



DEPARTMENT OF PARKS AND RECREATION
OFFICE OF HISTORIC PRESERVATION

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May 30, 2019

Los Angeles County Board of Supervisors
Kenneth Hahn Hall of Administration
500 West Temple Street, Room B-50
Los Angeles, California 90012

RE: National Register of Historic Places Nomination for Japanese Hospital

Dear Board of Supervisors:

Pursuant to Federal Regulations 36 CFR Part 60.6(c) I am notifying you that the State Historical Resources Commission (SHRC) at its next meeting intends to consider and take action on the nomination of the above-named property to the National Register of Historic Places (National Register). Details on that meeting are on the enclosed notice. The National Register is the federal government's official list of historic buildings and other cultural resources worthy of preservation. Listing in the National Register provides recognition and assists in preserving California's cultural heritage. If the item is removed from the scheduled agenda, you will be notified by mail.

Local government comments regarding the National Register eligibility of this property are welcomed. Letters should be sent to California State Parks, Attn: Office of Historic Preservation, Julianne Polanco, State Historic Preservation Officer, 1725 23rd Street, Suite 100, Sacramento, California 95816. So that the SHRC will have adequate time to consider them, it is requested, but not required, that written comments be received by the Office of Historic Preservation fifteen (15) days before the SHRC meeting. Interested parties are encouraged to attend the SHRC meeting and present oral testimony.

As of January 1, 1993, all National Register properties are automatically included in the California Register of Historical Resources (California Register) and afforded consideration in accordance with state and local environmental review procedures.

The federal requirements covering the National Register program are to be found in the National Preservation Act of 1966, as amended, and in Federal Regulations 36 CFR Part 60. State law regarding the California Register is in the Public Resources Code, Section 5024. Should you have questions regarding this nomination, or would like a copy of the nomination, please contact the Registration Unit at (916) 445-7009. **Note that staff revises nominations throughout the nomination process.**

Sincerely,

Julianne Polanco
State Historic Preservation Officer



**DEPARTMENT OF PARKS AND RECREATION
OFFICE OF HISTORIC PRESERVATION
STATE HISTORICAL RESOURCES COMMISSION**

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COMMISSION MEMBERS

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MEETING NOTICE

FOR: State Historical Resources Commission Quarterly Meeting

DATE: Thursday, August 1, 2019

TIME: 9:00 A.M.

PLACE: State Resources Building—Auditorium
1416 9th Street
Sacramento, California 95814

This room is accessible to people with disabilities. Questions regarding the meeting should be directed to the Registration Unit (916) 445-7008.

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.

DRAFT

1. Name of Property

Historic name: Japanese Hospital

Other names/site number: Japanese Memorial Hospital

Name of related multiple property listing:

Asian Americans in Los Angeles MPS

(Enter "N/A" if property is not part of a multiple property listing)

2. Location

Street & number: 101 S. Fickett Street

City or town: Los Angeles State: California County: Los Angeles

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 ___ 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 ___ 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 ___local

Applicable National Register Criteria:

___A ___B ___C ___D

Signature of certifying official/Title:

Date

State or Federal agency/bureau or Tribal Government

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

Japanese Hospital
Name of Property

Los Angeles, California
County and State

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

Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

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

Category of Property

(Check only **one** box.)

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

Japanese Hospital
Name of Property

Los Angeles, California
County and State

Number of Resources within Property

(Do not include previously listed resources in the count)

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

Number of contributing resources previously listed in the National Register 0

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTHCARE: hospital

Current Functions

(Enter categories from instructions.)

HEALTHCARE: hospital

Japanese Hospital
Name of Property

Los Angeles, California
County and State

7. Description

Architectural Classification

(Enter categories from instructions.)

MODERN MOVEMENT: Moderne/Streamlined Moderne

Materials: (enter categories from instructions.)

Principal exterior materials of the property: concrete, stucco

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 Japanese Hospital is located on a 7,564 square foot parcel at the northwest corner of South Fickett and East First Streets in Boyle Heights, a neighborhood east of Downtown Los Angeles. The two-story, T-shaped masonry building with a flat roof and tower was constructed in 1929 in the Streamlined Moderne style. Subsequent additions to the building between 1966 and 1970 include an L-shaped addition that wraps around the north and west façades and a partial third story. As a result of the additions, the building has a compound or irregular plan with a central courtyard. The building is characterized by smooth stucco cladding on the exterior, a flat roofline with a decorative zigzag parapet, two rows of rectangular-shaped windows, a slightly projecting Streamlined Moderne-inspired central entrance along the east façade, and a tower. A detached storage room of unknown construction, tangential to hospital operations, is a noncontributing resource. Despite a partial third story addition to the north and west façades, cosmetic changes to the windows and the front entrance, and subsequent modifications to the landscaping, the hospital retains historic integrity. The interior retains the original floor plan, elevators, design, fixtures, and finishes.

Japanese Hospital
Name of Property

Los Angeles, California
County and State

Narrative Description

SETTING

When the hospital opened in December 1929, a fledgling tree and a manicured bush framed either side of the front entrance. A low hedge lined the front of the building, mediating between the hospital and the sidewalk along Fickett Street. The paved walkway to the front entrance steps created a break in the hedge. Although the trees and bushes flanking the main entrance remain, the manicured hedge border was later replaced by a cinderblock wall, likely when the cinderblock addition was made to the northeast corner of the hospital in 1970. Bushes in front of the building and trees along the sidewalk have always been a part of the landscaping in front of the building; the plantings have changed over time.

Hospital (one contributing building)

Exterior

The east elevation, which faces Fickett Street, is twelve bays wide. Six bays on each of the two floors (totaling twelve) flank either side of a central bay. The east façade is two stories tall with a zigzag parapet, clad in stucco, that runs along the roofline, a partial third story, and tower that functioned as a sunroom and later a laboratory. The central bay, which forms the main entryway to the hospital, projects slightly. Six steps lead up to the main doorway, which is comprised of a contemporary set of double-glass doors with a transom above. The doorway is framed by a series of rectangular cutouts to create a stepped outline and a slightly recessed entry indicative of the Streamlined Moderne style.

A painted metal balcony, supported by scrolled brackets, is above the entrance, decorated with a series of scrolls and what appears to be a torch motif. A pair of original double-hung wood windows set within an arched recess open out to the balcony on the second story. A painted metal grate, replicating the design found on the balcony, is centered above the second story windows. The metal balcony and the decorative grate are original to the 1929 building and are visible in a historic photograph from the hospital's opening on December 1, 1929 (**Figure 7**).

The remaining twelve bays along the east façade are made up of double-hung windows at each story. Windows with simple rectangular sills comprise each bay along the first and second stories, with the exception of the pairs of double-hung windows that flank either side of the entrance on the first floor. Figure 7 confirms that the rectangular windows of varying sizes on the east elevation are original. Two of the double-hung windows—the second window to the left of the central bay on the second floor and the first window to the right of the central bay on the second floor—were filled in at an unknown date, likely when other additions to the building were made beginning with new ownership in 1966.

Originally, a single rectangular-shaped tower with vertical venting on the north and east elevations emerged unobstructed from the second story roofline just above the central bay on the east facade, covering a small portion of the building's footprint. The original architectural plans identify this building as a sunroom. Building permits on file indicate that in 1949, an alteration

Japanese Hospital
Name of Property

Los Angeles, California
County and State

was made to the sunroom so that it could be used as a laboratory. It is mostly occluded from view because of the subsequent addition of a partial third story. The portion of the parapet above the central bay (on the east façade) was altered between 1965 and 1966, to accommodate a partial third story addition between the original tower and the edge of the east façade.¹

The top edge of the main entryway is flat and the same height as the zigzag parapet. Originally, the top edge of the central bay extended above the zigzag parapet. The rectangular-shaped, partial third story addition is clad in stucco with windows and a door leading to the roof on the south elevation. The building permit history on file with the City of Los Angeles does not document the construction of this partial third story addition, yet details within the permits from 1966 and 1970 suggest that the construction took place within these four years.

A building permit filed in 1966 describes construction to the parapet along the east façade. In 1970, a handwritten drawing included with the permit describes the hospital as a three-story building with basement. Given the description of the three-story building on the site plan drawing and the work on the parapet, which was necessary to accommodate the addition, the partial third story was most likely constructed between 1966 and 1970. An entry on the building permit history in 1967 appears to read, "Remodeling: cover penthouse to 3rd floor." This may be a description of the partial third story addition, which does cover the original penthouse or sunroom since it was built directly in front of it.

In 1970, a two-story addition was made to the north and west elevations of the building. The addition was constructed in concrete masonry and given a flat roofline. As a result of this addition, the northeast corner of the building is rounded and the windows along this portion of the building are curved to follow the contour of the building. Two rows of eight bays with windows of varying sizes size, line the north elevation along First Street. Unlike the northeast corner of the building, the northwest corner has straight edges. An open doorway appears on the north elevation, near the northwest corner, with stairs that appear to lead downward to a basement.

The decorative zigzag parapet that runs along the roofline on the east elevation does not continue along the top of the second story addition made to the north and west facades of the building. The alteration to the building is demarcated by cinderblock, used in place of the smooth stucco that characterizes the exterior of the original building. The height of the roofline increases at the northeast corner and continues across the north elevation. The abrupt ending to this architectural element and the change in the height of the roofline suggests that alterations were made on the north elevation, yet building permits do not confirm such changes.

Buildings on the neighboring parcel to the west occlude the hospital's west elevation, which faces Matthews Street. Sanborn and aerial maps, along with a hand-sketched architectural drawing attached to the 1970 building permit, indicate that the L-shaped wing (constructed that same year) joins the original west elevation—that protrudes from the rear elevation of the

¹ Building permit history, Los Angeles Department of Building and Safety.

