HISTORICAL RESOURCE ASSESSMENT OF THE MARINERS’ MEDICAL ARTS BUILDING

1901 Westcliff Drive
Newport Beach, California

Prepared for

City of Newport Beach
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INTRODUCTION

PURPOSE
This report documents the Mariners’ Medical Arts building (Fig. 1) located at 1901 Westcliff Drive in the City of Newport Beach, Orange County, California (“subject property”). The site of the subject property (hereinafter referenced as “site of the subject property” or “site”) entails a nearly square-shaped parcel situated in the middle of a rectangular block bounded by Westcliff Drive to the north, Dover Drive to the east, Sherington Place to the south and Irvine Avenue to the west (Figs. 2 and 3). Irvine Avenue is the border between the cities of Newport Beach and Costa Mesa. The site is partially occupied by a building complex (or “building”) comprised of three component buildings or structures (“structures”) that combine together to form an integrated whole. The buildings are further linked with exterior structural canopies enclosing an exterior landscaped circulation spine, with the rest of site developed as surface parking lots. The subject property has been identified as the 1963 work of the 20th-century American master architect Richard Neutra.

The building owner is proposing a project in which the building would be altered in an early project phase and demolished and replaced with new construction in a later phase. The proposed project would have potentially adverse environmental impacts. Thus, we were engaged to prepare this historical resource evaluation on the behalf of the City of Newport Beach.

Currently, the building is not listed on any historic registers at the federal, state or local levels. The Newport Beach Register of Historical Property (“Newport Beach Register”) is contained in the City of Newport Beach General Plan 2006 and includes seven properties, but at this time it does not include the subject property. Mariners’ Medical Arts building was initially identified as one of 61 buildings in the 1992 Historic Resource Inventory by an Ad Hoc Historic Preservation Advisory Committee established by the Newport Beach City Council.1 The building complex was identified in the inventory as being significant at the local level.

Under California Environmental Quality Act (“CEQA”), a property need not be designated at any level to be considered an historical resource. The measure of determination for historical resource eligibility is the California Register of Historical Resources (“California Register”). As defined in CEQA Statutes at §21084.1:

[A]n historical resource is a resource listed in, or determined to be eligible for listing in, the California Register of Historical Resources. Historical resources included in a local register of historical resources as defined in subdivision (k) of Section 5020.1, or deemed significant pursuant to criteria set forth in subdivision (g) of Section 5024.1, are presumed to be historically or culturally significant for purposes of this section, unless the preponderance of the evidence demonstrates that the resource is not historically or culturally significant. The fact that a resource is not listed in, or determined to be eligible for listing in, the California Register of Historical Resources, not included in a local register of historical resources, or not deemed significant pursuant to criteria set forth in

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1 The 1992 Historic Resource Inventory produced by an Ad Hoc Historic Preservation Advisory Committee established by the Newport Beach City Council was never officially adopted.
subdivision (g) of Section 5024.1 shall not preclude a lead agency from determining whether or the resource may be an historical resource.

The purpose of this report is to identify whether a historical resource is present on the site for the purposes of CEQA and to establish its historical and architectural significance so that this information may guide decision-makers as to the future development of the property.

EXECUTIVE SUMMARY
The findings contained herein are based on substantial evidence including original research and inspection, application of applicable federal, state and local historical resource eligibility criteria and professional opinion. The subject property is an historical resource for the purposes of the CEQA, and alternatives to lessen the significant adverse environmental impacts of adverse alteration or demolition would need to be considered in the context of an environmental impact report (EIR). This assessment evaluates the building complex and its setting on the project site, under applicable statutes and regulations of the CEQA, National Register of Historic Places (“National Register”), California Register and Newport Beach Register. Based on application of the criteria, Mariners’ Medical Arts building is eligible for listing in the National, California and Newport Beach registers.

The Mariners’ Medical Arts building represents the culmination of ideas American master architect Richard Neutra was exploring throughout the course of his long and illustrious career. The skillful dexterity with which Neutra handled the medical building typology is present throughout the Mariners’ Medical Arts building. It is evidenced both in the manner in which he creatively treated the architecture as an expressive sculptural form as well as the way his ideas regarding health of the human body in relation to architecture manifested themselves fully within the design. As one the best examples of Neutra’s medical building typology, and as one of the few remaining intact examples, the Mariners’ Medical Arts building is highly significant, and is an exemplary execution of Neutra’s approach to designing architectural environments in a holistic manner for the medical profession. As such, the Mariners’ Medical Arts building is eligible for listing in the National Register at the statewide level of significance under Criterion C for architecture, despite its age of less than 50 years, having met the test of exceptional importance under Criterion Consideration G. Mariners’ Medical Arts building is eligible for listing in the California Register under Criterion 3 as the exceptional work of a master architect. The subject property was previously surveyed by a local Ad Hoc Historic Preservation Advisory Committee in 1992 and identified as a potential Class 3 – Local Historic Site. This report finds the Mariners’ Medical Arts building eligible for listing in the Newport Beach Register as a Class 1 – Major Historic Landmark due to its statewide significance. Thus, the subject property is an historical resource under CEQA, and its adverse alteration or demolition would result in a significant effect on the environment and require preparation of an EIR.
CONSULTANT QUALIFICATIONS
Chattel Architecture, Planning & Preservation, Inc. is a full service historic preservation-consulting firm with over 14 years of statewide practice. Located in Los Angeles, the firm represents governmental agencies and private ventures, successfully balancing project goals with a myriad of historic preservation regulations without sacrificing principles on either side. Comprised of professionals meeting the Secretary of the Interior’s Professional Qualifications Standards (36 CFR Part 61, Appendix A) in architectural history and historic architecture, the firm offers professional services including historical resources assessment and project effects analysis, and consultation on federal, state and local historic preservation statutes and regulations.

Employees of the firm engage in a collaborative process and work together as a team on individual projects. For preparation of this report, a team of four professionals within the firm was assembled, with Robert Chattel and Gabrielle Harlan assuming the lead roles for the project and Kathryn McGee and Justin Greving offering staff support. Robert Chattel, as principal architectural historian was responsible for overseeing the project, conducting the initial on-site assessment of the building’s condition, and for editorial review of the completed report. Gabrielle Harlan, an architectural historian, served as project manager and was responsible for directing support staff in the research effort and for writing and assembling the report with staff assistance. Each team member’s qualifications including academic training and experience are briefly described below:

Robert Jay Chattel, AIA, President, Preservation Architect
Both a licensed general contractor and architect in California with more than 25 years’ experience in planning, design and construction, Robert Chattel’s unique qualifications include meeting the Secretary of the Interior’s Professional Qualifications Standards in architectural history and historic architecture. Robert has experience working for non-profit, government, and for-profit entities, including the Los Angeles Conservancy, the Community Redevelopment Agency of the City of Los Angeles and a private real estate developer. In 1994, he established Chattel Architecture, Planning & Preservation, Inc., a Los Angeles-based historic preservation consulting firm. The firm works on design collaboration, environmental review and preservation policy projects in California and Nevada. As President, Robert specializes in applying the Secretary of the Interior’s Standards for the Treatment of Historic Properties and interpreting federal, state and local historic preservation law and regulations. Robert and his firm have received awards from the California Preservation Foundation, Los Angeles Conservancy, American Planning Association and the City of Los Angeles for projects ranging from preservation of the Beverly Hills Waterworks (the subject of his master’s thesis), to stabilization of the Breed Street Shul in east Los Angeles and rehabilitation of the downtown Los Angeles Central Library. Robert holds an A.B. in Architecture from University of California, Berkeley and a M.S. in Historic Preservation from Columbia University.

Gabrielle Harlan, Associate, Architectural Historian
With a M.A. in Architectural History from the University of Virginia and a Bachelor of Architecture from the University of Arizona, Gabrielle Harlan is currently a candidate for a Ph.D. in Architectural and Art History from the University of Virginia. Ms. Harlan’s credentials also include meeting the Secretary of the Interior’s Professional Qualifications Standards in historic architecture and architectural history. Ms. Harlan’s role at Chattel Architecture includes
professional work on Multiple Property Nominations. Prior to joining Chattel Architecture, Ms. Harlan worked with Phoenix, Arizona based Metropolis Design Group, where she developed the historic contexts for the nomination of twenty-four properties to the National Register of Historic Places. She also surveyed areas in Clifton, Arizona and Albuquerque, New Mexico to identify National Register eligible properties. Ms. Harlan worked as a member of a three-person team to research and develop historic contexts for two early 20th century neighborhoods for the 2002 Historic Chicago Bungalow Initiative sponsored by Mayor Richard M. Daley, the results of which were submitted in a Chicago Bungalow Multiple Property Nomination to the National Register of Historic Places. Gabrielle’s master’s thesis was on the nationally-recognized Arizona architect, Judith Chafee, while her dissertation investigates late-19th and 20th century American Southwest regional imagery.

Kathryn McGee, Junior Associate, Planner
Kathryn McGee holds a M.A. in Urban and Regional Planning from the University of California, Irvine with a focus on preservation planning and a B.A. in Art History from the University of California, Santa Barbara. Her graduate work culminated in preparation of a preservation plan, examining cultural resources in Old Towne Orange, in coordination with Old Towne Preservation Association. Kathryn also attended the University of Southern California’s summer course in historic preservation. At Chattel Architecture, she performs a wide variety of work, from historic resource surveys, to preparing cultural resources elements as part of general plan updates.

Justin Greving, Research Associate
Justin Greving holds a double B.A. in Fine Art and French and Francophone Studies from the University of California, Los Angeles. At Chattel Architecture, Justin conducts research on buildings requiring historical resource assessments and identifies possible grant opportunities for building restoration in Los Angeles.
BACKGROUND
The Mariners’ Medical Arts building, located at 1901 Westcliff Drive in Newport Beach, California, was designed by the architect Richard Neutra and completed in 1963. It was developed for medical office use, and has been in continuous use for its intended purpose since that time. The subject property appears to meet at least one of the four basic National and California Register criteria for architecture as an exemplary commercial building designed by a master architect in the mid-century period. Richard Neutra has long been recognized as one of the preeminent modern American architects of the 20th century, having received worldwide acclaim as early as 1932 when his work was included in the groundbreaking International Style exhibition at the Museum of Modern Art in New York. Mariners’ Medical Arts building was designed in an architectural style that is today termed Mid-Century Modern.

Richard Neutra, master architect
The architect of Mariners’ Medical Arts building, Richard Neutra, was best known for his work in his adopted state of California, although during the course of his long career, he executed work across the United States as well as in several countries. Born in Vienna, Austria in 1892, Neutra spent his early life and career there. He studied architecture with some of the most eminent figures in the history of modern architecture, such as Adolf Loos and Erich Mendelsohn, until deciding at the age of 21 to immigrate to the United States. Upon arriving, Neutra worked for two years in Chicago and Wisconsin, in which time he briefly apprenticed to Frank Lloyd Wright at Taliesin. However, in 1925, Neutra was invited by his friend and fellow Austrian, architect Rudolph Schindler, to come to work with him in Los Angeles. Neutra started his own architecture and design practice a year later, and by 1932 he had firmly established an international reputation when his Lovell Health House in Los Angeles was included in one of the most influential exhibits of modern architecture in the 20th century. “The International Style” exhibition at New York’s Museum of Modern Arts featured what was considered to be the best modern architecture then being produced around the world with more than 50 architects representing the work produced in 15 countries. Neutra was among the seven architects chosen to represent the best work produced in the United States. Neutra’s growing acclaim and the extent of his influence was expressed during the course of that exhibition by the museum’s director, Alfred Barr, who prefaced the opening of the exhibition with the statement that “Richard Neutra is among American architects second only to [Frank Lloyd] Wright in his international reputation.”

Neutra continued to be an extremely influential architect throughout the duration of his career, and his work in California following World War II is also considered to be some of his best. During this period, his participation in the highly-acclaimed Case Study House program, instituted in southern California by Arts and Architecture magazine editor, John Entenza, as well as his commercial and residential buildings for individual clients, helped to define the Mid-Century Modern architecture with which California became particularly associated (and, thus, the Mid-Century Modern style practiced by Neutra is sometimes also referred to as “California Modern”). Richard Neutra continued to work throughout the decade preceding his death in

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3 The purpose of the Case Study program was to promote the redefinition of the American home through modernist design and cost-effective materials and construction, and it resulted in 36 prototype homes that could be easily and inexpensively constructed during the postwar housing boom.
1970. During his lifetime, he was the recipient of over 50 awards for his architecture, and many of them were highly prestigious such as the American Institute of Architects Gold Medal.\(^4\) He is widely regarded as one of the “masters” of modern architecture in the 20\(^{th}\) century. This is reflected in the numerous scholarly books on his life and work, such as architectural historian Thomas S. Hines’ *Richard Neutra and the Search for Modern Architecture*, the many architectural books in which he is featured such as *Masters of World Architecture: Walter Gropius, Richard Neutra, Louis Sullivan, Oscar Niemeyer and Eric Mendelsohn* series edited by James Marston Fitch,\(^5\) and the substantial attention devoted to his work with its inclusion in major surveys of American and world architecture, such as William J.R. Curtis’s *Modern Architecture Since 1900*.

**Mid-Century Modern architecture**

“Mid-Century Modern” is a term used to describe the postwar iteration of the International Style that was first popularized in the Museum of Modern Art’s 1929 exhibition and which featured Richard Neutra’s Lovell Health House. The International Style was characterized by geometric forms, smooth wall surfaces, and an absence of exterior decoration. However, in the two decades that followed the introduction of the International Style, architects continued to work in a stylistically modern manner even as they sought new ways to better resolve old concerns, such as how to deal with local climate or topography, or attempted to address new concerns, such as how to build efficiently, moderately-priced architecture following World War II. The Mid-Century Modern style was popularized in California by architects formerly considered practitioners of the International Style, such as Richard Neutra and Rudolph Schindler, as well as by a new generation of architects that the prominent architectural historian Esther McCoy dubbed “The Second Generation,” such as J.R. Davidson, Harwell Hamilton Harris, Gregory Ain, and Raphael Soriano.\(^6\) The Mid-Century Modern style was equally applied to both residential and commercial building types alike. Commercial buildings in the style, as represented by Mariners’ Medical Arts building, are characterized by a clear expression of structure and materials, large expanses of glass, and open interior plan with the following character defining features:

- One or two-story configuration
- Simple geometric forms
- Expressed post-and-beam construction, in wood or steel
- Flat roof with wide overhanging eaves and cantilevered canopies
- Unadorned wall surfaces
- Exterior panels of stucco, stone, wood, or brick
- Flush mounted metal frame full-height and clerestory windows
- Exterior staircases, decks, patios and balconies
- Little or no decorative detailing

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\(^4\) The AIA Gold Medal was awarded posthumously to Neutra in 1977.

