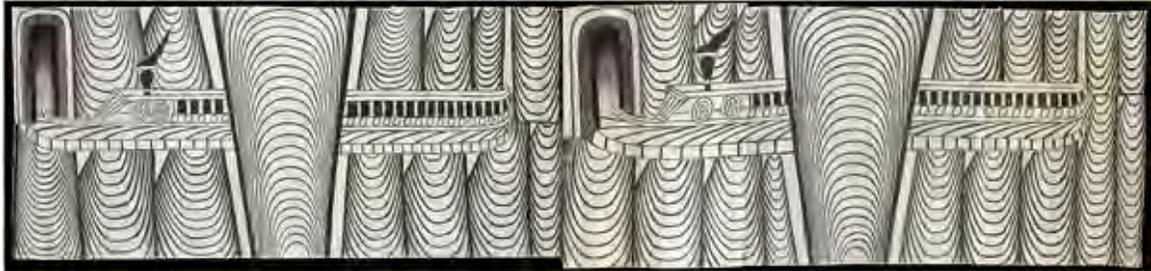


Figure 11: Artwork by Martin Ramirez



Figure 12: Artwork by Martin Ramirez



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Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: DeWitt General Hospital

City or Vicinity: Auburn

County: Placer

State: CA

Photographer: Ramona Brockman

Date Photographed: July 27, 2015

Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA

Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0001

View of chapel and patient ward building 117 from First Street, camera facing south.

Name of Property: DeWitt General Hospital

City or Vicinity: Auburn

County: Placer

State: CA

Photographer: Sandra Fogler

Date Photographed: May 20, 2015

Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA

Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0002

View of chapel, building 118, north (right) and east (left) facades, camera facing southwest.

Name of Property: DeWitt General Hospital

City or Vicinity: Auburn

County: Placer

State: CA

Photographer: Ramona Brockman

Date Photographed: July 27, 2015

Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA

Number of Photographs: 14

DeWitt General Hospital

Name of Property

Placer County, CA

County and State

CA_Placer County_DeWitt General Hospital_0003

Street view of patient ward buildings down B Avenue from First Street, camera facing southwest. Patient ward building 117 in foreground.

Name of Property: DeWitt General Hospital

City or Vicinity: Auburn

County: Placer

State: CA

Photographer: Sandra Fogler

Date Photographed: July 13, 2015

Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA

Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0004

Street view of patient ward buildings down B Avenue, camera facing southwest. Patient ward building 113 in foreground.

Name of Property: DeWitt General Hospital

City or Vicinity: Auburn

County: Placer

State: CA

Photographer: Sandra Fogler

Date Photographed: July 13, 2015

Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA

Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0005

Street view of patient ward buildings down C Avenue, camera facing northeast. Patient ward building 111 in foreground.

Name of Property: DeWitt General Hospital

City or Vicinity: Auburn

County: Placer

State: CA

Photographer: Ramona Brockman

Date Photographed: July 28, 2015

Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA

Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0006

View of patient ward buildings 107-109 on B Avenue, camera facing southwest.

DeWitt General Hospital

Name of Property

Placer County, CA

County and State

Name of Property: DeWitt General Hospital
City or Vicinity: Auburn
County: Placer
State: CA
Photographer: Ramona Brockman
Date Photographed: July 27, 2015
Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA
Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0007

View of auditorium and library building 208 on C Avenue, camera facing east.

Name of Property: DeWitt General Hospital
City or Vicinity: Auburn
County: Placer
State: CA
Photographer: Sandra Fogler
Date Photographed: July 13, 2015
Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA
Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0008

View of post office (now museums & archives) building 209 on C Avenue, camera facing southwest.

Name of Property: DeWitt General Hospital
City or Vicinity: Auburn
County: Placer
State: CA
Photographer: Sandra Fogler
Date Photographed: July 13, 2015
Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA
Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0009

View of enlisted men barracks (converted to patient wards), west facades, buildings 309 and 320, camera facing southeast.

Name of Property: DeWitt General Hospital
City or Vicinity: Auburn
County: Placer
State: CA

DeWitt General Hospital

Placer County, CA

Name of Property

County and State

Photographer: Sandra Fogler
Date Photographed: July 13, 2015
Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA
Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0010
Street view of enlisted men barracks (converted to patient wards) down F Street, south facades, buildings 320-324, camera facing northeast.

Name of Property: DeWitt General Hospital
City or Vicinity: Auburn
County: Placer
State: CA
Photographer: Sandra Fogler
Date Photographed: July 13, 2015
Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA
Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0011
Street view of enlisted men barracks (converted to patient wards) down F Street, south facades, buildings 320-324, camera facing southwest.

Name of Property: DeWitt General Hospital
City or Vicinity: Auburn
County: Placer
State: CA
Photographer: Ramona Brockman
Date Photographed: July 27, 2015
Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA
Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0012
View of theater (building 315) and enlisted men barrack building 314 on D Avenue, camera facing southeast.

Name of Property: DeWitt General Hospital
City or Vicinity: Auburn
County: Placer
State: CA
Photographer: Ramona Brockman
Date Photographed: July 28, 2015
Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA
Number of Photographs: 14

DeWitt General Hospital

Placer County, CA

Name of Property

County and State

CA_Placer County_DeWitt General Hospital_0013

View of warehouses (buildings 301-305) on F Avenue and Second Street, camera facing southwest.

Name of Property: DeWitt General Hospital

City or Vicinity: Auburn

County: Placer

State: CA

Photographer: Sandra Fogler

Date Photographed: July 13, 2015

Location of Original Digital Files: 4060 Ridge Drive, Loomis, CA

Number of Photographs: 14

CA_Placer County_DeWitt General Hospital_0014

View of power house, building 500, north (left) and west (right) facades on Richardson Drive, camera facing south.

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.





11583
PLACER COUNTY
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FOR
SPIRITUAL LIVING
CELEBRATION
SERVICE
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530-823-6986
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REV. MAGGIE BECK



BLADE COUNTY
MEDICAL CENTER
KEMEX

SPEED
LIMIT
25



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PLACER COUNTY
GRAND JURY





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TRAINING RM 1





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11526

MUSEUMS
ARCHIVES & COLLECTIONS

209

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Appendix B
P-31-001171 DPR Form Update (In Preparation)