Japanese Hospital
Name of Property

Los Angeles, California
County and State

hospital—to create a small courtyard. The view of the west elevation from First Street is mostly occluded, although the concrete masonry wall along with a glimpse of the original tower atop the second floor remains visible.

Both the southwest and southeast corners of the building have straight edges. Similar to the northeast corner of the building, the height of the roofline where the south elevation and east elevation meet is uneven. Just like at the northeast corner, the zigzag parapet that runs along the roofline on the east elevation of the building ends at the southeast corner. A metal rail barrier picks up where the parapet ends and runs along the roofline across the south elevation of the building. The metal rail barrier is higher at the southwest corner of the roofline since there is an opening to a metal stairway that runs diagonally across the south wall of the building to a landing at the second floor. The doorway on the landing opens to the interior of the building. The stairway jogs at a diagonal from the second floor landing to the ground at the southeast corner of the building. Building permits on file indicate that the stairway was added to the south elevation in 1966.²

On the south façade, three windows flank either side of a door on the first floor and three windows flank either side of a door on the second floor. Four of the six windows, two on each floor, are the same size and were filled in at an unknown date, likely circa 1966. The two smaller windows are still functional, although the added stairway partially covers the small window on the second floor. The 1970 building permit includes a site map that depicts a parking lot between the hospital and Gleason Street. From Gleason Street looking north, the original sunroom/laboratory tower and partial third story addition are visible. A large window appears at the base of the original tower. At the left edge of the window, a metal ladder leads up to a door into the tower. To the right of the large window is a gutter, which provides a demarcation between the original tower and the partial third story addition. A door, partially covered by an awning, along with three windows and a gutter characterize the south facade of the partial third story addition.

Interior

The building is in use by a convalescent care facility with limited public access. Observation of the lobby, the first floor hallway, a few of the rooms, and the passenger elevators indicates at least these aspects of the interior retain integrity.

ALTERATIONS

Alterations to the building after the period of significance do not detract from the character-defining features of the original 1929 design. The major additions include the partial additional story that rises just above the main entrance (1966-1970) and a wing that runs along the north and west elevations (1970). There have been several minor cosmetic alterations over the years. The original entry doors with wood frame transom, visible in historic photos, were replaced with glass doors at an unknown date, likely circa 1966.

² Building permit history, Los Angeles Department of Building and Safety.

Japanese Hospital
Name of Property

Los Angeles, California
County and State

The second window on the second floor, to the right of the central bay on the east façade, is boarded up with wood. Similarly, the first window on the second floor, to the right of the central bay on the east façade is closed off. Air-conditioning units have been inserted in original windows. A short hedge that originally outlined the property was replaced by a painted cinderblock retaining wall, likely in 1970 when the north façade addition was constructed of the same material.

Detached Storage Room (one noncontributing building)

A detached storage room of unknown construction history is located in the southwest corner of the parcel. The stucco on the exterior appears to match that of the main building. Since it is tangential to hospital operations and of uncertain origin, it is classified as a noncontributing building. A 1970 building permit on file indicates an addition to the storage building.

INTEGRITY

The Japanese Hospital retains sufficient integrity to convey its significance. The hospital retains integrity of *location*, as it has not been moved from where it was constructed in 1929. Integrity of *design* has been compromised due to additions, namely a partial third story addition on the north and west façades, and some window and door replacements. Despite these alterations, some of which are reversible, the overall form and style of the hospital continue to convey its significance. Integrity of *setting* is intact, as the surrounding residential neighborhood is much the same as it was during the period of significance. Integrity of *materials* and *workmanship* is compromised due to the partial third story as well as an addition on the north façade in a later era. Integrity of *feeling* is intact, as the hospital and its physical characteristics still invoke the feeling of a 1920s-era institutional building. As a still functioning medical facility, the property retains integrity of *association*. The Japanese Hospital retains the essential location, setting, feeling, and association—and some aspects of design, materials, and workmanship—that convey its significance as a hospital in a residential neighborhood.

Japanese Hospital
Name of Property

Los Angeles, California
County and State

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

Japanese Hospital
Name of Property

Los Angeles, California
County and State

Areas of Significance

(Enter categories from instructions.)

SOCIAL HISTORY

HEALTH/MEDICINE

ETHNIC HERITAGE: Asian

Period of Significance

1926-1966

Significant Dates

1926

1928

1929

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Hirose, Yos

Japanese Hospital
Name of Property

Los Angeles, California
County and State

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.)

The Japanese Hospital is eligible for the National Register of Historic Places at the local level of significance under Criterion A in the areas of Social History, Health/Medicine, and Ethnic Heritage: Japanese. The property represents an ethnic community's creation of a health care institution as a way to ameliorate the disparity in public health services for ethnic minorities that resulted from widespread prejudice in early twentieth century Los Angeles. The hospital meets the registration requirements for properties associated with Health and Medicine established in the *Asian Americans in Los Angeles, 1850-1980* MPS under the context "Japanese Americans in Los Angeles, 1869-1970." The period of significance begins in 1926, when five immigrant Japanese doctors tried to incorporate the Japanese Hospital in the historically diverse East Los Angeles neighborhood of Boyle Heights. The California Secretary of State denied the application for incorporation on the supposition that the immigrant doctors violated legislation that placed limits on the actions of "aliens ineligible for citizenship." When the physicians contested the decision, the case went to the California State Supreme Court and ultimately to the U.S. Supreme Court in 1928. The period of significance closes in 1966, the year the facility was sold.

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

The Japanese Hospital building is a tangible representation of the determination of Japanese immigrant doctors to ensure that the community of immigrant and American-born Japanese in East Los Angeles had access to adequate health care at a time when mainstream hospitals were enforcing discriminatory practices that denied care to patients of color and recent immigrants. While the Japanese American community's efforts to raise the funds necessary to construct the hospital were impressive, especially on the eve of the Great Depression, the perseverance of the Japanese doctors to contest the California Secretary of State's decision was just as remarkable. The hospital illuminates an ethnic community's attempt to create a health care institution as a way to navigate the *dejure* and *defacto* discrimination that barred Japanese immigrants from receiving care at mainstream health facilities in early to mid-twentieth century Los Angeles.

Beginning in the late nineteenth century, local business and civic leaders touted the mild climate and abundant sunshine inherent to Southern California and promoted the region's sanitariums as a prescriptive panacea for health seekers. This image contrasted greatly with the descriptions that public health officials compiled of ethnic enclaves—near the Los Angeles Plaza, along the Los Angeles River, and in Boyle Heights—as breeding grounds of disease and filth. While Southern California projected an image of being synonymous with health, access to adequate health care was not equally available to all in the first few decades of the twentieth century.

Recent immigrants and residents of ethnic neighborhoods in Los Angeles were often denied access to health care at mainstream hospitals and clinics in the early 1900s as a result of discriminatory practices. Although nearby General Hospital intended to provide care to the poor

Japanese Hospital

Name of Property

Los Angeles, California

County and State

and working class, admittance was not based solely on socioeconomic status. Hospital administrators and public health officials used race as a factor to determine how to administer public health programs.

In her book, *Fit to Be Citizens: Public Health and Race in Los Angeles, 1879-1939*, historian Natalia Molina seeks to understand how public health became an influence far beyond the realm of health. She suggests that race shaped the city's public health policies and determined the accessibility of health services to various communities. Public health officials associated disease with the recent immigrants or ethnic minorities that resided in neighborhoods such as Sonoratown, Chinatown, Boyle Heights, and Little Tokyo. As a result of public health officials associating immigrants with disease, they contributed to a discourse that characterized these populations as "the city's problem."³ Contrary to the sensationalized reports that suggested diseases originated with immigrant populations, the epidemics spread as a result of microbes, deplorable environmental conditions and inadequate health care, rather than something inherent to immigrants.

Molina describes a racial hierarchy that public health officials created to determine whether public health services would be extended to the city's Mexican, Chinese, or Japanese populations. Molina states that public health officials thought of Mexicans and their "backward" culture as a threat to ongoing efforts to make Los Angeles a "modern city." As a solution, public health officials implemented Americanization programs for Mexicans. Comparable programs were not extended to Asians since public health officials deemed Chinese and Japanese as being the least assimilable of all the "foreigners." This provided the justification necessary for public health officials to deny Chinese and Japanese from receiving public health services. Due to strong xenophobic sentiment, some hospitals in the Los Angeles area denied care to early Japanese immigrants, a community that continued to grow despite exclusionary legislation that intended to severely limit further immigration.

For decades during the latter half of the nineteenth century, xenophobia and resistance to Asian immigration had become rampant. Politicians on the west coast convinced the nation's leaders to pass the Chinese Exclusion Act in 1882, which was the first legislation to exclude a group from immigration based on race. Following the passage of the Chinese Exclusion Act, male laborers from Japan were recruited to fill the labor need in industries such as agriculture. Japanese laborers earned lower wages, which often caused them to be picked over white laborers. As a result, competition for jobs exacerbated racial prejudice towards Japanese laborers. Passage of the Gentlemen's Agreement in 1907, between the United States and Japan, appeared to alleviate the "Japanese problem." The agreement between the two countries may have halted further immigration of male laborers from Japan, yet a loophole in the law allowed scores of picture brides to immigrate to the United States to join their husbands.

The small Japanese population in Los Angeles, which was centered mainly in Little Tokyo and Boyle Heights, began to increase as a result. In 1913, Dr. T. Furusawa, P.M. Suski, and Sho

³ Natalia Molina, *Fit to Be Citizens: Public Health and Race in Los Angeles, 1879-1939*, Berkeley and Los Angeles: University of California Press, 2006: 11.