\(^5\) The specific book on Richard Neutra in this series devoted to master architects of the world was written by the pre-eminent California architectural historian, Esther McCoy.

ENVIRONMENTAL REGULATIONS

The national, state and local level regulatory settings under which a historical resource may be evaluated are described within this section. For each regulatory setting described, a brief paragraph follows that explains whether the Mariners’ Medical Arts building is or is not potentially eligible under that regulatory setting, and establishes the particular criteria for which the building would be evaluated. Some general information on historic preservation law, policies, and mechanisms is also provided.

NATIONAL REGISTER OF HISTORIC PLACES

The National Register of Historic Places (“National Register”) is the nation’s official list of historic and cultural resources worthy of preservation. Authorized under the National Historic Preservation Act of 1966, as amended, the National Register is part of a national program to coordinate and support public and private efforts to identify, evaluate, and protect the country’s historic and archaeological resources. Properties listed in the National Register include districts, sites, buildings, structures, and objects that are significant in American history, architecture, archaeology, engineering, and culture. The National Register is administered by the National Park Service (“NPS”), which is part of the U.S. Department of the Interior.

As part of this program, the National Park Service publishes a series of bulletins designed to provide the definitive guidance to appropriately documenting, evaluating and nominating historically significant sites to the National Register. As defined in National Register Bulletin 15: How to Apply the National Register Criteria for Evaluation, properties are eligible for the National Register if they:

A) are associated with events that have made a significant contribution to the broad patterns of our history; or
B) are associated with the lives of significant persons in our past; or
C) embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction; or
D) have yielded or may be likely to yield, information important in history or prehistory.”

Once a resource has been determined to satisfy one of the above-referenced criteria, then it must be assessed for “integrity.” Integrity refers to the ability of a property to convey its significance, and the degree to which the property retains the identity, including physical and visual attributes, for which it is significant under the four basic criteria listed above. The National Register recognizes seven aspects or qualities of integrity: location, design, setting, materials, workmanship, feeling, and association. To retain its historic integrity, a property must possess several, and usually most, of these aspects.
National Register eligible properties must retain a high level of integrity and either meet an arbitrary 50-year cut-off for eligibility or be found to be exceptionally important. For properties that have achieved significance within the last 50 years National Register guidance states:

> Justifying the importance of properties that have achieved significance in the last fifty years… *The rationale or justification for exceptional importance should be an explicit part of the statement of significance. It should not be treated as self-explanatory…. It* must discuss the context used for evaluating the property. It must demonstrate that the context and the resources associated with it can be judged to be “historic.” It must document the existence of sufficient research or evidence to permit a dispassionate evaluation of the resource. 7 (Emphasis theirs).

Mariners’ Medical Arts building is not currently listed in the National Register. While the subject property is not yet 50 years of age, the National Register has provisions for evaluating certain kinds of properties not usually considered for listing in the National Register, such as those that have achieved significance within the past fifty years. These properties can be eligible for listing if they meet special requirements, called Criteria Considerations, in addition to meeting the regular requirements (that is, being eligible under one or more of the four Criteria and possessing integrity).8 One of the Criteria Considerations, Criteria Consideration G, is specifically designed to account for the fact that properties exist across the nation that have achieved significance in the past fifty years and that it is important to properly identify and recognize them prior to their reaching the arbitrary 50 year cut-off for eligibility. In applying National Register Criteria Consideration G, The Mariners’ Medical Arts building is exceptionally important for representing the culmination of American master architect Richard’s Neutra’s career-long exploration of the relationship between health and environment. The building is significant as a work of Mid-Century Modern style, for representing the work of a master, and for possessing high artistic values.

Since the Mariners’ Medical Arts building requires evaluation for exceptional importance, it is necessary to determine the National Register criteria by which it could be deemed eligible. The subject property was considered for evaluation under two different eligibility criteria, Criterion A for its association with broad patterns of development and Criterion C for architecture. However, while it is possible the property may be eligible under Criterion A in the context of late postwar new town development, it is not possible to make such a finding at this time based on research performed. Mariners’ Medical Arts building is eligible for National Register listing under Criterion C for it embodies the distinctive characteristics of a group medical office type, Mid-Century Modern style, and represents the culmination of a master architect’s lifelong exploration of health in relation to the human body’s interaction with the built environment. The building has sustained relatively few alterations to its historic fabric over the years, and therefore

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8 Part VII of National Register Bulletin 15: How to Apply the National Register Criteria for Evaluation provides guidelines for determining which properties must meet these special requirements and for applying each Criteria Consideration. More thoroughly detailed information regarding the application of Criteria Consideration G is offered in a bulletin specifically dedicated to this kind of property; see National Park Service, National Register Bulletin 22: Guidelines for Evaluating and Nominating Properties That Have Achieved Significance Within the Last Fifty Years (Washington D.C.: National Park Service, undated).
retains integrity of design, materials and workmanship, the aspects of integrity most closely tied to significance for architecture.

CALIFORNIA REGISTER OF HISTORICAL RESOURCES
The California Register of Historical Resources (“California Register”) was established in 1992 to serve as an authoritative guide to the state’s significant historical and archaeological resources. State law provides that in order for a property to be considered eligible for listing in the California Register, it must be found by the State Historical Resources Commission to be significant under any of the following four criteria; if the resource:

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.

In addition to meeting one of the four above criteria, California Register-eligible properties must also retain sufficient integrity to convey historic significance. California Register regulations contained in Title 14, Chapter 11.5, §4852 (c), provide that “it is possible that historical resources may not retain sufficient integrity to meet the criteria for listing in the National Register, but they may still be eligible for listing in the California Register.” The California Office of Historic Preservation (OHP) has consistently interpreted this to mean that a property eligible for listing in the California Register have the same level of significance as a National Register-eligible property and must retain integrity associated with the applicable significance criteria.

The California Register also includes properties which: have been formally determined eligible for listing in, or are listed in the National Register of Historic Places (National Register); are registered State Historical Landmark Number 770, and all consecutively numbered landmarks above Number 770; points of historical interest, which have been reviewed and recommended to the State Historical Resources Commission for listing; and city and county-designated landmarks or districts (if criteria for designation are determined by OHP to be consistent with California Register criteria). PRC §5024.1 states:

(g) A resource identified as significant in an historical resource survey may be listed in the California Register if the survey meets all of the following criteria:

(1) The survey has been or will be included in the State Historical Resources Inventory.
(2) The survey and the survey documentation were prepared in accordance with [OHP]… procedures and requirements.
(3) The resource is evaluated and determined by the office to have a significance

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9 Public Resources Code (PRC) §5024.1.
If the survey is five or more years old at the time of its nomination for inclusion in the California Register, the survey is updated to identify historical resources which have become eligible or ineligible due to changed circumstances or further documentation and those which have been demolished or altered in a manner that substantially diminishes the significance of the resource.

In addition, while the California Register generally does not maintain an arbitrary cut-off for eligibility at 50 years of age, it does, however, provide a special consideration for historical resources achieving significance within the past 50 years. Under Section 4852 (d)(2):

Historical resources achieving significance within the past fifty (50) years. In order 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 fifty (50) years old may be considered for listing in the California Register if it can be demonstrated that sufficient time has passed to understand its historical importance.

Mariners’ Medical Arts building was evaluated for listing in the California Register under both Criterion 1 for its association with broad patterns of development and Criterion 3 for its architecture. The criteria for California Register listing are virtually the same as those established by the National Register. Under Criterion 1, the subject property was considered for its association with the development of the Irvine Ranch as part of the “New Town Movement” in the late 1950s and early 1960s. Based on building research, it appears that the Irvine Company may have had a very close relationship with architects involved with the Case Study House program, most notably Richard Neutra and Edward Killingsworth, as part of their comprehensive town planning concept. If such a relationship existed, it might suggest that not only is the Mariners’ Medical Arts building an individual historical resource, but might be included with other buildings in the immediate vicinity constructed within the same period to form a historic district. However, very little scholarship currently exists at the present time to establish this context for Mariners’ Medical Arts building and the development of such a multiple-property context is beyond the scope of this report. Thus, the report is inconclusive with respect to Mariner’s Medical Arts building’s eligibility under Criterion 1.

The Mariners’ Medical Arts building is significant, however, under California Register Criterion 3 in the context of the work of American master architect Richard Neutra for embodying the distinctive characteristics of a type, representing the work of a master, and possessing high artistic values. In applying the above-referenced special consideration for California Register eligibility, sufficient time has passed to evaluate this building in the context of American master architect, Richard’s Neutra’s career-long exploration of the relationship between health and environment. Mariners’ Medical Arts building is significant as a group medical office building in the context of Mid-Century Modern architecture. It both represents the work of an important creative individual and possesses high artistic values. The building has sustained relatively few alterations to its historic fabric over the years, and therefore retains sufficient integrity to be considered California Register-eligible.
NEWPORT BEACH REGISTER OF HISTORICAL PROPERTY
The Newport Beach Register of Historical Property ("Newport Beach Register") was adopted on May 28, 1985 and subsequently amended on January 24, 1994 and January 25, 1999. The Newport Beach Register is comprised of historical properties designated by City Council to be of importance to the history or architecture of the City of Newport Beach, and is maintained by the City Clerk. The register is not a static document, but instead an evolving one, as the City Council may at any time repeal, revise or modify designations upon reconsideration of the historical or architectural importance of the properties listed. The City Council has outlined its policies regarding places of architectural and historical importance in The Newport Beach City Council Manual. As described in that document, the City Council considers properties for designation if they meet any of the following standards for architectural significance (1):

a) Structures or areas that embody distinguishing characteristics of an architectural style, period, or method of construction, or of architectural development with the City.

b) Notable works of a master builder, designer, or architect whose style influenced the City’s architectural development, or structures showing the evolution of an architect’s style.

c) Rare structures displaying a building type, design, or indigenous building form

d) Structures which embody special architectural and design features.

e) Outstanding examples of structures displaying original architectural integrity, structurally or stylistically, or both.

f) Unique structures or places that act as focal or pivotal points important as a key to the character or visual quality of an area.

The standards of historical significance for consideration as historical property (2) in the Newport Beach Register are as follows:

a) Sites and structures connected with events significant in the economic, cultural, political, social, or civic history of the City of Newport Beach, the County of Orange, the State of California, or the United States of America.

b) Structures or areas identified with the lives of historical personages of the City of Newport Beach, the County of Orange, the State of California, or the United States of America.

c) Sites and groups of structures representing historical development patterns, including, but not limited to, urbanization patterns, railroads, agricultural settlements, and canals.

Once a property is deemed eligible for designation on the Newport Beach Register, it is categorized in relation to its significance under a hierarchical classification system. The classification system five classes that are described as follows:

10 The Newport Beach Council Policy Manual is available online at http://www.city.newport-beach.ca.us/ClerkNotices/CouncilPolicyManual.asp. It is Council Policy K2 that describes the policies regarding places of architectural or historical significance.
• **Class 1 - Major Historic Landmark.** A building, structure, object, site, or natural feature of major historical significance. The property exemplifies historic/architectural themes of local and statewide importance and serves as a significant part of the heritage of Newport Beach.

• **Class 2 - Historic Landmark.** A building, structure, object, site, or natural feature of historical significance. The property is representative of historic/architectural themes of local and statewide importance and serves as a physical link to the historical past of Newport Beach.

• **Class 3 - Local Historic Site.** A building, structure, object, site, or natural feature of local significance only. The property is representative of historic/architectural themes of local importance.

• **Class 4 - Structure of Historic Interest.** A building, structure, object, site, or natural feature that has been altered to the extent that the historic/architectural integrity has been substantially compromised but is still worthy of recognition.

• **Class 5 - Point of Historic Interest.** A site of a building, structure, or object that no longer exists, but is associated with historic events or persons, or architecturally significant structures.

The classification system outlined above is used to ascertain to which historical properties on the Newport Beach Register the California Historical Building Code\(^{11}\) ("CHBC") should apply. However, the CHBC is statutory and its intent is to make provisions for special treatment of qualified historic buildings. A “qualified historical building or property” is defined as:

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\text{[A]ny building, site, structure, object, district or collection of structures, and their associated sites, deemed of importance to the history, architecture, or culture of an area by an appropriate local, state or federal governmental jurisdiction. This shall include designated buildings or properties on, or determined eligible for, official national, state or local historical registers or official inventories such as the National Register of Historic Places, California Register of Historical Resources, State Historical Landmarks, State Points of Historical Interest, and officially adopted city or county registers, inventories, or surveys of historical or architecturally significant sites, places or landmarks.}^{12}\]

As provided in guidance issued by the City of Newport Beach, only those buildings or structures included in the Newport Beach Register and rated as Class 1, 2, 3 or 4 are deemed a “qualified historical building or structure” for the purposes of applying the CHBC.\(^{13}\) The Director of the Building Department is also provided with discretion in applying the CHBC to historical properties as long as the highest standards of structural and fire safety are maintained. The Newport Beach Register does not provide for application of the CHBC to Class 5 properties listed in the Newport Beach Register, but, instead, designates these properties for recognition purposes only.

\(^{11}\) 2007 California Historical Building Code (Part 8 of Title 24) is the most recent published regulation of the State Historical Building Code.

\(^{12}\) CHBC, Section 8-218-Q.