Japanese Hospital

Name of Property

Los Angeles, California

County and State

Inouye filed incorporation papers to establish a medical clinic known simply as the “Japanese Hospital,” also referred to as Turner Street Hospital, in reference to its location in Los Angeles’s Little Tokyo.⁴ In her book *Japanese American Midwives: Culture, Community, and Health Politics, 1880-1950*, historian Susan Smith indicates that Mary Akita, a Nisei midwife and the first Japanese American nurse to practice in Los Angeles, turned her home into a maternity ward in the 1910s. Akita recognized the need for a maternity facility to serve the growing community in the greater Little Tokyo area with the arrival of scores of picture brides. Turner Street Hospital specialized in maternity care, and attended to patients with other medical needs.⁵

It is possible that Akita had ties to the ownership of Turner Street Hospital, although her name does not appear on the Articles of Incorporation. Smith suggests that in 1918, Akita and Dr. Jyuhei Tanaka expanded the facility in response to the influenza epidemic. At this time, the facility became known as the Southern California Japanese Hospital. Articles of Incorporation confirm that an application was submitted in 1918 to expand the facility; again, neither Akita nor Tanaka is listed in the official documentation. Turner Street Hospital and the Japanese Hospital operated simultaneously between 1929 and 1935. In 1935, Turner Street Hospital merged with the Japanese Hospital at First and Fickett Streets. Incorporation papers originally filed in 1918 for the Southern California Hospital were marked “Dissolved” on August 24, 1935, corroborating the merger date of the two hospitals.

While Turner Hospital provided medical care to Japanese Americans living and working in the nearby Little Tokyo neighborhood, it was not large enough to meet the demands of medical care for the community. Japanese immigrants and their families depended on itinerant midwives for assistance with childbirth or traveling physicians for treatment of serious illness. By the 1910s, the increase in the birth rate within the Japanese community, along with the deleterious effects of the 1918 influenza pandemic signified the need for more substantive medical care since mainstream health care facilities often discriminated against members of this community.

In 1922, Kikuwo Tashiro, a physician educated in Japan, immigrated to Los Angeles where he began practicing medicine at Turner Street Hospital, staffed by Japanese medical professionals

⁴ “Articles of Incorporation of the Japanese Hospital.” February 7, 1913. Seaver Center for Western History Research at the Natural History Museum of Los Angeles County.

⁵ Susan Smith, *Japanese American Midwives: Culture, Community, and Health Politics, 1880-1950* (Urbana and Chicago: University of Illinois Press, 2005), 88-89. Details related to the origins and early history of Turner Street Hospital are conflicting. Mary Akita was integral to Turner Street Hospital and some link her as the owner, suggesting that she converted her home into a maternity ward that later became a hospital. An “Application for the Erection of the Building” was filed with the Los Angeles Department of Building and Safety in 1912 for the construction of a rooming house with twenty-six rooms at 635 Turner Street. There are no further records on file until 1933, when a “Certificate of Occupancy” was filed for a hospital. Although Akita was a Nisei born in Los Angeles, she does not appear in the Los Angeles City Directory until 1918. Her American citizenship would have enabled her to own property. A phone conversation with historian Juily Phun on September 24, 2015 helped to clarify some of the inconsistencies in the historical record. One of the chapters of Phan’s dissertation on the 1918 Influenza Pandemic focuses on Japanese doctors and the Japanese Hospital in Boyle Heights. For more information on the early history of Japanese health care facilities in Southern California, see Juily Phun’s dissertation.

Japanese Hospital

Name of Property

Los Angeles, California

County and State

who catered to the medical needs of the Japanese population.⁶ Despite passing the California State medical exams a year later, Tashiro—like other medical professionals educated in Japan—was unable to find employment as a doctor at any of the local mainstream hospitals as a result of discriminatory hiring practices.

Although discrimination was largely due to xenophobia and bias against the quality of medical education from a foreign country, it is possible that a medical board exam scandal, a few years prior, exacerbated suspicion towards immigrant Japanese doctors. In October 1917, the *Los Angeles Times* ran a story indicating that the State Board of Medical Examiners announced a change in policy that would allow “foreigners to take the examinations in their own languages.”⁷ The newspaper article with headline, “State Board Ready to Hatch Doctors” suggested that state officials acknowledged the shortage of doctors, the presence of qualified candidates educated outside of the U.S., and the need to make the licensing process more conducive to the pool of candidates living in the State of California. The board medical examination, which required examinees to answer questions that tested their knowledge of anatomy, physiology, obstetrics, and hygiene, could now be written in the applicant’s primary language. Subsequently, state-approved translators would transcribe the candidates’ answers into English for officials to score.

The article underscored the interest among medical professionals educated in Japan, indicating that since sixteen applicants took the exam in Japanese in the first year. Test administrators remarked that this group “seems to have been the most progressive in accepting this offer from the State government.”⁸ Shortly thereafter, the actions of six of the examinees in Los Angeles who had taken the examination in Japanese may have caused a change in opinion about Japanese applicants. The report in the 1919 *Directory of Physicians* summarized the incident of cheating. Prior to taking the examination, the six applicants made an unethical arrangement with the translator, a Japanese national appointed by the Japanese Consul. The applicants sat in on the examination, taking note of the questions. They submitted responses at the conclusion of the timed exam, and subsequently prepared an additional set of answers after consulting study materials and responding to the questions at their own leisure. The translator, who agreed to participate in the scheme, translated and submitted the second set of answers as if they were the original answers. Following the discovery of the cheating scheme, two of the six examinees committed suicide.⁹

⁶ Dr. Troy Kaji, a general physician originally from Torrance, CA, has conducted extensive research on Nikkei healthcare in the state of California. The impetus for his research came from wanting to learn more about his grandfather, Kikuwo Tashiro. Kaji’s research was the subject of a public program entitled, “Japanese Hospitals: Caring for the Pre-War Nikkei Community,” hosted at the Japanese American National Museum (JANM), Tateuchi Democracy Forum on April 11, 2010. The Japanese American National Museum and the Little Tokyo Historical Society collaborated to put on this event. JANM staff recorded the program and parsed it into a fourteen-part series, available on the DiscoverNikkei YouTube Channel: “Japanese Hospital,” YouTube video, 14 parts (14 videos) posted by “DiscoverNikkei,” May 11, 2010.

⁷ “State Board Ready to Hatch Doctors: Aliens Allowed to Study in Own Language,” *Los Angeles Times*, 11 Oct 1917: 19

⁸ Ibid.

⁹ *Directory of Physicians and Surgeons, Osteopaths, Drugless Practitioners, Chiropodists, Midwives Holding Certificates Issued Under the Medical Practice Acts of the State of California*, Board of Medical Examiners of the State of California, Sacramento: California State Printing Office, 1919: 191-93.

Japanese Hospital
Name of Property

Los Angeles, California
County and State

Regardless of whether the examination scandal was a factor in the discriminatory hiring practices, Tashiro and other Issei (first generation Japanese immigrant) doctors found it difficult to find employment at local hospitals. Dr. Tashiro opened an office in Little Tokyo at 210 N. San Pedro Street where patients could seek treatment.¹⁰ He often made house calls to attend to his Japanese patients. Occasionally, Dr. Tashiro was successful in getting severely sick patients admitted to mainstream hospitals. Many Japanese did not commonly seek professional medical treatment for their ailments since few facilities were accessible to them.

According to Molina, public health officials approached the Japanese and Mexican communities, which they considered a menace, with the attitude that they needed to safeguard the public against them.¹¹ This, at least, became the justification for continued discrimination in health services. Even though the rhetoric of some public health officials exacerbated the public's fear of the uncontrollable growth of the Japanese community, the County's public health reports characterized the population in Los Angeles much differently. The Los Angeles County Health Department's 1928 report, *A Survey of Public Health Activities in Los Angeles County, California*, provided public health statistics for the county as well as a breakdown of the role of the county's health department in the early 1920s. A series of statistics, included in the report, showed the dramatic increase in the population of the county over a ten-year period. Between 1917 and 1927, the population more than doubled from 875,000 to 2,206,864.

A breakdown of the age distribution of the Los Angeles County population was also given, based on figures from 1920. The percentage of the population "under the age of 7," was 10.2%, slightly under the national average of 10.9%.¹² This statistic revealed a major flaw in nativist groups' hypotheses about the immigrant communities of color in Los Angeles. While such groups suggested high birth rates in Los Angeles's immigrant communities were threatening the purity of the white race, the Los Angeles County Health Department's data revealed that this theory was without basis. Instead, the significant increase in the overall population reflected the great number of migrants from other parts of the country and immigrants that came to Los Angeles County. Within the analysis of the population statistics, it is noted: "the principal foreign nationalities are Mexican, Russians, Italians, and Japanese."¹³

The breakdown of the population based on race revealed that in 1920: "Whites made up 95% of the total population in Los Angeles County (while they made up 90% of the population nationwide), Negroes made up 2.0% and Indian, Chinese, Japanese and all others represented 2.5%."¹⁴ Nativists who spouted xenophobic rhetoric ignored official statistics like these in order

¹⁰ "Tashiro," in the Directory of Physicians in Los Angeles County, 1929.

¹¹ Molina, 2.

¹² Ira Hiscock, under the auspices of the Bureau of Efficiency of Los Angeles County. *Los Angeles County Health Department Survey of Public Health Activities in Los Angeles County* for the Committee on Administrative Practice, American Public Health Association, 1928: 12.

¹³ Hiscock, 12.

¹⁴ *Ibid.* The report does not indicate how Mexicans, Russians, and Italians are categorized in the racial breakdown for the population.

Japanese Hospital

Name of Property

Los Angeles, California

County and State

to garner support for restrictive immigration legislation and further marginalization of the ethnic communities that existed in Los Angeles.

Regardless of how small the Japanese community was in comparison to the overall population, the health care needs of this sector of the population were just as great as those that affected the rest of the population.

In response to the 1918 influenza epidemic, Jyuhei Tanaka helped Akita expand the Turner Hospital facilities, which they re-named the Japanese Hospital of Southern California.¹⁵ The *Los Angeles Times* reported that while each of the largest cities in the United States was recording high numbers of death from influenza, case reporting was remarkably low in Los Angeles by comparison. Philadelphia, Baltimore, and New Orleans reported the most number of deaths from influenza while the number of deaths in Los Angeles equaled less than a quarter of the number reported in the hardest hit cities. The peak in reported cases of influenza and influenza-pneumonia in Los Angeles occurred in mid-October, 1919 at nearly 1,800.¹⁶ While the number of cases in Los Angeles may have been low in comparison to the country's major urban centers, individuals without access to medical facilities suffered deleterious effects.

In his book, *America's Forgotten Pandemic*, historian Alfred W. Crosby used San Francisco as one of his case studies to explain how the 1918 influenza pandemic took the lives of at least a half-million Americans.¹⁷ He indicated that recent rapid growth in the population of the city created immense density, which created the perfect condition for the rapid spread of the flu. Crosby noted that a significant portion of the population was comprised of immigrants, who lived in crowded conditions, noting:

The inhabitants of Chinatown, as was typical of them, managed to pass through the pandemic without drawing much attention to themselves, or much help, either, although the conditions in their immensely crowded quarter must have been very bad. When [a public health official] chased down the few cases reported there, he found so many unreported cases that he suggested that San Franciscans keep their Asian servants in their own home and away from Chinatown.¹⁸

¹⁵ Incorporation record for the Southern California Japanese Hospital, December 13, 1918. New incorporation paperwork was drawn up in 1918 for the Japanese Hospital/Turner Hospital/ Southern California Japanese Hospital. The submission of an application for Articles of Incorporation was intended to expand the facilities to accommodate a greater number of patients. Additionally, two amendments were made to the original terms of incorporation. The first intended "to amend Article 4 to read as follows: 'That the term for which said corporation is to exist is in perpetuity.'" Additionally, Article 8 was to be amended to read as follows: "That the directors of this corporation shall have the power to levy assessments upon the shares of this organization." Despite the change from fifty years to perpetuity, the Southern California Japanese Hospital was dissolved in 1935, when it merged with the new Japanese Hospital in Boyle Heights. Handwritten notations on the Articles of Incorporation record confirm that the Southern California Japanese Hospital was dissolved on August 24, 1935.

¹⁶ "Here are Exact Facts About the Influenza: Ever city in America Reports Epidemic on Wane; Los Angeles' Record Best in United States; Staggering Facts of the Disease's World Toll," *Los Angeles Times*, 02 Feb 1919: 3.

¹⁷ Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918*, Cambridge University Press, 2003: Preface to the second edition.

¹⁸ *Ibid*, 96.

Japanese Hospital
Name of Property

Los Angeles, California
County and State

Despite the relatively low number of influenza cases reported in Los Angeles, the effects of the highly contagious illness were likely most notably felt in immigrant communities, just as Crosby notes about San Francisco's Chinatown. Immigrant and ethnic enclaves often had a higher population density and more limited access to health care—two conditions that caused the illness to spread more rapidly and made the effects of influenza more deleterious. Despite the relative low numbers of reported influenza cases in Los Angeles, the pandemic had an adverse effect on the Japanese population in Southern California. Japanese doctors busily attended to sick patients and were successful in getting the most severely sick patients admitted to mainstream hospitals.

In the years following the influenza pandemic, Japanese physicians re-assessed their capacity and began thinking about how they could establish a facility that would better address the medical needs of the community. It was clear to Tashiro and other Japanese doctors that a larger health care facility was needed to serve the Japanese population in Los Angeles.

In 1926, Tashiro and four other Japanese doctors (Daishiro Kuroiwa, Fusataro Nayaka, Toru Ozasa, and Matsuta Takahashi) combined their savings to establish a medical hospital on land leased at First and Fickett Streets.¹⁹ Members of the Japanese community rallied behind the doctors' efforts and began to contribute money to build a hospital facility. As construction was about to begin, Tashiro submitted articles of incorporation paperwork for the Japanese Hospital of Los Angeles. California Secretary of State Frank C. Jordan refused the physician's request "to incorporate the Japanese Hospital of Los Angeles with power to lease land needed for the institution" on the grounds that the application conflicted with a 1911 treaty between the United States and Japan as well as the Alien Land Law of California.²⁰

Tashiro and the other doctors enlisted the legal services of local attorney Jacob Marion Wright to challenge the decision. While in law school at the University of Southern California, J. Marion Wright became friends with Motohiko Miyasaki and Sei Fujii, two Issei law students. Miyasaki and Fujii were unique since few Issei obtained an advanced degree upon arrival in the United States. Although Miyasaki and Fujii graduated together with J. Marion Wright from USC Law School in 1913, the Japanese nationals were prohibited from taking the California State Bar Exam. Miyasaki returned to Japan, while Fujii established the *Kashu Mainichi* newspaper in Los Angeles and continued to work with Wright to fight for civil rights for Japanese living in California.²¹

As a result of the friendship that Wright formed with his Japanese classmates during law school, he became an advocate and trusted ally for members of the Japanese community. Wright represented Japanese farmers, fishermen, doctors, and merchants in a variety of legal cases.

¹⁹ Naomi Hirahara and Gwenn M. Jensen, *Silent Scars of Healing Hands*, Fullerton, CA: Center for Oral and Public History at California State University, 2004: 12.

²⁰ "Japanese Case Meets Setback," *Los Angeles Times*, 14 April 1928: A5.

²¹ Janice Marion Wright La Moree, "J. Marion Wright: Los Angeles' Patient Crusader 1890-1970," *Southern California Quarterly*, 72.1 (Spring 1990): 45-46. For further information on the life and career of Sei Fujii, see also: *Little Tokyo Reporter*, film, directed by Jeffrey Chin, 2012.

Japanese Hospital
Name of Property

Los Angeles, California
County and State

Additionally, he represented various Japanese business groups in the state of California, including the Japanese Farm Bureau, the Flower Growers Association, and the Farmers Protective League.²² Given Wright's extensive experience in defending the rights of Japanese in the United States, he was familiar with the discriminatory legislation directed at this ethnic group throughout the early twentieth century. The expertise that Wright gained by defending Japanese individuals and organizations helped him to prepare for one of the most monumental cases of his career. Together, Wright and Fujii prepared the legal challenge to the California Secretary of State's opposition to Dr. Tashiro's application for incorporation of the Japanese Hospital.

While reflecting over her father's career, Janice Marion Wright La Moree detailed one of the most important cases that J. Marion Wright argued throughout his career. She indicated the California Secretary of State called into question the doctors' application for incorporation for the hospital since the 1911 Treaty between the United States and Japan was unclear on whether these individuals could incorporate and lease land.²³ The Alien Land Law, written into law in California in 1913, prohibited individuals who were ineligible for citizenship from owning property. Although Japanese were not specifically referenced in the language of the law, they were the targeted population since they as well as other Asian groups were ineligible for citizenship. To circumvent this restriction, many Issei purchased property in their Nisei (second generation American-born) children's names.

The law became more stringent in California in 1920. An amendment prohibited stock companies owned by aliens ineligible for citizenship from acquiring agricultural lands. Additionally, language was put in place to make it more difficult for Issei to lease agricultural land. State officials acknowledged that a loophole in the legislation allowed many Nisei children to purchase property on behalf of their immigrant parents. A 1923 amendment was designed to limit the rights of American-born children from holding land in trust for an alien parent, attempting to put an end to Issei purchasing land in the names of their children.²⁴ The *Los Angeles Times* reported that both pieces of legislation played a role in the decision that Secretary of State Jordan made in 1927.²⁵

The California Secretary of State's decision to question the application was perplexing, though, since Japanese nationals had been successful in securing articles of incorporation for their business ventures over the years. Japanese nationals also commonly received approval to lease land for the purpose of business, most often for agricultural pursuits. Local and state officials approved the Articles of Incorporation for Japanese medical facilities—specifically Turner Street

²² Ibid, 50.

²³ Wright La Moree, 51.

²⁴ See: "Alien Land Laws," Densho Encyclopedia, http://encyclopedia.densho.org/Alien_land_laws/ for further information. The following articles that announced the California State Supreme Court's decision indicate the case examined whether the proposed hospital violated the "anti-alien law." See: "Japanese Hospital Approved: Supreme Court Holds it to be Legal in Opinion on Local Dispute," *Los Angeles Times*, 22 May 1927; "Jap Hospital Wins in Court," *Los Angeles Examiner*, 22 May 1927.

²⁵ "Supreme Court Holds it to be Legal in Opinion on Local Dispute," *Los Angeles Times*, 22 May 1927.

Japanese Hospital

Name of Property

Los Angeles, California

County and State

Hospital and the Southern California Japanese Hospital, without any complications.²⁶ What made an application for a similar institution any different?

Wright used the vagueness of the language in the treaty to form a counterargument. While the treaty intended to establish the rights of Japanese nationals living in the United States, Wright interpreted the ambiguous language in the treaty to his advantage. Instead of setting restrictions, the openness of the language suggested Japanese nationals would be furthering trade regardless of the business activity that they engaged in.