\(^{13}\) The guidelines for the Newport Beach Register cite Part 2.7 of Division 13 (commencing with section 189050) of the Health and Safety Code of the State of California and Part 8 of Title 24 of the California Administrative Code as the basis for this application of the State Historical Building Code.
The Mariners’ Medical Arts building is not currently included among the seven properties listed in the Newport Beach Register.\[^{14}\] It was identified as one of 61 buildings in the 1992 Historic Resource Inventory by an Ad Hoc Historic Preservation Advisory Committee established by the Newport Beach City Council. Mariners’ Medical Arts building is listed as record #21 on the 1992 Historic Resource Inventory and is assigned a “Class 3” status for significance at the local level. While the 1992 Historic Resource Inventory has not yet been officially adopted, the 61 properties classified for their significance according to the criteria established by the Newport Beach Register, are all eligible to use the CHBC.

The Mariners Medical Arts building is eligible for listing on the Newport Beach Register as it meets not just one but five of six criteria for designation for architectural significance (1) as described below:

\begin{itemize}
\item[a)] It embodies the distinguishing characteristics of an architectural style, and period with its Mid-Century Modern architecture.
\item[b)] It is the notable work of the internationally-recognized American master architect, Richard Neutra. The building represents the culmination of his group medical office building typology in southern California.
\item[c)] It is a rare structure as it is the most intact example of Neutra’s group medical office building type.
\item[d)] It embodies special architectural and design features as it integrates interior and exterior spaces to form a setting conducive to medical treatment.
\item[e)] It is an outstanding example of a structure that displays original architectural integrity, both structurally and stylistically, as building permits and photographic documentation reveal that the building has an extremely high degree of integrity.
\end{itemize}

It appears that based on the new information provided in this report, the subject property would be eligible for listing in the Newport Beach Register as Class 1 – Major Historic Landmark due to its statewide significance. The Mariners’ Medical Arts building may be nominated for designation in the Newport Beach Register by the building owner, Newport Beach Historical Society or by recommendation of the Parks, Beaches and Recreation Commission, Arts Commission, or by City Council itself, through the submission of an application to City Council. After receipt of such a recommendation, planning staff shall prepare an application for the property, seek the consent of the property owner, and refer the application to the City Manager for review and City Council consideration. If the consent of the property owner cannot be obtained, planning staff will notify the City Council of the reasons, withdraw the application, and seek City Council direction on further negotiations, if any. The City of Newport Beach does offer incentives for preservation, and the City Council may consider granting reductions or waivers of applications fees, permit fees, and/or any liens placed by the City in exchange for preservation easements for properties listed in the Newport Beach Register.

\[^{14}\] See Section 6-9 of the “Historical Resources Element” in the Newport Beach General Plan adopted by the City of Newport Beach July 25, 2006 and approved November 7, 2006.
HISTORIC CONTEXT

PLANNING AND URBAN DESIGN
The Mariners Medical Arts building, located at 1901 Westcliff Drive in Newport Beach, is located in the Southern Section of the master-planned Irvine Ranch property. While it is significant for its architecture, it may also important for its association with local and regional urban planning by the architect, William Pereira, as an example of the early master planning of communities in California. The urban planner and author, William Fulton, in his book *Guide to California Planning*, states:

[T]he work architect William Pereira did for The Irvine Company is the best example of early master planning in California. Unlike other developers, who simply built houses and a shopping center, The Irvine Company, at Pereira’s direction, created the footprint for an entire community from scratch, with houses, apartments, a university, office complexes, and so forth.15

The master planning of the Irvine Ranch property was the largest private development project in the world at the time of its designs and implementation, and it was considered to be a pioneering effort in community design.16 In the decade prior to the construction of Mariners’ Medical Arts Building, the area surrounding the building site was almost entirely undeveloped (Fig. 4). Major primary streets were laid out in an orthogonal pattern and given numbered and named designations. Westcliff Drive had not yet been named as such, but was merely an extension of neighboring 17th Street from Costa Mesa. Although primary streets were laid out, very few secondary streets existed and almost all of the land between Irvine Avenue to the west of the site and the Upper Newport Bay to the east was devoid of development. The Newport Harbor Union High School to the south, and a few curvilinear residential streets adjacent to the Coast Highway, were the only indications of the massive development of the area that would follow in the ensuing decade. Up until this time, this entire area had remained undeveloped as it was encompassed as part of the vast land holdings of the Irvine Company.

The land in the Irvine Company’s ownership dated back to 1876 when 94,000 acres were purchased by James Irvine for use as a ranch. By 1894, shortly after James’s son acquired the land upon his death, the large land holdings were incorporated as “The Irvine Company.”17 The land continued to be used primarily for agricultural purposes throughout the first half of the twentieth century, and the company remained in control of the Irvine family. In the late 1950s, Myford Irvine, an Irvine family descendant who succeeded his father as president of the Irvine Company in 1947, made the decision to plan the ranch for urbanization.18 One reason the Irvine Company chose to develop a comprehensive vision for the Irvine Ranch was so that it could capitalize upon the massive suburban development that ensued nationwide following World War

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II. However, unlike many other suburban developments in which land previously developed provided constraints to new development, the vast undeveloped land holdings of the Irvine Company provided a blank slate upon which a new community could be planned. Although it was Myford Irvine who first envisioned development of the ranch for urbanization, it was not until his death in 1959 that comprehensive plans for the ranch property were undertaken.

In 1960, the Irvine Company hired architect William Pereira to prepare a master plan for the ranch property. The Irvine Company envisioned master planned development of the ranch property to be a significant marketing opportunity; all new development could be required to meet certain standards of architectural quality and land use could be highly regulated. Pereira’s firm had already been engaged in the previous year for the planning of the new University of California campus on the ranch property, and, thus, the firm was also a logical choice to create the plans of the larger community in which the new university would be ensconced. Pereira’s firm would subsequently be involved in the master planning of the ranch in a variety of capacities for more than a decade. Creating the master plan for the Irvine Ranch was a huge undertaking, given the large size of the property involved and the considerable amount of undeveloped land, and, therefore, Pereira decided to plan the ranch in three distinct sectors: the Southern Sector, the Valley Sector, and the Coastal Sector.

The area in which the Mariners’ Medical Arts building is encompassed was part of the Southern Sector plan, and that plan was, in 1963, the first of the three plans for the Irvine Ranch to be completed by Pereira. The Southern Sector encompassed over 34,000 acres and it extended to the San Diego freeway to the north, to the eastern boundary of Costa Mesa to the west, to the Pacific Ocean to the south, and to the western boundary of Laguna Beach to the east. The significance of these large-scale planning efforts for the Irvine Ranch are revealed in the fact that, in the same year that Pereira completed them, they were featured in the national publication, Time magazine (Fig. 5). Pereira was featured on the cover, and an article entitled “The Man with the Plan” described his planning efforts to create an entirely new community of 100,000 people on the Irvine Ranch property. Included within his plan for the Southern Sector area was the new University of California campus and the undeveloped San Joaquin Hills. For this part of the ranch, Pereira prepared a “South Irvine Ranch General Plan,” that considered a variety of land uses such as residential, commercial, industrial, and manufacturing- research, and recreational uses (Fig. 6). Pereira allocated the majority of the land on the eastern half of the Southern Sector plan to low density residential use, while an intensely developed axis was envisioned for the western half. This western half comprises sites today occupied by the Newport Center, the Irvine

22 The scale of this undertaking is also indicated by the amount of money spent on the planning effort. The Irvine Company spent over one million dollars from 1960-1970 for planning efforts on the ranch property. See “A City is Born: Irvine, California,” The Register. 13 Sept 1970, 2.
Industrial Complex, and development in Upper Newport Bay. Upon completion of Pereira’s plan, the Irvine Company immediately began to implement it.

While Pereira’s plan indicated land uses for all of the land encompassed within the boundaries of the South Irvine Ranch, several large areas within it were left un-demarcated as to their specific use or were merely called out with verbiage. These areas included the future sites for the University of California at Irvine, the Orange County Airport, some property immediately fronting the Pacific Ocean, and the area surrounding the Mariners’ Medical Arts building. Likewise, nowhere on Pereira’s Southern Sector was the future site for the Newport Center indicated, and the complex was one for which Pereira was currently preparing a detailed specific plan (Fig. 7). It appears likely that, despite the broad outlines provided by Pereira’s 1963 South Irvine Ranch General Plan that final decisions may not yet have been made as to the exact placement of areas subject to more intensive study and design. Other areas left unspecified as to use on Pereira’s plan, such as the Westcliff Drive area, may also have been the subject of more intensive study in the form of specific plans. No specific plan for the Westcliff area has yet been located, but the immediate construction of Mariners’ Medical Arts Building in 1963 when the Irvine Company first began to implement Pereira’s master plan suggests that one was in place by this time. Moreover, the carefully-controlled manner in which the area is planned suggests a high level of planning.

As previously mentioned, in the decade before construction of Mariners’ Medical Arts building, almost the entire area in which the building is situated was undeveloped. However, by 1965, commercial buildings lined the entire block surrounding the subject property on present-day Westcliff Drive (which was still called 17th Street at this time). A large curvilinear street grid for residential development had been laid out to the north, but only about ten houses, located next to one of the coves off of the Upper Newport Bay, were yet constructed (Fig. 8). The commercial buildings along Westcliff Drive were obviously intended to serve as a nucleus for the new planned residential development, for the Westcliff Drive served as a core from which a radiating pattern of the residential streets were laid. The land use today, which photographic evidence suggests has not changed much since the area was developed in the 1960s, suggests that the entire area was conceived of as centered on Westcliff Drive, with that street having the greatest amount of public activity in a commercial zone. Adjacent areas were intended to have increasingly decreased densities of people as well as increased privacy with outward movement from this core area (Fig. 9). By 1970, the rest of the Westcliff area would develop around the commercial area. In the areas immediately adjacent to the Westcliff area, multi-family housing was constructed while beyond that, to the north, rows of single-family homes were built along the gently undulating streets (Fig. 10).

The immediate setting of the Mariners Medical Arts building is characterized by mixed-use buildings of a similarly low scale set a consistent distance from the primary street, Westcliff Drive, upon which they front (Figs. 11 and 12). The subject property is set in the middle of a rectangular block on a primary street with other low-rise commercial buildings are located to

both the southeast and northwest of the subject property (Figs. 13, 14, 15, and 16). A building on the adjacent site to the northwest is also a medical office complex (Figs. 17, 18). Built a year prior to the subject property, it shares a similar scale and stylistic vocabulary with the subject property.  

Several multi-family residential apartment complexes are located across the street fronting on Westcliff Drive opposite the subject property (Figs. 19, 20).  

The development of the Westcliff Drive area in which the Mariners’ Medical Arts building is located represents the desire of the Irvine Company to create a perfectly-planned, utopian community in which a strong sense of civic participation could be engendered in residents through the careful design of a private development. As suburban developments grew rapidly in the United States following World War II, many worried that this type of land development would consume all open space and result in towns and cities lacking in character. Another source of anxiety was the fear that the residential development occurring farther from city centers, was leading to dissolution of social ties. It was in the public gathering places, such as the public institutions and commercial establishments of city centers, that the communal relationships of the past were believed to be cultivated. This anxiety about an individual’s loss of connection to a larger community is reflected in a book published around the time of the implementation of Pereira’s plan that describes how the intent of the development of the Irvine Ranch was to “revitalize the basic meaning of a community, somewhat on the pattern of a colonial New England town with political and civic interests taking the place of religious ties.”  

The Irvine Company planned to create such a community through the creation of large-scale town centers, such as the Newport Center, that would serve as a focus for the development and that would be supplemented by smaller scale commercial centers such as that planned for Westcliff Drive.  

The Irvine Company sought to design a community that could accommodate growth but that would do so in an orderly manner. The people associated with the planning of the Irvine Ranch, such as the architect William Pereira and The Irvine Company, were striving to perfect the form of the built environment. The development of the Irvine Ranch is not a reaction against the suburban development of the 1950s, but an attempt to create a suburban development in which a higher degree of community would be felt and where more access to natural and man-made resources would be provided than other suburban developments then emerging across the United States. As the 1963 article in Time magazine described, it was “the chance - and the challenge – to build a huge new community alongside the urban disorder of the boom town of the boom state in the boom country of the world.”  

High quality design was believed to be a key component in

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28 The medical office building adjacent to the subject property was built in 1962, a year prior to the construction of Mariner’s Medical Arts building, and may possibly be attributed to the architectural firm of Killingsworth, Brady and Associates. Further research not within the scope of this report would be necessary to determine whether this building was, in fact, designed by Killingsworth, Brady and Associates, as research conducted thus far has been inconclusive.  

29 The firm of Killingsworth, Brady and Associates may have also executed the apartments on Westcliff Drive directly across the street from the Mariners’ Medical Arts building as part of the Case Study program, as suggested by an article published in Arts and Architecture magazine. Further research not within the scope of this report would be necessary to determine whether this building was, in fact, designed by Killingsworth, Brady and Associates, as research conducted thus far has been inconclusive. See “Case Study Apartments No. 2 by Killingsworth-Brady and Associate, Architects,” Arts and Architecture, 81 (May 1964): 28-32.  


creating the ideal environment in which people would work and live. The Irvine Company’s ownership of the vast swath of 88,256 acres planned for the development ensured that a high degree of control could be exerted over the project from the scale of the development as a whole down to the scale of the individual buildings within it.

The Irvine Company’s emphasis on good design as the way to create the ideal community were quite likely the impetus for the selection of other highly-skilled architects for individual buildings on the Irvine Ranch property. Although William Pereira’s firm was responsible for the master planning of the entire ranch site, as well as for specific high-profile and large-scale projects such as the Newport Center and the new University of California campus, the vast scale of the Irvine Ranch development and the tempo planned for its execution necessitated that other architects also be engaged. The Irvine Company ensured design controls throughout the Irvine Ranch development by maintaining ownership of the property within its bounds and offering long-term leases on property to residents, commercial and industrial enterprises. Lessees would finance buildings constructed upon Irvine Company land, but the company would maintain ownership of the land. As a vast private development in which more than one million dollars was expended on master planning alone, the Irvine Company was not going to leave the development of these individual lessee-owned buildings to chance, however. It also instituted aesthetic criteria for buildings erected in the ranch development. Given The Irvine Company’s strong desire to create a sense of community through high-quality design, they also may have dictated for buildings both the architectural styles that could be employed and the architects that could be selected for their design, especially for buildings of a more public nature than residential use.