The ruling in the 1927 California State Supreme Case, known as *Tashiro v. Jordan*, was based on interpretation of the 1911 Treaty of Commerce and Navigation between the two countries. Article I of the Treaty established that:

Citizens or subjects of each of the high contracting parties shall have liberty to enter, travel, and reside in the territories of the other to carry on trade, wholesale and retail, to own or lease and occupy houses, manufactories, warehouses and shops, to employ agents of their choice, to lease land for residential and commercial purposes and generally to do anything incident to or necessary for trade upon the same terms as native citizens or subjects, submitting themselves to the laws and regulations there established.²⁷

Jordan's claim that the treaty failed to address whether Japanese nationals could simultaneously incorporate and lease land was valid after close examination of the language in Article I of the treaty. In contrast, Wright and Fujii adeptly used the ambiguity of the language in the treaty to their advantage. Wright argued that since the language was ambiguous and broad, the argument could be made that it was all encompassing.

On May 21, 1927, the California State Supreme Court ultimately ruled in favor of the doctors, the defendants in the *Tashiro vs. Jordan* case. The 1911 Treaty with Japan allowed Japanese nationals to lease land for residential and commercial purposes. While agricultural land was exempt from commercial purposes as a result of the Alien Land Law, the 1911 Treaty was interpreted to allow Japanese nationals to lease land for commercial purposes, which in this case were medical services.²⁸

Secretary of State Jordan appealed the California State Supreme Court's ruling in hopes that the U.S. Supreme Court would reverse the decision.²⁹ In October of 1928, the U.S. Supreme Court,

²⁶ The Articles of Incorporation for the Southern California Japanese Hospital indicate that just a few years after the Supreme Court decided in favor of the doctors in the *Jordan v. K. Tashiro* case, California Secretary of State Jordan approved the amendment to the Articles of Incorporation for the Southern California Japanese Hospital in 1934, extending the years of operation to perpetuity

²⁷ "Treaty of Commerce and Navigation Between the United States and Japan," *The American Journal of International Law*, Vol. 5, No. 2, Supplement: Official Documents (April 1911): 100.

²⁸ Memorandum to Paul G. Robertson, Subject: Resume of California Alien Land Law 20 March 1945," National Archives, RG 210, E-47, Box 80, Folder 502.

²⁹ Brian Niiya, ed. *Encyclopedia of Japanese American History: An A-to-Z Reference from 1868 to the Present* (New York, NY: Facts on File, Inc., 2001; "Jordan v. Tashiro," 232-233.

Japanese Hospital

Name of Property

Los Angeles, California

County and State

under presiding Chief Justice William Howard Taft, heard the case. Incidentally, Chief Justice Taft was quite familiar with the 1911 Treaty of Navigation and Commerce since he was President of the United States when it was enacted. On October 9, the *Los Angeles Times* reported that Chief Justice Taft interrupted Attorney General of California Ulysses S. Webb mid-argument, just ten minutes into his allotted one-hour, indicating that the court declined to hear further argument. The article concluded that as standard court practice this meant the appeal from Secretary Jordan would be dismissed.³⁰ A month later, on November 20, the United States Supreme Court announced its decision, which upheld the California State Supreme Court's ruling, validating J. Marion Wright's defense that the 1911 Treaty of Commerce and Navigation between the U.S. and Japan was broad enough to define hospitals as a form of trade or commerce.³¹

The State of California recognized the incorporation of the Japanese Hospital a few months later on February 2, 1929. Since the idea for the hospital had been circulating since 1926 when the doctors first filed for incorporation, Japanese community raised over \$100,000 to build the hospital.³² A groundbreaking ceremony on June 19, 1929 marked the start of construction on the Japanese Hospital following the landmark legal victory.

The doctors who founded the hospital selected architect Yos Hirose for the project, who like them, played a pivotal role in institution building within the Japanese community in Los Angeles.

In 1903, Yoshisaku "Yos" Hirose left Nagasaki, Japan, his birthplace and home of twenty-one years to immigrate to the United States.³³ From 1911 to 1915, Hirose attended the Armour Institute of Technology in Illinois. Soon after earning a bachelor's degree in architecture, he migrated to Los Angeles where he began working as an architect, draftsman, and engineer. Hirose's name appears in the 1920 Los Angeles City Directory under the category of architects. The city directory indicates that his office was located at 2311 W. Pico Boulevard in Los Angeles between Vermont Avenue and Hoover Street. Although Hirose's office was located in the Pico-Union area of the city, the majority of his architectural work was rooted in Boyle Heights and Little Tokyo, in close proximity to where he lived and socialized. Hirose designed Koyasan Buddhist Temple on First Street in Little Tokyo.³⁴ In 1937, he designed Tenrikyo

³⁰ "High Court Dismisses Lease Case: Decision Granting Right for Japanese Hospital Here Must Stand," *Los Angeles Times*, 10 Oct 1928: 22.

³¹ *Jordan v. K. Tashiro*, 49 S.Ct.47, Supreme Court of the United States, 1928. WestlawNext 278 U.S. 123; "Japanese Hospital Wins: United States Supreme Court Orders Charter Issued to Los Angeles Group," *Los Angeles Times*, 20 Nov 1928: 1.

³² Handwritten minutes from a series of planning meetings in January 1929 detail the estimated expenses for real estate: \$25,000; building construction: \$60,000, and equipment: \$15,000. The notes indicated that \$75,000 would come from stock shares and the remaining \$25,000 would come from a bank loan. Japanese American National Museum, (Gift of Yoshiro Kaku, 91.153.1).

³³ Hirose's name is usually listed as "Yos Hirose," but according to his "declaration of intention for naturalization," his full name appeared as Yoshisaku Hirose.

³⁴ Although the Koyasan Buddhist temple occupied several locations in Little Tokyo during the prewar period, it is likely that Yos Hirose designed the buildings in its current location at 342 East First Street in Little Tokyo.

Japanese Hospital
Name of Property

Los Angeles, California
County and State

Junior Church of America at 2727 East First Street, located less than two blocks from the Japanese Hospital and his residence at 2607 Gleason Avenue in Boyle Heights.³⁵

Hirose, like Tashiro and the other Japanese immigrant doctors who founded the hospital, seemingly refused to let exclusive legislation impede decisions he made in his professional and personal life. The 1930 Census reveals that Hirose's wife, Rose Krieger, was an immigrant from Czechoslovakia. Her race is listed in the census as white, yet "alien" is entered for her citizenship status. In the 1940 Census, Rose's country of origin changed from Czechoslovakia to Hungary, listing Magyar as her native language. Her citizenship status remained unchanged, which raises a question of whether Rose entered the country as alien or was forced to renounce her U.S. citizenship since she married a Japanese man. Miscegenation laws in California at this time prohibited marriage between Japanese and whites.³⁶

Tashiro and the other doctors demonstrated their perseverance through the series of court appeals, and Architect Yos Hirose expressed a similar perseverance through his modern, forward-thinking design. While Hirose may have been inspired to design the hospital in the Streamlined Moderne style to give it a modern look, the new architectural style made a bold statement. Given the struggle to establish the hospital, the hospital's exterior created a first impression that it was modern and state-of-the-art. In this regard, the Japanese Hospital contrasted starkly from the gothic-style architecture of nearby County General Hospital.

The modest exterior, highly sensitive to the economic climate of the time, also suggested that most of the money designated for the construction of the hospital was spent on the interior spaces. The original architectural plans reveal the layout of the hospital and the state-of-the-art features and purposes of each space. The basement included a dining room, kitchen, laundry room, and storeroom. The first floor contained exam rooms, a drug dispensary, nurses' dressing room, X-ray lab, chart room, lab, linen room, parlor, library, and waiting room. A major operating room, minor operating room, delivery room, X-ray room, nursing room, children's room, doctors' dressing room, and wash-up room were located on the second floor. Patients diagnosed with tuberculosis or other respiratory ailments could sit in the "sun room," located at the top of the building, where they could take in sun and fresh air through large windows to aid their recovery.

On December 1, 1929, the sixty-nine-room facility opened to the community, signaling hope at a moment when the economic situation appeared dire due to the onset of the Great Depression. A photograph documenting the opening of the hospital captures the large crowd that gathered to mark the momentous occasion (**Figure 7**). The large turnout is a testament to the resolve of the Japanese community to support and show appreciation towards the Issei doctors, who were

³⁵ Hirose designed several buildings that comprised Tenrikyo Church, including: the rectory, gym and library, toilet building, school, and lecture hall. A variety of addresses appear to correspond to these various buildings.

³⁶ In order to skirt these laws, Hirose and Krieger went to Nogales, Mexico to get married. In the spring of 1942, Yos Hirose and the other Japanese in Boyle Heights received short notice of their removal from the West Coast. The Hiroses were separated during the war as Yos was sent to Poston for the duration. At Poston, Yos Hirose designed and constructed the school buildings at the age of sixty years old.

Japanese Hospital

Name of Property

Los Angeles, California

County and State

caught up in the lengthy and arduous legal process to engender change. Additionally, the large group present for the opening of the hospital proved the importance of the health care facility to the local community. Photographs of the interior of the hospital highlight the state-of-the-art surgical facilities that Dr. Tashiro deemed necessary for providing adequate health care to the community.

Despite the dismal economic conditions that coincided with the opening of the Japanese Hospital, the medical staff was able to keep operations going to allow patients to receive the medical treatment they required. Throughout the 1930s, *Rafu Shimpō*, the local Japanese American daily newspaper, documented the impact of the Japanese Hospital. The hospital's medical staff, led by Dr. Tashiro, helped to bring numerous babies into the world, performed procedures to remove patients' tonsils or appendixes, and provided life-saving surgeries following car accidents and other tragedies.

The arduous legal proceedings surrounding incorporation proved to be worthwhile during World War II. While many Japanese Americans had little choice but to liquidate their property before they were sent to concentration camps for the duration of the war, the Japanese Hospital could not be seized by third parties or government agencies since it had been incorporated. The trustees of the Japanese Hospital arranged with nearby Seventh-Day Adventist Church's White Memorial Hospital to lease the property and oversee operations to keep it functioning. White Memorial Hospital used the Japanese Hospital as a maternity ward for the duration of the war.

Following the war, White Memorial Hospital returned the facility to the trustees of the Japanese Hospital. The Japanese Hospital continued to be an important resource for the Japanese American community as former detainees returned to Southern California. The Japanese Hospital reopened on March 3, 1946.³⁷ Japanese Americans returned to a hostile social climate in Los Angeles, relatively unchanged from the way it was at the onset of the war. Dr. Sakaye Shigekawa, a Nisei who earned her medical degree from the University of Southern California in the 1930s, worked as a resident physician at the Los Angeles County Hospital in 1941. Soon after Pearl Harbor was attacked, she and all other Japanese American staff at the hospital were dismissed as a result of their ancestry.

Shigekawa acknowledged the continued racism and discrimination that she experienced after the war and the important role that the Japanese Hospital played in reestablishing the careers of Japanese American medical professionals. "The hospitals didn't accept us when we came back here. When I came here [to Los Angeles], I couldn't get any privileges. So we were very fortunate to have a Japanese Hospital. At least we were able to deliver babies and do surgery there... We had a hard time in Los Angeles in the early days," Shigekawa recalled.³⁸ Dr. Tashiro continued to lead the hospital's operations after the war, until 1953, when he died suddenly of a heart attack. That same year, the hospital was renamed the Japanese Memorial Hospital, in honor of Dr. Tashiro. Dr. Tashiro's legacy lived on as Dr. Norman Kobayashi and several other young Nisei doctors, who he mentored, began to practice medicine at the Japanese Hospital.

³⁷ "Japanese Hospital to Resume Service Sunday," *Rafu Shimpō*, 1 March 1946.

³⁸ *REGenerations Oral History Project: Rebuilding Japanese American Families*. Sakaye Shigekawa Interview.

Japanese Hospital
Name of Property

Los Angeles, California
County and State

Although the hospital continued to serve the health care needs of the Japanese community that resettled in Boyle Heights and the surrounding area in the postwar era, the Japanese Hospital continued to build its reputation with other ethnic groups in the area for providing egalitarian and exceptional care. After losing a child during a previous pregnancy, Lillian Estrada, a young mother of two living in East Los Angeles did not want a repeat of her last pregnancy.

Understandably, she wanted the best health care to ensure a healthy delivery of the child she was expecting. A friend advised her to seek out medical care at the Japanese Hospital, since it carried a reputation of providing quality care to those in the local East Los Angeles community. On September 28, 1953, Estrada requested admittance to the Japanese Hospital in preparation for delivery of her second son, William.³⁹ Although the client base was largely Japanese, there were some patients like Estrada from neighboring communities. Official records of the Japanese Hospital detailing information about the clientele over the years are no longer extant. Oral histories with some of the doctors and nurses reveal that no one was turned away from treatment at the Japanese Hospital.

Memorial accounts such as these along with numerous birth announcements, obituaries, and articles detailing accidents published in the *Los Angeles Times* combined with family photographs, personal letters, and family trees generate a written record of the numerous patients that received care at the Japanese Hospital in Boyle Heights from the day it opened through the 1960s. Brief articles in the *Los Angeles Times* documented the humble, yet widespread impact that the hospital had on the community. Boyle Heights native Massie Saisho resettled in her old neighborhood after she returned from camp. Saisho, unlike women of her immigrant mother's generation, had options when considering where to deliver her first born in the postwar years. She did not think twice about delivering her daughter Vicki at the Japanese Hospital, noting: "It was the only place I knew growing up and [was the] only place I thought of [when it was time to deliver my baby]."⁴⁰

For Nisei from Boyle Heights like Saisho, the Japanese Hospital was a trusted institution. Wherever there is a gathering of Japanese Americans, mention of the Japanese Hospital elicits common responses, such as: "I was born there" or "I remember going there to have my tonsils removed by Dr. Tashiro," etc. These memories demonstrate that the Japanese Hospital was an important resource to the local community. Its value also reveals how mainstream hospitals continued to be a site of discrimination and prejudice well into the postwar period.

Within the decade immediately following the end of WWII, the increasing number of Issei who required assisted living or convalescent care caused the demand for services to exceed the capacity of the facilities at the Japanese Hospital. In 1961, trustees of the Japanese Hospital made a decision to develop a larger, more modern site that could accommodate a greater number of beds. This facility, in neighboring Lincoln Heights, became known as City View Hospital.

³⁹ Interview with Lillian Estrada, 2013.

⁴⁰ Interview with Massie Saisho, 19 October 2014.

Japanese Hospital

Name of Property

Los Angeles, California

County and State

Around the same time, a group of eight leaders of the Japanese American community— George Aratani, Edwin Hiroto, Kiyoshi Maruyama, James Mitsumori, Gongoro Nakamura, Frank Omatsu Joseph Shinoda, and Fred Wada—established Keiro Senior Health Care to meet the needs of the aging Issei population.⁴¹ Keiro was intended to be a “culturally-sensitive environment with familiar language, food, and values—a place for seniors in their twilight years to call home.”⁴² Keiro initially began with hospital care. Over the next twenty years, the founders achieved their ultimate goal, for Keiro to move toward senior care, establishing three nursing homes, an intermediate care facility, and a retirement home. These facilities were off-shoots of City View Hospital, constituting a health care system referred to as an “umbrella of care.”⁴³ The sale of the Japanese Hospital in 1966, a few years following the opening of City View Hospital and the subsequent development of two Keiro Nursing Home locations (adjacent to City View in Lincoln Heights and in Boyle Heights) concluded the period of significance for the Japanese Hospital on First and Fickett Streets.

Despite the change in ownership, the Japanese Hospital on Fickett Street has continuously operated as a health care facility since it opened in 1929. Infinity Care of East Los Angeles occupies the facility and continues to attend to the health care needs of the community by providing convalescent care.

The Japanese Hospital building is unique for the extraordinary story that characterizes its establishment, and as a rare property type that remains extant with limited modification. Resources representative of Asian American communities, as well as those of other ethnic minorities, are frequently razed, causing them to disappear from the built environment and evaporate from living memory. The Japanese Hospital remains as a reminder of the racialized and political nature of American cultural memory, Los Angeles’s long multicultural past, and the integral role that immigrants, ethnic minorities, and ordinary individuals have played in shaping the urban landscape in Los Angeles.

⁴¹ In 1968, construction began on Keiro Nursing Home, a 130-bed convalescent hospital and nursing home at 2221 Lincoln Park Avenue in Lincoln Heights. When it opened a year later, it was considered to be “Los Angeles’ first privately owned, nonprofit Asian convalescent hospital and nursing home.” City View Hospital was the sponsoring organization of Keiro. Edwin Hiroto was the chief administrator of City View Hospital at the time. In 1974, leaders of City View Hospital and the Keiro Nursing Home in Lincoln Heights purchased the facility at 325 S. Boyle Ave., which operated as the Los Angeles Jewish Home for the Aged for 62 years (formerly part of the Boyle Workman estate). Plans included converting the former synagogue into a chapel that serves both Buddhist and Christian faiths. The retirement home was intended to serve both a Caucasian and Issei clientele. City View Hospital closed in 1985, prompting the question of whether there is still a need for ethnic-specific hospitals.

⁴² Keiro Senior Health Care, *Fifty Years, Fifty Stories Celebrating All Things Keiro*,

⁴³ Ibid, 9.

Japanese Hospital
Name of Property

Los Angeles, California
County and State

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Japanese Hospital

Name of Property

Los Angeles, California

County and State

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Japanese Hospital
Name of Property

Los Angeles, California
County and State

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Japanese Hospital
Name of Property

Los Angeles, California
County and State

FILMS

“Japanese Hospital,” YouTube video, 14 parts (14 videos) posted by “DiscoverNikkei,” May 11, 2010.

INTERVIEWS

Cookie Atsumi, interview by Kristen Hayashi, 05 May 2015 Lillian Estrada, interview by William Estrada, 15 April 2013.
Frances and Bruce Kaji, interview by Mike Okamura and Kristen Hayashi, 9 February 2014.
Melody Kobayashi, interview by Kristen Hayashi, 13 March 2015.
Helen Nakagawa, interview by Kristen Hayashi, 10 August 2015. Massie Saisho, interview by Kristen Hayashi, 19 October 2014.
Alex Tenorio, interview by Mike Okamura and Kristen Hayashi, 11 December 2013.
Susan (Sato) Tenorio, interview by Mike Okamura and Kristen Hayashi, 11 December 2013.

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: City of Los Angeles, Office of Historic Resources

Historic Resources Survey Number (if assigned): _____

10. Geographical Data

Acreage of Property less than one acre

Latitude/Longitude Coordinates

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

1. Latitude: 34.0425121

Longitude: -118. 2075725

Japanese Hospital
Name of Property

Los Angeles, California
County and State

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

Legal parcel number 5180006007; Block and lot number: None; FR8 at the west corner of the intersection of S. Fickett and E. 1st Streets, Los Angeles.

Boundary Justification (Explain why the boundaries were selected.)

The boundaries correspond to the parcel and lots the building historically has occupied.