Currently, relatively little scholarship exists on the precise relationship between the Irvine Company and designers other than William Pereira that were engaged in the design of individual buildings on the Irvine Ranch property in the 1960s. However, the selection of master architect Richard Neutra and the engagement of the regionally-significant architect, Edward Killingsworth, for the design of individual buildings on present-day Westcliff Drive during the first years of implementation of Pereira’s plan for the Southern Sector of the ranch property suggests a strong relationship between these designers and the Irvine Company. Further research would be necessary to determine the significance of the relationship to these individual properties to the Irvine Company and the Irvine Ranch master plan as prepared by architect William Pereira. Therefore, for the purposes of evaluating the significance of the Mariners’ Medical Arts Building under National Register criterion A and California Register criterion 1, the finding of this report is, at the present time, inconclusive in regard to the subject property’s association with broad patterns of development. However, given the information that is currently available, as described above, it appears highly likely that, with additional research, such significance could be readily established at a future date.


PHYSICAL DESCRIPTION

Site
The building complex and its entry courtyard are closely aligned with the “T” intersection of Westcliff Drive and Rutland Road. The subject property, like its neighboring buildings, is substantially set back from the principal street by a drive aisle separating two rows of perpendicular parking. This off-street parking continues to the northwest and southeast. The only sidewalk provided on the site is closely aligned with the principal façade. A substantial parkway covered in lawn separates off-street parking from the street and breaks at the entry courtyard to provide one of but few access points to the street. A driveway along with southeast elevation provides access to the rear. A secondary street known as Sherington Place runs along the southwest elevation where additional access points are provided to the rear surface parking area. The sidewalk along Sherington runs immediately adjacent to the curb.

Exterior Building Description
The building is comprised of ten individual functional units (or medical office suites) grouped in three separate structures that are designated as Buildings “A”, “B”, and “C” within the building complex (Fig. 21) known as Mariners’ Medical Arts building. These structures are connected together through exterior roof canopies which help to define the outdoor circulation space that runs between them. While Buildings A and B are low slung one-story masses, Building C rises to two stories. Each of the structures in the building complex is unique in its overall massing, the number of units grouped within it, and the configuration of those units in relation both to each other as well as to exterior landscaped space within the complex. Building A is the largest of the three structures at 9,000 square feet and encompasses four different units, while Building B, with only two units, is the smallest of the three structures at 2,350 square feet. Building C, has two units each on two separate floors and is substantially larger than Building B at 6,150 feet.

Each of the ten units encompassed within these three structures has a relatively simple block-like shape, but is arranged in its own unique position relative to the other units with which it is grouped. In each structure, the block-like masses of the individual units are configured as interlocking volumes so that, in their varied combinations, they help to define outdoor spaces to each structure’s exterior. Moreover, the relationship to each other of the three structures comprised by these units also serves to define space exterior to the buildings as enclosed in a manner that is similar to the way the space of a room is enclosed and defined by wall and ceiling planes. The most clearly delineated exterior space is that created by the relationship between Buildings A and B. These buildings are both oriented so that they face parallel to the principal street, Westcliff Drive, by which the Mariners Medical Arts building is typically approached. Situated approximately 35 feet away, the two facades of the structures that face each other define a roughly square-shaped exterior entry courtyard (Figs. 22a and 22b). This entry courtyard was intended by the building’s architect to serve as a common “patio-lobby” to the complex.34

The space of the patio-lobby also establishes the primary axis of the exterior circulation that runs through the complex (Fig. 23a and 23b). It is this axis, which runs northeast to southwest, which leads to Building C located to the rear of the complex. The primary axis is bisected in the middle of the site by a secondary axis that provides for circulation between the three buildings.

A progression of outdoor spaces is arranged along these axes (Fig. 24a and 24b). Originally, a series of three water features arranged along the primary axis also helped to reinforce it as the more important of the two circulation paths; however, while the water has been removed in the intervening years since the building’s original construction, the infrastructure for the pools remains. Also reinforcing the primary axis as the more important of the two axes is the large amount of carefully landscaped space adjacent to the circulation path that helps to define it as an important corridor (Fig. 25a and 25b). A roof canopy runs the length of the exterior circulation paths and further defines the exterior space. Moreover, the square-shaped steel frames that support the exterior canopy extend far beyond plane of the roof so that they frame exterior space to define a series of room-like spaces (Fig. 26a, 26b, 27a, and 27b). The secondary axis, on the other hand, leads in each direction to parking areas located around the perimeter of the site at the southwest and southeast. These parking areas are largely unarticulated architecturally, but instead are defined only by the surface ground plane as a flat expanse of asphalt. The exception is a small covered parking area on the northwest side of the subject property and immediately adjacent to the building.

The building complex generally has a horizontal emphasis as it is comprised of structures with long, low-slung massings. The three structures within the building complex each possess facades that are composed of horizontal and vertical elements arranged in different patterns to create visual interest. These elements include the smooth white planar surfaces created through the use of stucco, the primary material used on the structures’ facades, as well as ashlar masonry that is cut and arranged with a vertical orientation (Fig. 28a and 28b). Other materials used in significant quantities throughout the building are glass, metal, and wood.

Much of the building’s massing is articulated as block-like forms created through the use of low, flat parapets (Fig. 29a and 29b). However, in other locations of the building complex, flat roofs are extended far past the wall planes with canopies or wide overhanging eaves that impart a strong sense of horizontality to the volumes they shelter (Fig. 30a and 30b). Outriggers at the roof plane sometimes extend beyond eaves in a manner recalling Japanese joinery and further serve to accentuate the compositional interplay of planes. The horizontality of the building is emphasized by the facades of the three structures that comprise the building complex. The facades of the buildings are treated in a very geometric and block-like manner that is characteristic of architectural Mid-Century Modernism (Fig. 31a and 31b). These facades visually read as relatively flat, unbroken horizontal planes as their surfaces are predominantly articulated with broad expanses of a single material. Openings for fenestration also emphasize the building’s horizontal massing. They are typically arranged in groupings to visually read as long, linear strips (Fig. 32a and 32b). Mullions between units of glazing are simply detailed with small, square-shaped profiles so that the glazed surface appears minimally uninterrupted. Moreover, the simple detailing of the fenestration creates the visual impression that wall and window surfaces are one.

Both the composition of elements on the facades and the articulation of their surfaces is treated in a very sculptural manner. Visual interest is created through the contrast of planes against volumes and the juxtaposition of vertical compositional arrangements against horizontal ones. The broad planes of stucco and ashlar masonry walls throughout the complex are punctuated by the long, linear shapes of smaller building elements, such as metal louvers over window openings and a wood screen wall at the stairs to the second level of Building C (Fig. 33a and
The patterns of light and dark manifested on facades as created through the arrangements of building elements is also an important feature of the building’s composition. This visual interest is further heightened by the interplay of materials of different shades and texture used throughout the building.

On the facades, arrangements of like vertical elements, such as louvers, are often arranged in close proximity to each other to create the appearance of a solid plane (Fig. 32a and 32b). Their actual physical separation in space, however, serves to create lighting effects on the façade in which patterns of light and dark play off each other (Fig. 34a and 34b). This rhythmic vertical pattern of light and dark created on the light-colored surface of the structures’ facades is often juxtaposed with what appears to be a dark horizontal plane. However, this is a visual effect created not through a solid element but, instead, through a void in the structure’s massing. An asymmetrical composition in which balance is achieved through the visual weight of the different architectural elements employed is evidenced on nearly all of the facades. There is a unity in the compositional arrangement of the complex as a whole through the use of a limited palette of materials; however, everywhere in the complex, different spatial experiences are created through the subtle manipulation of that palette as the elements of that palette are combined in varied ways to create singular compositional arrangements.

Interior Building Description
The three structures that comprise the Mariners’ Medical Arts Building each has its own arrangement of block-like units that comprise it (Fig. 21). These units are spatially independent of each other functionally, and each unit corresponds to the medical office of a single medical practitioner within the complex. Each unit has its own unique orientation in relation to the other units within the structure in its placement on the building site, as well as its own internal arrangement of rooms. Moreover, much of the exterior space in the Mariners’ Medical Arts Building is treated as an extension of interior space as large glazed openings provide views to carefully landscaped areas and minimize the separation between interior and exterior space. Each unit in the structure is configured to have a direct relationship with exterior space, and the exterior spaces appear conceived as a series of “rooms.”

Each unit has a different configuration of spaces. Floor plans consist of a series of rectangular spaces in which solid walls are often minimized to keep a flowing space and open plan (Fig. 35a and 35b). It is only those spaces requiring a high degree of privacy or security that are completely enclosed, such as restrooms, staff rooms, examination and consultation rooms. Generally, floor plans follow conventions of a small medical practice; spaces move from the most public at the entry, and patients are increasingly diverted into spaces more tailored to individual experience. For example, the individual space of a dentist’s chair is one in which all equipment and activity is designed to be centered on the chair’s occupant. In almost all of the units, it is the patient rooms that have the most direct relationship with adjacent outdoor spaces with large expanses of glass to the outside (Fig. 36a and 36b). Much of these large expanses of glass are mediated with operable lovers mounted to the exterior and operated with internal mechanisms. However, relationships to the exterior are often present throughout the suites, such as in Suite H, in which the reception area and the primary circulation space of the unit are both arranged around an internal atrium. In Building A, the four suites that comprise that building are arranged so that they share an internal courtyard, while the arrangement of each suite also maximizes opportunities for relationships with adjacent exterior space to their perimeter.
Landscaping
The landscaping of Mariners’ Medical Arts Building occurs directly adjacent to the exterior walls of the three structures that comprise the complex (Fig. 21). The only landscaping features not in direct contact with the building complex are the linear plots of grass dividing the main parking lot of Mariners’ Medical Arts Building from Westcliff Drive to the north and a similar plot to the south that separates the parking lot behind the complex from Sherington Place. The linear plot of grass along Westcliff Drive is also planted with a row of mature eucalyptus trees.

Each of these linear plots serves to define the site as an environment separate from the streets that border it. The facades of the building that face outward to the parking lots to the front and the rear of the complex have shallow plots of landscaping abutting them. The depth of these plots appears dictated by the overhang of the roofs that float above them, as they extend from the face of the building to a point just beyond that of the roofline where they are terminated by sidewalks. The façade facing Westcliff Drive is set back from the parking lot by a small sidewalk and it is there that the patients are intended to approach the building on foot. The south portion of the façade has a shallow landscaped area adjacent to it that contains a common olive tree that is original to the building complex. The tree is situated directly in front of a wide panel of glass on the building façade beyond it, and it provides shade for the glass. A small strip of landscaped area is also immediately adjacent to the northern portion of the main façade, but no trees are planted to shade glass here as windows on this façade are placed high on the wall as clerestories. In this landscaped strip are low, wide-leafed plants and small bushes. The rear portion of the building complex that fronts a parking lot, with Sherington Place beyond, features mature eucalyptus and olive trees arranged in similarly shallow planting strips that are adjacent to the exterior facades of the building.

Once within the building complex, however, the plots of land allocated to landscaping are much larger. The sidewalk that sits in front of the building opens up to a large space exterior courtyard space that is defined by the walls of two of the structures that comprise the complex, a large roof overhead, and a rectangular concrete floor (Figs. 23a and 23b). It was this space that the architect, Richard Neutra, designated as the “patio-lobby” for the complex. The “patio-lobby” is entered directly from the front of the building complex, and in comparison to the minimal planting strips that abut the front façade, it has expansive landscaped areas to both sides of it. Originally, in this “patio-lobby,” a concrete curb elevated approximately six inches above the level of the sidewalk defined a rectangular area filled with a pool of water (Figs. 25a and 25b). This pool of water was on axis with a large concrete table that served as a directory to the building complex as well as with a flagpole to the exterior of the building. This pool, however, is today filled in with dirt covered with a flat plane of gravel and stones, although the concrete curb that defined it remains in place.

The main corridor of the complex opens up beyond this patio lobby as a corridor of exterior space internal to the building complex is defined by a roof canopy above the primary circulation path. Adjacent to this circulation path is a series of rectangular-shaped outdoor spaces that are defined by building walls to one side and the edge of the concrete circulation path to the other (Figs. 24a and 24b). These landscaped areas are further defined as spaces by steel structural elements that extend above from the roof canopy, and also serve to segment them into individual spaces (Figs. 26a and 26b). Landscaping materials such as coulter pines, small bushes, small
colored pebbles and large rocks are arranged in these planters. Along the main circulation path through the building are two additional rectangular basins that were also once pools, and they are defined by a concrete curb similar to the one described previously. They are also now filled with a flat expanse of dirt covered with small pebbles. In one of these pool areas sits round, cast-concrete forms that originally served as individual planter containers within the pool. Each of these planters was originally planted with papyrus, and this planting material still exists in these containers today (Figs. 27a and 27b).

In addition to the carefully delineated landscaped areas arranged around the public circulation axes though the building, each structure also has a relationship to more private landscaped space, as defined by building walls that enclose courtyard gardens or fencing materials. These private gardens are intended to be viewed primarily through the windows of patient rooms in individual doctor’s suites. The solidity of the walls or fencing materials that define these private gardens areas contrast against the lightness of the glass expanses that mediate between interior and exterior space, and help to create the impression of these landscaped areas as extension of the interior spaces to which they are adjacent (Figs. 36a and 36b).

Alterations

When evaluating a property for evidence of alterations, there are several sources of information that are gathered that help to provide a baseline understanding of the building as a historical resource so that its integrity may be properly assessed. A visual inspection of a historical resource is a preliminary way to observe signs of change, as professionals trained in architecture/historic preservation/architectural history are often familiar with common building methods. They are able, therefore, to find visual evidence of alterations to a building or its setting. A visual inspection of the Mariners’ Medical Arts Building was conducted on September 23, 2008, in which the interiors of all of the individual suites of the three structures that comprise the building were entered. The entire building complex and exteriors of the building were visually surveyed for indications of major alteration to the buildings, and both interiors and exteriors were extensively photographed.