11. Form Prepared By

name/title: Kristen Hayashi, board member; Michael Okamura, President
organization: Little Tokyo Historical Society
street & number: 319 E. Second Street, Suite 203
city or town: Los Angeles state: CA zip code: 90012
e-mail: khayashi@janm.org; littletokyohs@gmail.com
telephone: (626) 524-7452; (626) 840-8409
date: April 2019; Revised May 2019

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.)

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:	Japanese Hospital
City or Vicinity:	Los Angeles
County:	Los Angeles
State:	California
Photographer:	Shawn Iwaoka
Date Photographed:	April 20, 2019

Japanese Hospital
Name of Property

Los Angeles, California
County and State

Description of Photograph(s) and number, include description of view indicating direction of camera:

- 1 of 9 East elevation (main entrance) on Fickett Street, view northwest
- 2 of 9 East elevation (main entrance) on Fickett Street, view west
- 3 of 9 East elevation (left) and north elevation (right), view southwest
- 4 of 9 North elevation, view south from 1st Street
- 5 of 9 West elevation, view southeast from 1st Street
- 6 of 9 West elevation (left) and south elevation (right), view slightly northeast from empty lot adjacent to hospital parking lot
- 7 of 9 West elevation (left) and south elevation (right), view north from Gleason Avenue
- 8 of 9 South elevation from parking lot, view north of courtyard and 1971 addition
- 9 of 9 South elevation from parking lot, view north

No interior photographs available, for the privacy of the convalescent care facility residents.

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.

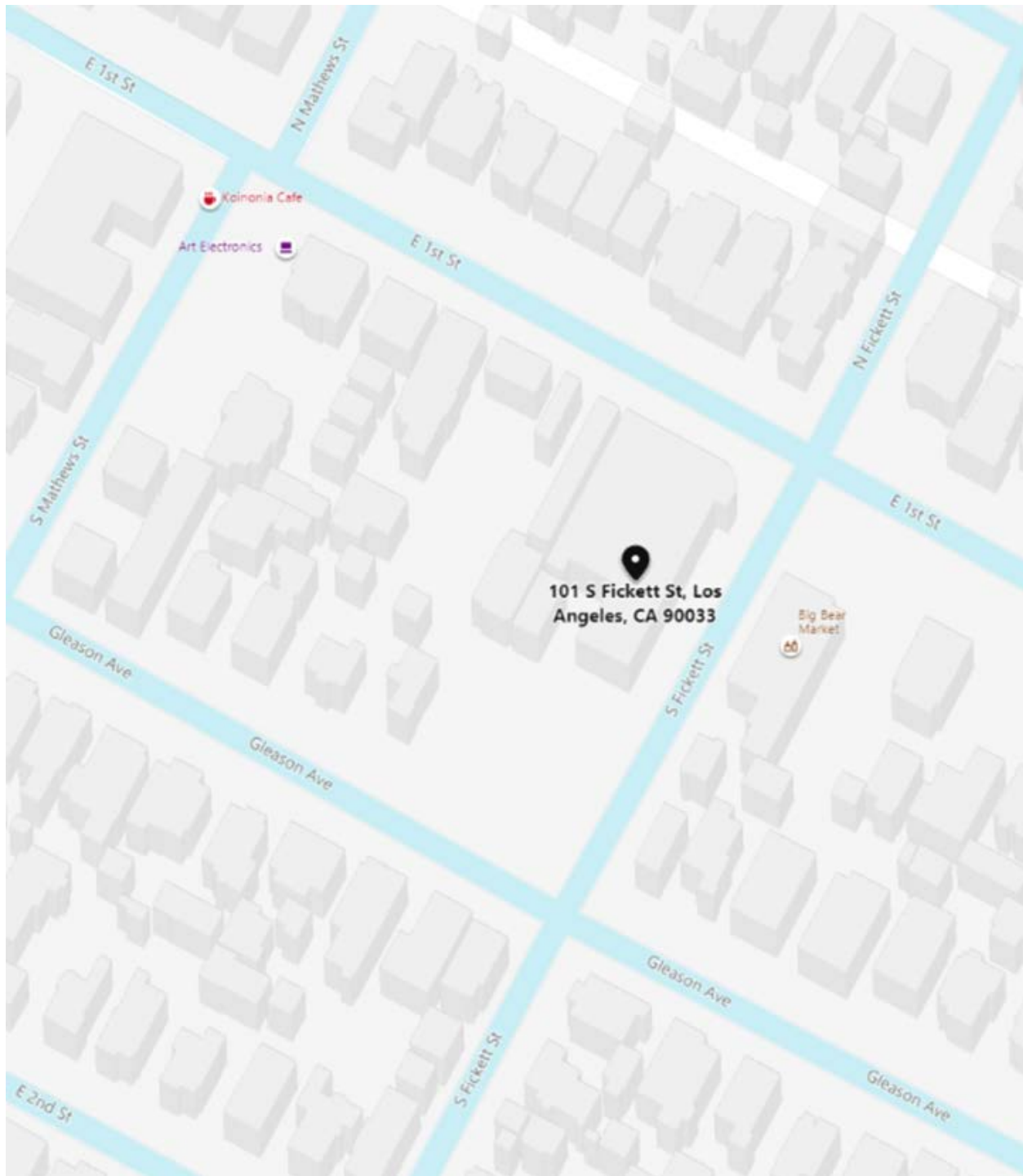
Japanese Hospital
Name of Property

Los Angeles, California
County and State

Location Map

Latitude: 34.0425121

Longitude: -118. 2075725



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Vicinity Map Japanese Hospital location indicated by red arrow. East Los Angeles Interchange, which runs along the left and bottom edges of the map, provides context along with Evergreen Cemetery in the upper right corner. (Google Earth, 2015)



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Sketch Map/Photo Key



Japanese Hospital

Name of Property

Los Angeles, California

County and State

Figure 2a. Assessor ID number 5180-006-007; Japanese Hospital location indicated by red arrow. (Los Angeles County Office of the Assessor, 2019)

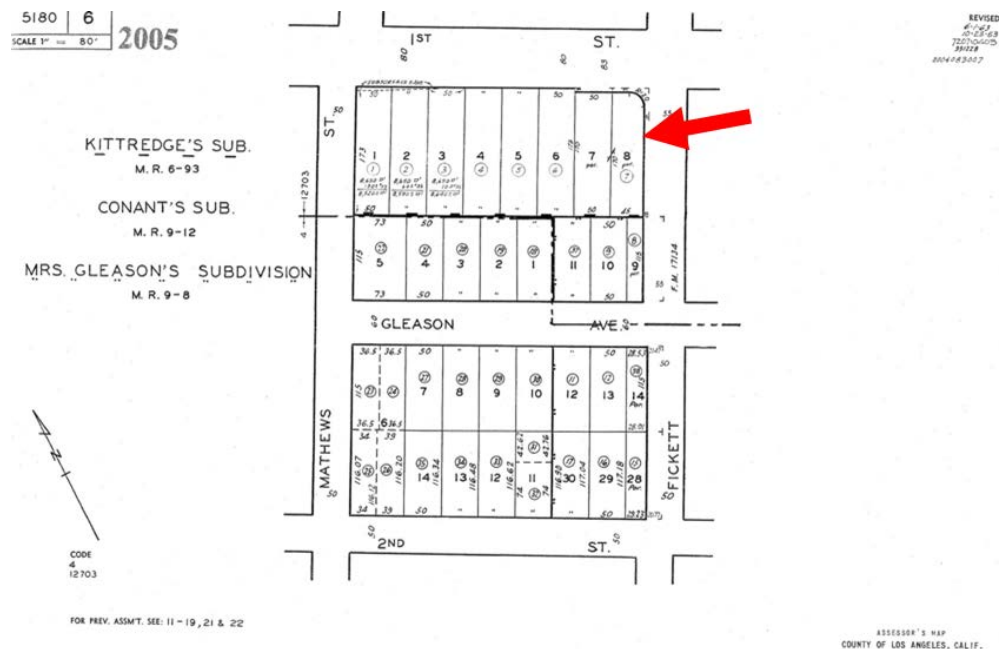
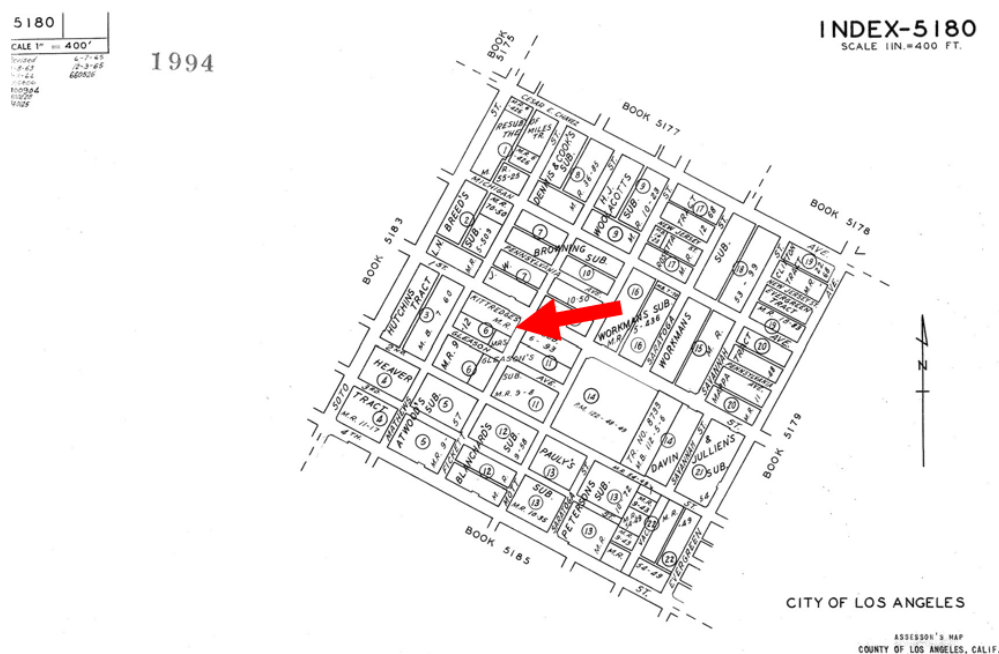


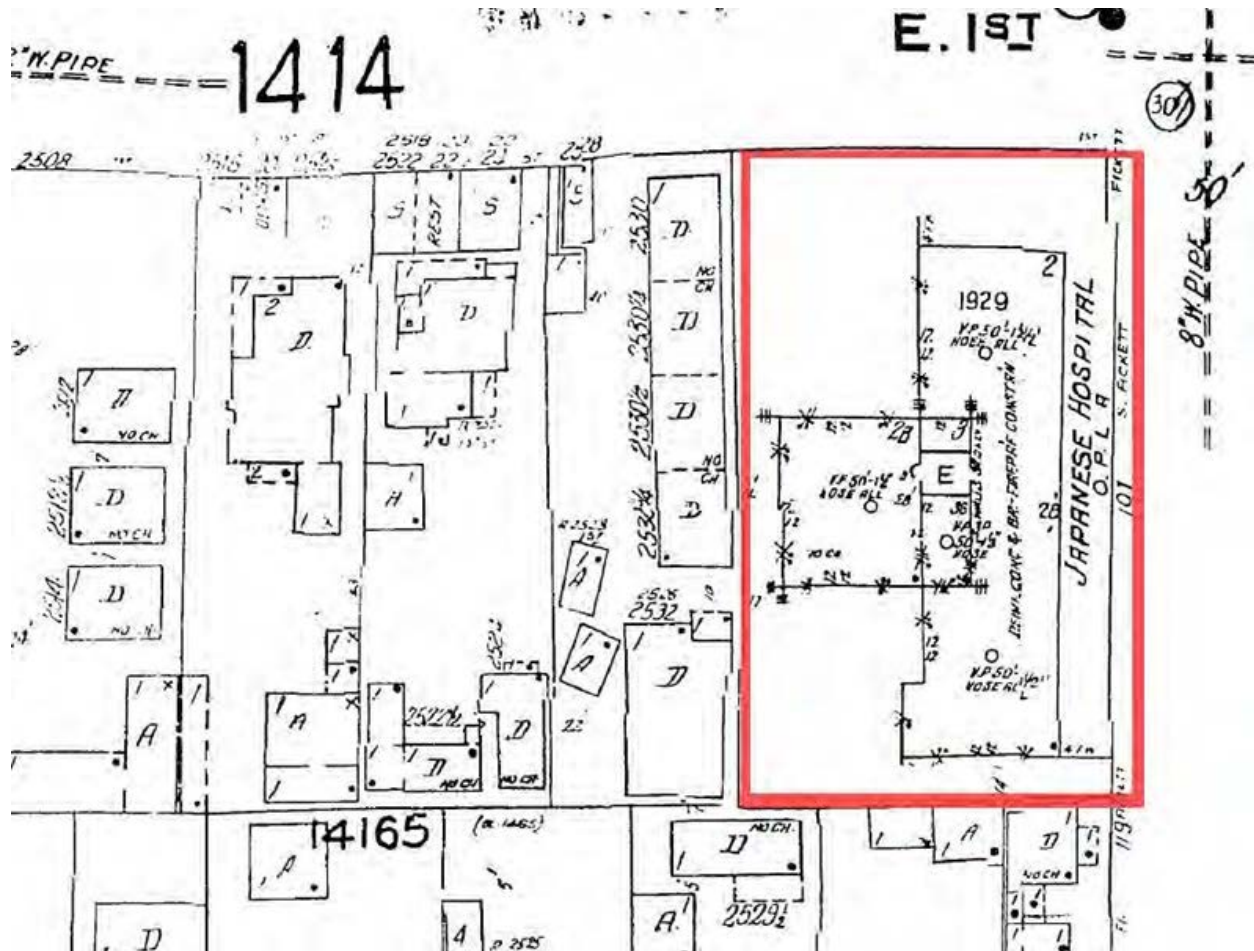
Figure 2b. Assessor ID number 5180-006-007; Japanese Hospital location indicated by red arrow. (Los Angeles County Office of the Assessor, 2019)



Japanese Hospital
Name of Property

Los Angeles, California
County and State

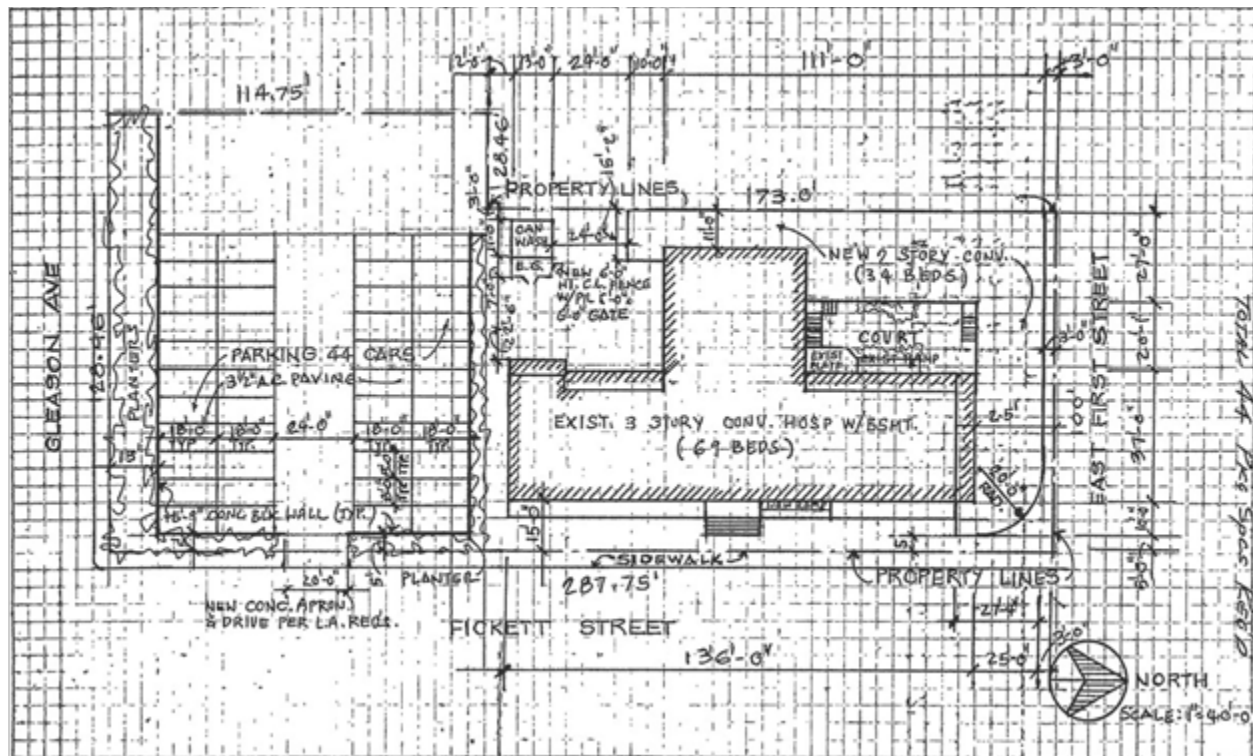
Figure 3. Sanborn Insurance Map, Vol. 14, 1921-Nov. 1949, page 1433. (Los Angeles Public Library)



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Figure 4. Los Angeles Building & Safety Application to Add-Alter-Repair-Demolish, 1971



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Figure 5. Schematic Diagram of Japanese Hospital, indicating dates of construction or alteration to the various components of the building. (Little Tokyo Historical Society, 2015)



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Figure 6. Groundbreaking ceremony for the Japanese Hospital, June 19, 1929. (Japanese American National Museum, Gift of Bob Ogawa, 93.90.1)



Figure 7. Group photo taken at the opening of the Japanese Hospital on December 1, 1929. (Japanese American National Museum, Gift of the Dr. Kikuwo Tashiro Family, 97.260.5)



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Figure 8. Nurses gather at the entrance of the Japanese Hospital, c. 1929. (Japanese American National Museum Gift of Barbara Mikami Keimi, in Memory of George and Satsue Mikami, 2002.11.2)



Figure 9. Taken by Imada Studio L.A., meeting commemorating the meeting of new and old directors of the Los Angeles Japanese Hospital. (Little Tokyo Historical Society)



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Figure 10. Japanese Hospital interior, exam room, c. 1930. (Japanese American National Museum, Gift of Yoshiro Kaku, 91.53.7)



Figure 11. Japanese Hospital interior, sun room, c. 1930. (Japanese American National Museum, Gift of Yoshiro Kaku, 91.53.7)



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Figure 12. *The New Japanese American News 1949 Yearbook*, Japanese Hospital advertisement, page 10. (Copyright 1949 by Ikken K. Mommi)



Los Angeles Japanese Hospital
VISITING HOURS 2pm–3pm and 7pm–8pm
ADDRESS Los Angeles South Fickett Street 101
TELEPHONE NUMBER Angelus 7157

Japanese Hospital
Name of Property

Los Angeles, California
County and State

Photo 1



Photo 2



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Photo 3



Photo 4



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Photo 5



Photo 6



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Photo 7



Photo 8



Japanese Hospital
Name of Property

Los Angeles, California
County and State

Photo 9