Historic records of the building, such as architectural drawings, photographs, building permits, and written descriptions are also an effective way of establishing a historical resource’s original condition so that its integrity may then be assessed. These records can also be compared to similar contemporary items that document the resource for evidence of change. Research on Mariners Medical Arts building was intensively conducted over a month long period that commenced in mid-October 2008 to ascertain the buildings original condition as well as changes that occurred over the years. The collection and inventory of all building permits issued since the building was first constructed revealed the extent of permitted changes made throughout the years (Fig. 38). This information was supplemented with historic photographs of the building that were collected from major architectural archival repositories at the University of California, Los Angeles and at the Getty Institute and Research Library. These historic images visually document the building at the time of its construction, and they reveal the extent of changes to the building when they are compared to contemporary photographs of the building taken from the same view. A discussion of the alterations to Mariners’ Medical Arts building follows.

Alterations to Mariners’ Medical Arts building are relatively insignificant as demonstrated both through photographic evidence and in the record of changes to the building fabric established by
the permits over the years (see Figs. 22a,b - 36a,b for a comparison of historic and contemporary views). Most of the permits noted relate to minor tenant improvements on the interiors of units, such as the addition of sinks, light fixtures, or electrical receptacles. Interiors of most units have had minor tenant alterations over the years, such as the replacement of original cabinetry. However, the Mariners’ Medical Arts Building is a highly intact example of Neutra’s work, as major structural elements and architectural features are relatively untouched. The building currently suffers from a lack of adequate maintenance, but this, too, in no way diminishes the building’s significance.

The most important alteration to the building is the recent loss of the metal louvers from the windows of one of the suites. These louvers were illegally removed and reported stolen from Suite 6 in November 2008 (Figs. 39 and 40). The windows of this suite face directly into the central landscaped area defined by the primary circulation axis, which makes the loss of the louvers in this location more significant than if it had occurred in a more private space of the building such as an interior courtyard. However, the loss of the louvers does not seriously compromise the building’s integrity, as the louvers in this location comprised a very small percentage of the historic building fabric still present. Moreover, similar louvers that express the original design intent are present throughout the building complex.

The second important alteration to the building complex is not to the building fabric, itself, but to the central landscaped area defined by the three structures of the building. Historically, the primary exterior circulation axis through the complex was defined by long, linear water elements aligned with that axis. These reflecting pools were emptied and the areas that they once defined filled with earth topped in a gravel and/or stone surface. Although the loss of this landscaping feature is important, given that the landscape was such an integral part of Neutra’s design, the alteration, as executed, is fairly minor. The original intent of the design is still apparent as the original curbs that once defined the pools are still in place as are the round concrete planters that once appeared to float on the surface of the water.

Another feature that was removed was a large cast concrete element shaped like a table that was located in the “patio-lobby” of the building complex. This concrete element was both a utilitarian and a decorative feature. It served as a way-finding device, as it contained a listing of doctor’s suites, and was also highly decorative with an intricate mosaic tile map on its surface. However, as an element functioning only as a directory to the building, the loss of this element does not detract from the building complex’s ability to communicate original design intent.

Any loss to the historic building fabric is regrettable in regard to a historical resource’s ability to convey its historic context. However, alterations described above, while important, are still relatively minor and do not constitute a significant compromise to the overall high degree of integrity evidenced in the building complex.

35 The cast concrete slab of the doctor’s directory may very well have been designed by Neutra as an integral design element in the complex. However, the mosaic tile-work was designed by an artist. The artist’s name remains unknown, although information contained in the Richard and Dion Neutra Papers at UCLA Special Collections reveal that she was married to one of the doctors in the complex.
SIGNIFICANCE
The Mariners’ Medical Arts building may be understood as the culmination of Neutra’s life-long interest in issues of health in relation to the human body’s interaction with the built environment. The very phrasing of the name bestowed on the building, positing medicine as an art practiced within a space configured specifically for that purpose, is highly indicative of Neutra’s philosophy towards the role of architecture in facilitating the “art” of medicine. Neutra conceived of the space in which medicine was practiced as having a certain set of functional requirements that must be met in order for healing to occur, much like the space allocated to other art practices, such as dance, must be properly fitted to allow the activity occurring within to be properly practiced. Just as a dance studio must have the proper allocation of space to accommodate dancers’ movements, or the provision of mirrored walls so that they might monitor their gestures, so, too, did Neutra believe that the art of medicine must be properly accommodated spatially. Moreover, he envisioned the architect’s role as being very similar to that of a doctor performing a diagnosis. The architect’s task was to create a therapeutic “affective environment” for the patient, and the achievement of this task was highly dependent on the skill of the practitioner.36 To Neutra, the architect, like the doctor, possessed the “ominous power” of affecting people’s well-being.37 Like the doctor’s art of diagnosis, the architect could either create a setting conducive to the physical and psychological well-being of the user by correctly assessing his or her needs spatially, or, the architect could create pathologies with an incorrect assessment. Neutra’s idea of architect as medical practitioner was once explained by him in a lecture as he stated:

But I know that designing a setting for human beings is an important branch of preventative medicine, an intuitive art with a scientific footing, like “Medical Art”, which has to act more speedily than the detached scientist who prides himself on his patience in reaching a minute decision after ten years of delayed action. The physician and the architect are honorable, much-called-for “in-betweens”, drawing on science and acting upon the intuition of an artist, sometimes even on split-second emergencies.38

As evidenced in this speech, Neutra believed that the practices of both medicine and architecture shared much in their scientific foundations. However, he believed that they shared something even more important in their practices as “arts”: they required the very unscientific intuition characteristic of a medium, or an “in-between.” This idea of the role of intuition in the practice of his art is one that Neutra often explored in his many writings. As revealed in this particular speech on the relation of medicine to architecture, Neutra strongly believed that both the doctor and the architect’s skill in the practice of his art was derived not from dispassionate scientific

36 The scholar Sylvia Lavin discusses extensively Neutra’s belief of creating both physical and psychological well-being for his building’s users through the creation of an “affective environment.” See Sylvia Lavin, Form Follows Libido: Architecture and Richard Neutra in a Psychoanalytic Culture (Cambridge: MIT Press, 2004).
37 Neutra felt very strongly that the practice of medicine as a healing art had important parallels to the practice of architecture. Neutra described these ideas more fully in his writings, in which he describes architects as possessing “ominous power” similar to that possessed by doctors. This power was the ability to make people either sick or well. Therefore, he saw the task of creating a medical office building as one in which he was responsible for creating the physical and psychological setting conducive to patient well-being. See typed manuscript entitled “Doctors and Architecture” dated October 1969 in the Richard and Dion Neutra Papers, UCLA Special Collections Library.
observation of conditions, but rather from the ability to empathize with the people under his care. The necessity for such empathy on the part of the doctor and the architect was Neutra’s belief that psychosomatic factors - physical disorders of the body influenced or aggravated by people’s emotional states - played a strong role in patients’ health. Moreover, Neutra believed that the creation of a physical environment could not only serve patients physical needs in their treatment, but also their psychological needs by providing a setting that would alleviate their fears and anxiety in regard to their medical treatment. This idea was central in Neutra’s designs for health-related buildings. Almost two decades before the construction of Mariners’ Medical Arts building, Neutra expounded upon this idea in an article entitled “The Modern Health Center Designed for Regions of Mild Climate,” for Modern Hospital, a magazine oriented towards both design professionals and the medical profession. In that 1946 article, Neutra described how it was the task of the architect to address both patients’ physical and psychological needs in the design of a medical facility, and he once again linked the responsibilities of the architect and the medical practitioner in the patient’s treatment as he stated:

The psychosomatic approach to souls and body alike depends a great deal on the physical setting. The architect, expert in human reactions to physical surroundings, is here a natural ally to the medical team and the social worker.39

While an intimate connection between the mind and body in relationship to the health of the patient within a setting for treatment did not emerge as a fully articulated concept in Neutra’s work until the 1940s, ideas about the relationship of the healthy body to architectural space were a preoccupation very early in his career. They manifested themselves in his very first major American commission in 1927 when he was engaged by Philip Lovell, the Los Angeles Times writer of a column called “Care of the Body,” to design his private residence in Los Angeles. The Lovell Health House, as it was named, became an emblematic icon of architectural modernism when it was subsequently featured in one of the most significant exhibitions of architecture in the 20th century, the International Style exhibition held at the Museum of Modern Art in New York in 1932. The catalogue that accompanied that exhibition helped to establish Neutra as an important figure in American architectural modernism, as it explained that the Lovell House was “without question, stylistically the most advanced house built in America since the War.”40

Neutra had first come into contact with the clients, Philip and Leah Lovell, in 1926 when working on another residence commissioned by them, the Lovell Beach House in Newport Beach. However, on that project, it was not Neutra who was responsible for the building design but rather his mentor, Rudolph Schindler. Neutra, still establishing himself as a designer in the Los Angeles area, worked as the landscape designer for the house.41 The impression Neutra made upon Lovell must have been a strong one, however, because when Lovell chose to build a Los Angeles residence in 1927, it was Neutra rather than Schindler whom Lovell selected as his architect. Neutra’s work on the project would begin his lifelong interest in the nexus of health,

40 Alice Friedman, Women and the Making of the Modern House (New Haven: Yale University Press, 2007), 166.
medicine, and the human body in its relationship to architecture, for it was here that he began to conceive of architecture as possessing the power to have an ameliorative effect on the human body. He later described how this idea had first emerged in his work for the Lovells, as he said:

I was perhaps not so radical, but I began to think that medicine was best when well-versed in prevention and that city planning and building design might be the most promising package of preventative medicine and a strong influence factor in originating the inner chemistry of wholesomeness.\footnote{Richard Neutra, \textit{Life and Shape} (New York: Appleton-Century-Crofts, 1962), 220.}

Neutra’s interest in architecture as it related to the biological fitness of the human body was a theme that would be present throughout his nearly 50-year career practicing architecture in the United States. At the Lovell Health House, Neutra explored the idea of creating health through architecture at the level of the individual and within a domestic setting. Although he would continue to incorporate approaches to healthy living in his domestic work for the tenure of his career, in the decades following the construction of the Lovell Health House he would also receive opportunities to extend his ideas regarding health and architecture to a broader set of users.

For Neutra, health in the human body encompassed physical as well as psychological health. At the beginning of his career, he was deeply influenced not only by practitioners of healthy living, such as Lovell, but by the ideas emerging in the first decade of the 20th century regarding the state of health in the human mind and its relationship to physical disorders in the body. These ideas were explored by the Austrian psychiatrist, Sigmund Freud, founder of the psychoanalytic school of psychology and the father of Ernst Freud, an architect and close friend of Neutra’s from his early life in Austria. Neutra spent a lot of time with the Freud family, and the influence of its renowned patriarch upon Neutra is one that has been extensively explored in scholar Sylvia Lavin’s \textit{Form Follows Libido: Architecture and Richard Neutra in a Psychoanalytic Culture}. As Lavin explores throughout the book, Neutra conceived of the role of the architect as encompassing profound social responsibility and one in which the architect, through his designs, acted as a “healer” of society. Therefore, in the architect’s role as social healer, it was his responsibility to create an “affective environment” conducive to creating for its inhabitants or users a state of mind responsive to treatment. By setting the proper psychological mood, Neutra believed, he could physically and psychologically affect his users’ well-being.\footnote{Sylvia Lavin, \textit{Form Follows Libido: Architecture and Richard Neutra in a Psychoanalytic Culture} (Cambridge: The MIT Press, 2004), 143.}

As Neutra became more established in his career, he was able to take on broader scale institutional and commercial projects that would affect the lives of larger social groupings than merely that of the individual family unit. While Neutra was able to explore his ideas regarding health and the human body in many of his designs, there is perhaps no building typology that better offered him the opportunity to explore these ideas directly as did his designs for medical facilities. His work on larger-scale projects with health-related programs began by 1945, when he designed the Norman Clinic in the San Pedro district of Los Angeles, California. In the ensuing two decades, he would produce at least four more medical complexes in California before reaching the end of his career with his death in 1970: the Beckstrand Medical Building in Long Beach and the San Bernardino Medical Center in 1953, the Mariners’ Medical Arts...
building in 1963, and the La Veta Medical Square in Orange in 1966. At least three of the four medical complexes are no longer extant or lack sufficient integrity as intact examples of Neutra’s medical group clinic typology (See Figs. 44 and 45 for additional information on these buildings). Neutra may have also executed designs for medical complexes in other countries, as suggested in his 1948 book entitled Architecture of Social Concern in Mild Climates in which the medical office building typology was explored.

Based on the building permit, and as discussed in the planning context for the Newport Beach area, at the time of the building’s construction, the Irvine Company owned the site of the subject property as it did all of the land encompassed on the Irvine Ranch property. A group of doctors joined together to form a corporate entity to practice together as a group and they entered into a long-term lease with the Irvine Company for the site of the subject property. The original doctors ranged from dentists to child psychiatrists, as illustrated in the following table (Table A) that provides a list of the original clients and individual units in the building associated with them. (Both lettered and numerical designations for suite locations within the building complex are provided in the table, as Neutra chose to use letters in floor plans of the building published in architectural magazines, while in actual practice, a numbering system was employed to designate the suite addresses both in the past and presently). Together, they commissioned Neutra to design the Mariners’ Medical Arts building which would subsequently be constructed for $500,000 with a significant portion of that amount, nearly $24,000, expended upon the landscaping. As stated by Neutra in his description of the project, the doctors desired the creation of a building that would address each doctors’ specific needs.

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45 “Project Description” located in Box 78F.3 in the Richard and Dion Neutra Papers 1925-1970, UCLA Special Collections.
Table A: List of Original Clients and Individual Units within Mariners’ Medical Arts Building

<table>
<thead>
<tr>
<th>Suite (From floor plan)</th>
<th>Location (From Directory)</th>
<th>Name</th>
<th>Specialty</th>
<th>Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>Boyd, Dr. Edward A.</td>
<td>Orthodontics</td>
<td>44 Ketch Road, Beacon Bay, Newport Beach</td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>Hodges, Dr. George T.</td>
<td>Otolaryngology (Ear, Nose, and Throat)</td>
<td>2200 Bayside Dr., Corona del Mar</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>Doan, Dr. Thomas W.</td>
<td>Dentistry</td>
<td>1907 Sabrena Terrace, Corona del Mar</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td>Button, Dr. Richard</td>
<td>Ophthalmology</td>
<td>2048 Commodore, Newport Beach</td>
</tr>
<tr>
<td>E</td>
<td></td>
<td>Robinson, Dr. Tom W.</td>
<td>Pediatrics</td>
<td>2652 Circle Dr., Newport Beach</td>
</tr>
<tr>
<td>E (shared)</td>
<td></td>
<td>Plumb, Dr. Hugh J</td>
<td>Pediatrics</td>
<td>200 Via Barcelona, Newport Beach</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>Riley, Dr. Roger</td>
<td>Dentistry</td>
<td>1934 Highland, Newport Beach</td>
</tr>
<tr>
<td>G</td>
<td></td>
<td>Holmes, Dr. William R.</td>
<td>Oral Surgery</td>
<td>2021 Leeward Lane, Newport Beach</td>
</tr>
<tr>
<td>H</td>
<td></td>
<td>Gerrie, Dr. Wallace A.</td>
<td>Urology</td>
<td>1820 Sandalwood Lane, Newport Beach</td>
</tr>
<tr>
<td>J</td>
<td></td>
<td>Herold, Dr. Ray</td>
<td>Psychiatry</td>
<td>1320 East Ocean Front, Balboa</td>
</tr>
<tr>
<td>J (shared)</td>
<td></td>
<td>Carpenter, Dr. Stewart</td>
<td>Child Psychiatry</td>
<td>307 Onyx, Balboa</td>
</tr>
<tr>
<td>M</td>
<td></td>
<td>Graham, Angus Harbor Medical Laboratories</td>
<td>Bioanalyst</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

According to Neutra, it was specifically his interest in health and the human body as it relates to architectural space that led the clients of Mariners’ Medical Arts building to choose him as their architect. A few years prior to the commission, in 1960, Neutra had again published his ideas regarding the architect’s role in the design of medical facilities in an article entitled “What Architects Should Know About Patients” in *Modern Hospital* magazine. The placement of the article in a publication oriented towards the medical profession as its intended audience represents Neutra’s continued attempts to find new clients who might share his views. The article described how the physical and psychological needs of both the patients and the medical personnel who served them needed to be carefully considered in any medical building design. In the consortium of doctors who commissioned Mariners’ Medical Arts building, Neutra once again found clients sympathetic to his views that the health of both the mind and the body must be addressed in the design of a medical facility. The fact that the doctor-clients and Neutra shared similar views was described by Neutra several years after the building’s completion as he stated that he was selected “for his philosophy concerning the psychosomatic effects on the patients which can be produced by the architect’s design.” A letter written to Neutra prior to the building’s completion also reveals that at least one of the doctor-client’s views on the

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architectural space of the building closely paralleled those previously expressed by Neutra in his 1960 article. This letter was written on August 17, 1962 by Dr. Thomas W. Doan, the dentist who would later occupy Suite 6 of the Mariners’ Medical Arts building (Fig. 37). Written during the time that Neutra was beginning the design for the building, it expressed briefly the doctor’s own spatial and physical needs, before going into great detail on the physical and psychological needs of the patient, as he perceived them, in the medical setting.

By the time the clients of Mariners’ Medical Arts building approached Neutra for its design, Neutra was well acquainted with the difficulties inherent in the building typology having already executed three of his southern California medical office designs. In a lecture that he delivered sometime in the decade prior to the commission, he stated the primary problem in the design of a medical group clinic explicitly as he stated that “The problem of a group practice clinic is that each medical specialty has its own time requirements, that the patient contacts, treatment period, consultation conversations vary tremendously, and so the number of patients which can be seen during an hour or a day.”48 The Mariners’ Medical Arts building, therefore, offered Neutra yet another opportunity to explore his ideas and refine his solutions regarding the design of a medical building or group clinic.

In the Mariners’ Medical Arts building, Neutra was able to solve the problem presented by the individual needs of the different practitioners by creating individual spaces within the medical building that allowed for different time and space requirements. It is evident that each unit has been designed with the function of the doctor in mind. The first unit in the building, southeast of the patio-lobby, built for an orthodontist, is dominated by the operating room and its four dentist chairs face floor-to-ceiling glass panels. By positioning the operating room on the main façade of the building, the patients, instead of staring at a blank wall, face the glass that reveals the activity outside. While chairs for the orthodontist face the street, in other units, Neutra consistently arranges operating rooms of the dentists and oral surgeons inward towards individual gardens. Each operating room looks out into a garden while allowing for privacy by blocking the window with louvered blinds or walls.

Whereas in many other designs of this era the car was celebrated as an intrinsic part of the design, here the car is virtually banished to the perimeter of the site in an effort to create a tranquil garden setting. In fact, extreme care is taken by Neutra to minimize the appearance of cars on site. While the necessity of direct access to the medical complex at its most visible point of entry on Westcliff Drive necessitated that parking be located in front of the building, Neutra took care to minimize the amount of cars that might be parked in front of the building’s most visible approach at any one time. A wall that extends the horizontal plane of the front façade of the building serves as a screen that effectively hides from view a covered parking area adjacent to the northwest side of the building. While the number of cars driven by patients might vary in front of the building during the business day, Neutra knew that automobiles owned by his doctor clients and their employees would remain relatively fixed in place during business hours. Therefore, he consigned them to a single location and screened them from view. The relegation of automobiles to the perimeter of the site at Mariners’ Medical Arts building is an important aspect of how the space to the interior of the space is conceived. It is the centralized garden space of the building complex that knits together the three structures in which medical offices are housed as well as the parking areas to the periphery of the building complex by which people

enter the complex. 49 This central garden space was intended to serve an important function in the treatment of patients within the complex. It serves as an important transition between the busy activity of everyday life, as signified by the streets and parking lots that surround the building, and the quiet space established upon entry to each individual doctor’s suite.

The landscape design of Mariners’ Medical Arts building references principles of Japanese garden design throughout in the way that the ground plane is treated like a flat geometric surface similar to that evidenced in a Japanese Zen garden. The Zen garden, traditionally used as a means to induce a tranquil and reflective mental state, also helps to establish a mood of quiet reflection at the Mariners’ Medical Arts Building. The principles of Zen garden design are summoned in the articulation of surfaces as a series of flat horizontal planes, the manner in which surfaces are treated materially in regard to landscape elements such as rocks and water, and in the sculptural quality of some of the plant materials used. One such plant material is the papyrus that was originally used extensively throughout the complex, where its sculptural qualities as a somewhat geometric form were emphasized in its placement in round containers against the flat plane created by the pools of water arranged adjacent to the primary circulation path. Although the water no longer exists, this landscape material is still evidenced in locations throughout the complex such as in the atrium space of Suite H.

Although it is uncertain who may be credited with the landscape design itself, Neutra undoubtedly played a strong role in the choice of landscape architect.50 Neutra’s interest in Japanese gardens was evidenced at least five years prior to the construction of the Mariners’ Medical Arts building when he wrote the forward to a book on Japanese garden design.51 Neutra believed that the design of Japanese gardens evidenced the same biological, naturalistic approach to design manifest in his architecture. A few years prior to the construction of Mariners’ Medical Arts Building, Neutra described the appeal to him of Japanese gardens as a place in which time was suspended, as he said:

Leaving aside the matter of ritual symbolism, I have always felt the Japanese garden to be a design in time as well as in space. In it, the eternity of shape is kept before our soul by many laborious but rewarding hours of inconspicuous maintenance. In its volumes and in

49 The strong relationship between interior and exterior space is characteristic of Neutra’s work, and has been explored extensively in the scholarship on his work. This emphasis on blending the natural environment and the built environments was often articulated by Neutra in a concept that he coined as “biorealism.” His concept was based on the premise that human beings, as living organisms, are highly responsive to the environment in which they are placed, and therefore response to environmental stimuli in a given environment just as do other living organisms. Therefore, Neutra sought to minimize environmental stimuli within the built environment that might act as stressors to the users of that space. See Barbara Lamprecht’s chapter on biorealism entitled “Biorealism: Bodily Substrate of the Mental Life” in Richard Neutra: Complete Works. Los Angeles: Taschen, 2000, 42-49.

50 That Neutra was responsible for selection of the landscape architect is strongly suggested by a letter in the Richard and Dion Neutra Papers at UCLA Special Collections Library. In that letter, Jocelyn Domela of the landscape architecture firm, Domela Brinkerhoff and Associates relates how she believes Neutra may select her for the job. The letter is addressed to Mr. Dennis Carpenter, the lawyer who helped the doctor-clients of Mariners Medical Arts building, to form a corporation to establish their practices together. In the letter Domela indicates she was recommended to Mr. Carpenter by Neutra as a landscape architect as she had worked on buildings by Neutra in the past. While this letter helps to establish that Neutra was probably responsible for the choice of the landscape architect for the work at the building, it is unknown if Domela’s firm was ultimately selected.

51 David Harris Engel (with a foreword by Richard Neutra), Japanese Gardens for Today (Rutland, Vermont: Charles E. Tuttle Co., 1959), xi-xii.
its space relations a twelfth-century garden looks today just as it did hundreds of years ago, although it is composed, not of mummies and relics, but largely of living plants. This is a time cult; it points to the significance time has to life.

In Mariners' Medical Arts building, the significance of time to life, as represented by the living plant materials of the garden, is important. In the space of the doctor’s waiting room, the busy activity of life is temporarily suspended for a quieter psychological state in which a remove from normal activity is necessary to provide diagnosis of the patient. Moreover, Neutra believed that nature, as represented by the garden, could be a therapeutic force in the treatment of the patient. In *Japanese Gardens for Today*, he described the effects of the garden upon the human being who might interact with it, as he stated:

Thus a visitor to such a jewel of gardening is kept, with brilliant foresight, tenderly activated by the multi-sensorial appeal of the sounds, odors and colors of nature, the thermal variations of shade, sunlight and air movements. Happy endocrine discharges and pleasant associations play through the visitor’s body and mind as he views and promenades. Or, even when he sits seemingly in full repose, that strangely emotive “force of form” that exists in the garden keeps eliciting the vital, vibrating functions of the subtle life processes within him that we call delight.  

The garden is employed to provide a calming effect for patients through “the multi-sensorial appeal of the sounds, odors and colors of nature, the thermal variations of shade, sunlight and air movements.” The covered walkways that connect each of the units were intentionally designed to be surrounded with a natural landscape and outdoor reflecting pools that, as Neutra stated, might “calm the patients’ nerves” and “distract patients’ attention from their less pleasant medical problems.” Neutra felt so strongly about water as a healing force, that he deliberately placed the water features where all patients would have to pass them. It is interesting to note, too, that the water features reinforce the axis to the two child psychiatrists’ offices in Building C, given Neutra’s fascination with the psychological ideas of his friend, Sigmund Freud, and the significance of water as a symbol in the unconscious in the latter’s writings. However, as the preceding passage reveals, Neutra believed that the garden not only produced important psychological effects upon the human body, but with the release of “endocrine discharges” within the body, important physical effects that could be therapeutically beneficial to patients as well.

In Neutra’s previous health-related buildings, such as in the domestic building type represented best by the Lovell Health House, he emphasized principles of health through design by placing an architectural emphasis on the building’s ventilation. By doing so, he ensured that fresh air would be constantly introduced into the space of the house in a manner that parallels the idea that the constant introduction of fresh air is healthy to the human body. In the interior spaces of

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54 The evidence that Neutra intentionally placed the water elements in a place where all patients would have to walk by them is provided in a caption written by Neutra for one of the photographs of the complex taken by the photographer, Julius Shulman. The caption states that “The end building is shared by 2 psychiatrists. All patients have to pass the lovely reflection pool.” See Julius Shulman Collection, Getty Archives.
Mariners’ Medical Arts building, however, the relationship to the air and light that the natural world affords is less direct between the interior and the exterior of the building. Perhaps due to more stringent demands for a sterile environment in the medical practice, the connection between interior and exterior space is less permeable than in some of Neutra’s other buildings. While the interior of the individual units of doctor’s suites, large windows in waiting rooms, patient rooms, and offices suggest a close relationship with exterior space, there are no operable windows to introduce the fresh air that Neutra considered so vital to the body’s health. However, Neutra was careful to design the interiors in such a way that the occupants might never lose contact with the natural world by providing views throughout the sequence of spaces in each individual unit. There are few interior spaces that do not afford views to the exterior, and these few rooms are typically those of a very utilitarian nature, such as storage, or those requiring a high degree of privacy, such as bathrooms. On interior space, the linking of interior space with exterior space is mediated by the fixed glass that provides views to the carefully landscaped grounds. The louvers mounted over windows to the exterior of the building, while they are suggestive of ventilation, were, in fact, designed to let the occupants of the building modify their environment in terms of light and views. However, almost all of the units in the building open upon the courtyard, with the exception of those units where the building configuration does not allow it. It is here in the heart of the complex, that the patient is brought into direct contact with the plant life, air and sunlight that Neutra considered so therapeutic to the patient.

At the Mariners’ Medical Arts building, Neutra successfully brought together all of his ideas regarding the healthy human body and its relationship to the environment. The result is a masterful architectural environment in which the interior and exterior space of the building and the garden is interwoven into a singular and clearly-articulated architectural composition. The Mariners’ Medical Arts Building was intended not only to introduce delight to its users through the skillful manipulation of man-made elements integrated with those of the natural world, but just as importantly, to create a therapeutic environment. In such an environment, with the human body almost everywhere in contact with nature, the activity of everyday life might seem momentarily suspended to allow the introspection and diagnosis necessary to provide healing. Neutra considered the Mariners Medical Arts Building, an important project within his own body of work. This is demonstrated by the fact that, of the medical buildings he designed, it was the example that he chose to publish extensively. In 1965, shortly after the building’s completion, Neutra published the Mariners’ Medical Arts building as a demonstration of his skill in two of the most prestigious architectural magazines in the United States, Architectural Design and Progressive Architecture. The design for the building also reached a wider audience than that available through readers of architectural journals when an article was published in Fortune magazine in 1966. Neutra also used the design of the Mariners’ Medical Arts Building to bolster his reputation internationally as articles on its design appeared in the French architectural magazine, Architecture, Formes et Fonctions, as well as the Italian magazine Architettura: Cronache e Storia (See Figs. 48 – 52 for copies of these articles in their entirety).55 Neutra’s son

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Dion, who practiced alongside his father for many years, recently confirmed the importance of the building to Neutra, himself, as the most skilled example of his medical office building type as Dion stated that “We built a number of facilities like this one in Orange County, but this was his [Richard Neutra’s] favorite. He felt it was the most successful.”

INTEGRITY

Historic properties must retain integrity in order to be eligible for the national, state and local registers, since having integrity allows a resource to physically demonstrate significant aspects of its past. The National Register program has the most extensive written guidance on the subject of integrity and is used at the state and local levels as a reference. As defined in the National Register Bulletin 15: How to apply National Register criteria, there are seven aspects of integrity, and a historic property is required to retain a majority of them. These aspects are location, design, setting, materials, workmanship, feeling and association. Evaluation of integrity involves ascertaining the amount of change that a potential historic property has undergone since the period of its “association” or “significance” in regard to the seven aspects of integrity. The seven aspects of integrity are explained in more detail below:

- **Location** is the place where the historic property was constructed. The relationship between the property and its location is often important to understanding why the property was created or why something happened. The actual location of a historic property, complemented by its setting, is particularly important in recapturing the sense of historic events and persons. Except in rare cases, the relationship between a property and its historic associations is destroyed if the property is moved.

- **Design** is the combination of elements that create the form, plan, space, structure, and style of a property. It results from conscious decisions made during the original conception and planning of a property and applies to activities as diverse as community planning, engineering, architecture, and landscape architecture. Design includes such elements as organization of space, proportion, scale, technology, ornamentation, and materials. A property's design reflects historic functions and technologies as well as aesthetics. It includes such considerations as the structural system; massing; arrangement of spaces; pattern of fenestration; textures and colors of surface materials; type, amount, and style of ornamental detailing; and arrangement and type of plantings in a designed landscape.

- **Setting** is the physical environment of a historic property and refers to the character of the place in which the property played its historical role. It involves how, not just where, the property is situated and its relationship to surrounding features and open space. Setting often reflects the basic physical conditions under which a property was built and the functions it was intended to serve. In addition, the way in which a property is positioned in its environment can reflect the designer's concept of nature and aesthetic preferences. The physical features that constitute the setting of a historic property can be either natural or manmade, including such elements as vegetation, simple manmade features such as

sidewalks, and relationships between buildings and other features or open space. These features and their relationships should be examined not only within the exact boundaries of the property, but also between the property and its surroundings.

- Materials are the physical elements that were combined or deposited during a particular period of time and in a particular pattern or configuration to form a historic property. The choice and combination of materials reveal the preferences of those who created the property and indicate the availability of particular types of materials and technologies. A property must retain the key exterior materials dating from the period of its historic significance. The property must also be an actual historic resource, not a recreation; a recent structure fabricated to look historic is not eligible. Likewise, a property whose historic features and materials have been lost and then reconstructed is usually not eligible.

- Workmanship is the physical evidence of the crafts of a particular culture during any given period in history. It is the evidence of artisans' labor and skill in constructing or altering a building, structure, object, or site. Workmanship can apply to the property as a whole or to its individual components.

- Feeling is a property's expression of the aesthetic or historic sense of a particular period of time. It results from the presence of physical features that, taken together, convey the property's historic character.

- Association is the direct link between an important historic event or person and a historic property. A property retains association if it is the place where the event or activity occurred and is sufficiently intact to convey that relationship to an observer. Like feeling, association requires the presence of physical features that convey a property's historic character.

As further provided in National Register guidance, a property eligible for its architecture must retain high integrity of design, materials and workmanship. The period of significance for Mariners’ Medical Arts building is the completion date of 1963. In assessing integrity of the property as a historical resource, all seven aspects were evaluated. The building, as well as its immediate surroundings including landscape and hardscape features of the site, retains an extremely high level of integrity in respect to all seven aspects of integrity. Therefore, the essential physical features of the Mariners’ Medical Arts building that made up its appearance during the past are present today. The building thus retains integrity for listing in the National, California and Newport Beach registers.

COMPARABLE PROPERTIES
To be eligible for listing in the National Register a comparison to other extant properties must be made. National Register Bulletin 15, states that “Once the historic context is established and the property type is determined, it is not necessary to evaluate the property in question against other properties if: It is the sole example of a property type that it is important in illustrating the historic context or; it clearly possesses the defined characteristics required to strongly represent the context.”57 Mariners’ Medical Arts building is not the sole example of Richard Neutra’s medical office type as he designed a total of five medical office buildings in southern California.

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during the course of his career. Therefore, it was necessary to briefly survey those other four properties to determine the skill with which they were rendered as examples of Neutra’s work within the context of his health-related work, and to assess their current integrity, the results of which are presented in Table A.

The first task was achieved by surveying the existing scholarship on Neutra’s health-related buildings to ascertain which of the five buildings could be considered the most skilled of Neutra’s health-related work. Neutra, himself, considered the Mariners’ Medical Arts building to be his most successful building of this type, and scholars appear to agree that it, along with the San Bernadino Medical Clinic, are the most successful of Neutra’s projects within this building typology. The results of this first task are summarized in Table A under the column headed “Importance as an Example of Neutra’s Medical Office Building Type.”

The second task required assessing the integrity of the other four medical office buildings relative to Mariners’ Medical Arts building. As discussed in the previous section on integrity, the Mariners’ Medical Arts building is a highly intact example of Neutra’s medical office buildings. However, comparing the building against the integrity of other Neutra-designed medical office buildings helps to establish its importance as an example within the context of his work in this type. Only three of the four other medical office buildings designed by Richard Neutra are still extant, as the La Veta Medical Center in Orange was demolished. Therefore, each of the three extant Neutra-designed medical office buildings was briefly surveyed and photographically documented to establish its integrity relative to the Mariners’ Medical Arts building.

The photographic assessment for integrity of all three extant medical office buildings is provided as well as an image of the one building in the grouping that is demolished (Appendix D, Figs. 41-47). The results are of this assessment are summarized in the following table in the column headed with “Description of Alterations.” All three of these remaining medical office buildings have sustained varying degrees of alteration to their original designs over the years. When compared to the other four medical office buildings designed by Richard Neutra, Mariners’ Medical Arts Building emerges as not only one of the best examples of Richard Neutra’s medical office building type but also the most intact example, as summarized in the table under the heading “Assessed Importance Today.”

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58 Neutra’s son, Dion, who practiced alongside his father for many years, recently confirmed the importance of the building to Neutra, himself, as the most skilled example of his medical office building type as Dion stated that “We built a number of facilities like this one in Orange County, but this was his [Richard Neutra’s] favorite. He felt it was the most successful.” See Paul Hodgins, “Architect Fights City Hall to Preserve Building Some Call ‘Blah,’” The Orange County Register, Monday, July 7, 2008 (accessed online on 10/20/2008 at www.ocregister.com/articles/neutra-linnert-building-2086348-county-buildings), 2.
### Table B: Assessment of Other Medical Office Buildings in Southern California by Richard Neutra

<table>
<thead>
<tr>
<th>Name</th>
<th>Importance as an example of Neutra’s medical office building type</th>
<th>Description of Alterations</th>
<th>Documentary Evidence</th>
<th>Assessed Importance Today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norman Clinic (San Pedro district of Los Angeles)</td>
<td>Not a refined example of Neutra’s medical office buildings as per photo. No known scholarly research on building.</td>
<td>Building has been “significantly altered”. Portion of building has been demolished. Windows have been altered as well as the entrance.</td>
<td>Photos recently taken on site of building and quote pertaining to its condition in Thomas S. Hines Richard Neutra and the Search for Modern Architecture</td>
<td>This building is not considered to be one of Neutra’s important works, and has been significantly modified.</td>
</tr>
<tr>
<td>Beckstrand Medical Building (Long Beach)</td>
<td>Considered “small but riveting” by Neutra scholar, Barbara Lamprecht, in her book Neutra: The Complete Works. Lamprecht remarks the façade is, “disciplined, ethereal, stern, beautiful.”</td>
<td>Brown metal siding has replaced a significant portion of the building. Original windows have been infilled with stone bricks.</td>
<td>Photos recently taken on site of building.</td>
<td>Although this building was regarded as a fine example of Neutra’s work, it has been significantly modified.</td>
</tr>
<tr>
<td>San Bernardino Medical Clinic (San Bernardino)</td>
<td>In his book, Richard Neutra and the Search for Modern Architecture, Thomas Hines states that “the San Bernardino clinic, whose simple geometry and linear fenestration recalled Neutra’s earlier work of the thirties.” This may be understood as an endorsement of the building as an excellent example of Neutra’s work, as it is generally recognized that the thirties was one of the high points in Neutra’s career.</td>
<td>Original sign has been removed. Original emergency entrance no longer exists, and the wide overhang has been removed. Additions have been made to the building and the main entrance has been significantly altered.</td>
<td>Photos recently taken on site of building.</td>
<td>Although this building was considered one of the finer examples of Neutra’s medical office building type, the alterations to the building have changed the overall design of the building.</td>
</tr>
<tr>
<td>La Veta Medical Square (Orange)</td>
<td>Thomas S. Hines considers this building to be one of the bland, lifeless monuments created in the late 1960s. Hines notes in his book, Richard Neutra and the Search for Modern Architecture, that the “sunscreens” at La Veta are, “superfluous and disingenuous.”</td>
<td>Building no longer extant.</td>
<td>Newsletter published online through the Neutra Institute for Survival Through Design. See their E-Zine, Issue 2 dated July 15th, 2001 available online at <a href="http://www.neutra.org/ezine3.html">http://www.neutra.org/ezine3.html</a></td>
<td>This building was not considered to be a good example of Neutra’s work and no longer exists.</td>
</tr>
</tbody>
</table>

CONCLUSION

The Mariners’ Medical Arts building represents the culmination of ideas American master architect Richard Neutra was exploring throughout the course of his long and illustrious career. The skillful dexterity with which Neutra handled the medical building typology is present throughout the Mariners’ Medical Arts building. It is evidenced both in the manner in which he creatively treated the architecture as an expressive sculptural form as well as the way his ideas regarding health of the human body in relation to architecture manifested themselves fully within the design. As one the best examples of Neutra’s medical building typology, and as one of the few remaining intact examples, the Mariners’ Medical Arts building is highly significant, and is an exemplary execution of Neutra’s approach to designing architectural environments in a holistic manner for the medical profession. As such, the Mariners’ Medical Arts building is eligible for listing in the National Register at the statewide level of significance under Criterion C for architecture, despite its age of less than 50 years, having met the test of exceptional importance under Criterion Consideration G. Mariners’ Medical Arts building is eligible for listing in the California Register under Criterion 3 as the exceptional work of a master architect. The subject property was previously surveyed by a local Ad Hoc Historic Preservation Advisory Committee in 1992 and identified as a potential Class 3 – Local Historic Site. This report finds the Mariners’ Medical Arts building eligible for listing in the Newport Beach Register as a Class 1 – Major Historic Landmark due to its statewide significance. Thus, the subject property is an historical resource under CEQA, and its adverse alteration or demolition would result in a significant effect on the environment and require preparation of an EIR.
SOURCES OF INFORMATION

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Articles


Richard Neutra. “What Architects Should Know About Patients,” Modern Hospital, October 1960, 90-93, 144.

“Subdivision Approved for Beach Area.” Los Angeles Times (March 20, 1960), OC13.


Books


ARCHIVAL REPOSITORIES CONSULTED (annotated)

University of California, Los Angeles, Special Collections
   Neutra (Richard and Dion) Papers, 1925-1970
      The collection consists of drawings, sketches, professional correspondence, architectural drawings, articles and essays from Richard Neutra’s professional and personal life.

Getty Research Library
   Julius Shulman Photography Archives
      A collection of over 260,000 negatives, vintage, and modern prints by the architectural photographer Julius Shulman. The collection highlights Southern California Architecture from the 1930s to 1997.

University of California, Irvine, Special Collections Library
      The collection contains oral histories of UC Irvine faculty and administrators compiled by Samuel C. McCulloch, a professor of History at UC Irvine.

California State University, Fullerton
   Center for Oral and Public History
      A collection of over 4,000 tape recorded interviews focusing on the history of Southern California.
APPENDIX A:  HISTORICAL CONTEXT OF SITE FOR MARINERS’ MEDICAL ARTS BUILDING
Figure 1: Mariners’ Medical Arts Building. (Photo credit: Chattel Architecture, October 2008)

Figure 2: Location of Mariners’ Medical Arts Building (Image credit: Google Map Data, Tele Atlas, 2008)
Figure 3: Location of Mariners’ Medical Arts Building (Image credit: 1970 aerial photo courtesy of the Orange County Archives)

Figure 4: 1951 Map of Newport Beach with future vicinity of Mariners’ Medical Arts Building indicated (Image credit: USGS maps available at The Sherman Library, Corona del Mar, CA)
Figure 5: Article featured in a national publication on William Pereira, the planner of the South Sector Plan for the Irvine Ranch and the site of the Mariners’ Medical Arts Building at the time of the building’s construction.

The black and grey Bentley snaked south out of Los Angeles along the Santa Ana Freeway, shook free of the traffic and began to climb fast on a mountain road through the open country. At the wheel was a shapely brunette beauty—secretary, assistant and part-time chauffeur to the man in the back seat listening to Mantovani on a built in stereophonic tape recorder. The car stopped on the mountaintop, where a friend was waiting; the man got out, a trim 6 feet with heavy-lidded blue eyes and an actor’s dash. The wind riffled his wavy, iron-grey hair as he gazed out over Irvine Ranch, the miles and miles of grazing land and citrus groves rolling down to the Pacific.

"Right about there we're going to put a city of 100,000 people," he said, pointing. "At the heart of it will be a thousand-acre campus for a university with 27,500 students. There'll be a university town with a mile or so of hotels, shops, restaurants and theaters. We'll have different kinds of housing—all income levels—churches, a couple of golf courses. Surrounding the university town will be many other communities, here, there and along the coast. And over there will be jobs—places for men to work. We expect to have about 300,000 people living an working here by 1980. There'll be plenty of room for them; this place is six times the size of Manhattan."

The Monuments. The handsome man who can play such a godlike game is neither conqueror nor commissar, but one of a new breed of artisans arising in the world: the regional planner. The regional planner orchestrates vast areas of wilderness with cities, villages, farms and forests to serve the needs of men.

As the planet teems with more and more humanity, his work, with its multiple disciplines—including history, sociology, engineering, botany, geology, hydrography and, above all, architecture—is becoming more and more a pressing necessity.

Immense projects are sprouting around the world—a city for 500,000 refugees outside Karachi; two complete mining towns at Puerto Ordaz and Ciudad Plar, Venezuela; a new port area for Mombasa, Kenya; a French satellite city outside Toulouse to house 100,000 people—in which the planners are doing as much as the politicians and statesmen to determine how men will live tomorrow. And the planner who has the most to plan with is the man in the Bentley: William Leonard Pereira, 54, an architect from Chicago who is pinning more and more of the state of California on his drawing board. Pereira's name is unknown to most Americans, and of course among professionals he hardly ranks with Athenian Constantinos Doxiadis, planner of Islamabad, the huge new capital of Pakistan. Nor does he rate with such a giant as the French architect who calls himself Le Corbusier, or with prestigious Oscar Niemeyer and Lucio Costa, designers of Brazil's new capital, Brasilia. Seventy-five-year-old Le Corbusier—having published theoretical plans for doing over Barcelona, Bogotá, Algiers, Antwerp, Buenos Aires and Paris—is watching a city he designed rise in India on the flat Punjab plain 150 miles north of New Delhi:
Brick and concrete Chandigarh, new capital of the Punjab state, will hold 500,000 people when completed (urban services become inefficient when cities get any bigger, "Corbu" thinks), and the city's first phase, housing 150,000, is more than half finished. Chandigarh’s basic plan is a series of sectors less than a mile on a side with capacities varying from 8,000 to 20,000. Its major weakness: public buildings are so far apart for monumentality's sake that Chandigarhians are hard put to get from one to another.

Family Squabble. Like Chandigarh, Brasilia, hundreds of miles from nowhere, is being built from scratch. As the new capital of a proud nation, it also bears the overtones of a monument. Brasilia is in fact an expensive showpiece with more ingenuity than humanity; crossroads—hence traffic lights—have been eliminated, but there are not enough parking spaces near government buildings. Housing for officials snacks of the ghetto. If you are in the Air Ministry, you not only work together all day, but you also live in the same compound with your colleagues at night.

California's Bill Pereira is dealing with no monuments, no national sentiments, no cities-in-vacuum. He has had the luck—helped by hard work and great skill—to fall into something truly unique: the chance—and the challenge—to build a huge new community alongside the urban disorder of the boom town of the boom state in the boom country of the world. It is a golden opportunity, and no one is more aware of the fact than Pereira himself.

Says he: "In recent years, we here in California have become rather expert at abusing our land and our resources. We have learned to rely on the T square and the triangle in the uses of land, rather than an understanding of the land itself, we have come to accept with enthusiasm the unprofessional, unappreciative, unskillful butchery of the land that goes under the name of planning. Here we have a tremendous opportunity to point people's tastes and expectations in another direction. And we can do it—the sheer size of the place makes almost anything possible."

Irvine Ranch is the biggest private development project in the world—93,000 acres of open land adjoining the southern edge of sprawling Los Angeles. Originally this vast tract was an amalgam of three Spanish land grants put together in the 1880s by a group of San Francisco investors, headed by Merchant James Irvine. Ever since, it has been kept intact, used, where it was used at all, mainly as agricultural land and citrus groves. In recent years, its disposal has been the subject of considerable squabbling among the heirs. They finally agreed to have it planned as a regional whole, and to rent it out to private builders. Pereira got the design job.

The Spokes. He has master-planned Irvine in three tiers. One, along the Pacific Coast, covering some 40,000 acres, will absorb the first wave of urbanization. Here will be a city, 31 miles south of overcrowded Newport Beach, and the beginning of a coastline dotted with beach clubs and marinas, ocean-centered communities and resort hotels. At the center will be the branch of the University of California on a 1,000-acre campus acting as a gigantic hub with spokes extruding into the surrounding residential area. Vast green stretches and extensive recreation areas, with industries scattered among them for easy accessibility (Ford Aeronutronic and Collins Radio have already moved in), will break up the city. "These communities will not be dominated by the auto," says
open spaces—Athens' Agora, Rome's Forum, the broad sweeps of Paris in the 19th century. And what of the 20th? Says Pereira: "While the auto was supposedly freeing the individual and his family from the asphalt jungles, our open spaces have been overpowered in much the same manner that the tropical jungle eventually mastered the great cities of the Yucatan. Take parking lots. A great deal of our open land has been withdrawn to provide parking lots. Nothing is more ugly. Parks and other open spaces restore the land to the pedestrian. These open spaces must be connected by a pedestrian way."

At Irvine, promises Pereira, "I expect to practice what I have been preaching.

The parks are there, the green ways are there, the pedestrian veins and arteries connect them." The university, says Pereira, "will be a real link between town and gown, a place intimately connected with the center of learning."

Girl Stalker. This lover of open spaces grew up within a block of one of the biggest urban open spaces in the U.S.—Chicago's Lake Michigan. "I can't remember when I didn't want to be an architect," says Pereira. As a boy, he was seldom without a sketchbook in his hand; at twelve, he had a part-time job as a sign painter. He worked his way through the University of Illinois painting scenery, illustrating menus and lecture notes for a duplicating company, picking up odd art jobs. He majored in architecture, minored in physics, bored down heavily on history, and rationed his time between so many projects (he was captain of the fencing team) that he wore himself down from 175 lbs. to 130. He graduated in June 1930—straight into the Depression.

After pounding Chicago's pavements for three months, Pereira found a job at the Chicago architectural firm of Holabird & Root, was assigned to help plan an $8 billion public redevelopment project. His salary: $90 a month. It was hardly enough for courtship, but Pereira lived it up when he could. One night, when he was dancing at the Edgewater Beach Hotel, a stunning brunette passed his table. "I'd never seen anyone to compare with that beauty," says Pereira, "and I still haven't." He began haunting the city's nightspots in hopes of getting another glimpse of her. Four months later, he spotted her in an office building, bribed the elevator man to get her name, and began stalking her in earnest.

She turned out to be Margaret McConnell, a fashion artist for Marshall Field's department store and a top photographer's model (she was the Coca-Cola girl of the period and the first girl to appear in a color photograph for Camel cigarettes). It was two months more before Pereira managed to start a conversation with her on a bus, and four years after that they were married. Today they have a son and a daughter: Bill Jr., 25, and Monica, 16.

A View of the Veins. Pereira decided to strike out on his own in architecture. He stalked new business as he had stalked Margaret. Hearing that a new TB sanatorium was to be built in Waukegan, he spent three months reading books on hospitals, talking to doctors, studying disease rates and nurse-patient ratios. His high-pressure expertise so snowed the selection committee that he won the job over many a more seasoned architect. Entering no fewer than 25 industrial-design competitions at Chicago's 1933 exposition, he won 22. When a Balaban & Katz movie
between the two, it is surprising that the association lasted as long as it did. Though trained as an architect, Luckman was a slick businessman with a flair for supersalesmanship; to Pereira, on the other hand, architecture was simply a profession. "The businessman who hires us," he once said, "doesn't need another businessman to do the work—he needs an architect."

Said Pereira after he left the firm:

"It was like working in a factory. Everybody was standing in line with projects for us to do, like a line of railroad cars waiting to unload. I don't say we were doing inferior work; I just know I wasn't doing my best."

Luckman bought Pereira out for a reported half million dollars, and Pereira set up shop on his own. He did not lack new clients. The split with Luckman was hardly completed when the Lockheed Aircraft Corp. asked Pereira to master-plan a $50 million research center, and from then on he had all the jobs he could handle.

The Red Barn. Some were for large land projects such as the design of 5,000 acres of residential and commercial development at California's Bishop Ranch; others involved simply the architectural design for individual buildings. (One of his best is the new headquarters of the Hunt Foods Co. at nearby Fullerton.) Currently under construction on Wilshire Boulevard is the Pereira-designed Los Angeles County Art Museum, biggest to be built in the U.S. since Washington's National Gallery in 1941. This $8,000,000 structure, financed through the efforts of Department Store Magnate Edward W. Carter, will feature three soaring pavilions arranged on a central pool of water. Pereira's new museum for cinema and TV is going up not far away. Both are part of Los Angeles' current cultural expansion, of which the biggest monument is the $24 million music center being built, half by municipal funds, half by private contributions collected—in one of the great virtuoso performances of U.S. fund raising—by Dorothy Buffum Chandler, wife of Newspaper Publisher Norman Chandler (the Times-Mirror Co.).

When the regents for the University of California asked him to find a 1,000-acre site for a new branch of the university, Pereira and his staff spent four months researching the nature of the university throughout history. Eventually he took the regents on a tour of 23 sites, ending with the one he liked best: Irvine Ranch. Both the regents and the Irvine Co. agreed. And Irvine, impressed by Pereira's design ideas decided to let him try his hand at a master plan for the entire ranch.

Staff headquarters for the Irvine project is Urbanus Square—a remodeled red barn in the midst of the ranch's rolling greenery. Inside, the white plaster walls are covered with brightly colored plans, maps and projections, and the huge floor is crowded with big tables holding clay models of structures, topographical miniatures, sketches of things to come. At one side is a conference and dining area, dominated by an ever-burning fireplace and well stocked with books, records and liquor. Pereira wheels out a couple of times a week to visit his planners in the red barn, calling them together for "crits"—a term (from critiques) that carries over from his years of teaching. There may be a dozen or more crits a day on various aspects of the project.
Architects Whitney Smith and Wayne Williams are master-planning 80,000 acres to be called California City, in which more than 8,000 families have already invested some $15 million. Outstanding features completed: a municipal airfield, a 27-acre, man-made lake with marina, boats, and an island on which a smaller lake is stocked for fishing, a night-lighted golf course and driving range, a shopping center, two motels, a restaurant, two swimming pools, and a Congregational church. And Los Angeles Architect Welton Becket is building a 260-acre Century City on the old 20th Century-Fox lot near Beverly Hills, which will contain 20 office buildings, 20 high-rise apartment houses, an 800-room hotel, a large regional shopping center and a resident population of 12,000 (a working population of 20,000).

Need for the Men. "The urge to urbanize," says Bill Pereira, "was probably the first thing man followed when he began to use his mind." The new satellite cities and communities that Pereira and his colleagues are creating are vistas of the future in the U.S. and models for export to tomorrow's more affluent, more crowded world. And with the need for them comes the need for the men who can make them.

"Curiously, history records very few examples of regional master planning," says Pereira, "where not only the new towns but the interrelated land uses of the surrounding areas are planned together. Even today, most big planning projects consist either of creating a new community in a relative void—such as Brasilia—or replanning part of an existing city, as with the usual urban renewal project. The prospect of planning from scratch an entire complex within a major population center rather than hundreds of miles away from it—and to do it under private rather than governmental auspices—would seem to most planners an impossible dream.

"Well, we have that dream right here."

Find this article at:
http://www.time.com/time/magazine/article/0,9171,870487,00.html

http://www.time.com/time/printout/0,8816,870487,00.html

11/24/2008

CHATTEL ARCHITECTURE, PLANNING & PRESERVATION, INC.
Figure 6: South Irvine Ranch General Plan with area of Mariners’ Medical Arts Building indicated
**Figure 7:** This drawing of the Newport Center was prepared by William Pereira by 1962, as indicated by the copyright date of a book in which it was included. Despite its prominence as a design feature in the development of the Southern Sector of the Irvine Ranch, it was neither called out on the South Irvine Ranch Plan nor was the space it currently occupies allocated to it (Image credit: Robert Glass Cleland, *The Irvine Ranch* (San Marino, CA: The Huntington Library, 1962, page opposite 121).

**Figure 8:** 1965 map of Newport Beach with general vicinity of Mariners’ medical Arts Building (Image Credit: USGS maps available at The Sherman Library, Corona del Mar, CA)
Figure 9: Aerial photo of Westcliff Drive six years after the Irvine Company began implementing Pereira’s plan with location of Mariners’ Medical Arts Building indicated. (Image credit: Orange County Archives)

Figure 10: A current land use map of Upper Newport Beach indicates that the development pattern hasn’t changed much since 1970 when the photo to the left was taken. Current land use shows areas clearly designated for single family residential in yellow, multi-family residential in brown, commercial in red, and institutional in orange. (Image credit: City of Newport General Plan, Figure LU10)
Figure 11: 1966 photo taken from southeast looking towards Sherington Place with Westcliff Drive beyond
(Image credit: Orange County Archives)

Figure 12: 1966 photo taken from Dover Drive with Sherington Place and Westcliff Drive in view.
(Image credit: Orange County Archives)
Figure 13: Commercial block on Westcliff Dr. southeast of Mariners’ Medical Arts Building, view southwest, northeast façade. (Photo credit: Chattel Architecture, November 2008)

Figure 14: Commercial block on Westcliff Dr. southeast of Mariners’ Medical Arts Building, view southwest, northeast façade. (Photo credit: Chattel Architecture, November 2008)
Figure 15: Building on Westcliff Dr. southeast of Mariners’ Medical Arts Building, view southwest, northeast façade. (Photo credit: Chattel Architecture, November 2008)

Figure 16: Commercial block on Westcliff Dr. northwest of Mariners’ Medical Arts Building, view southwest, northeast façade. (Photo credit: Chattel Architecture, November 2008)
Figure 17: Medical building northwest of Mariners’ Medical Arts Building, view southwest, northeast façade. (Photo credit: Chattel Architecture, October 2008)

Figure 18: Interior of medical building northwest of Mariners’ Medical Arts Building, view southwest, northeast façade. (Photo credit: Chattel Architecture, October 2008)
Figure 19: View of apartment block from Mariners’ Medical Arts Building, view northeast, southwest façade. (Photo credit: Chattel Architecture, November 2008)

Figure 20: View of apartment block from Mariners’ Medical Arts Building, view northeast, southwest façade. (Photo credit: Chattel Architecture, November 2008)
APPENDIX B: MARINERS’ MEDICAL ARTS BUILDING - ARCHITECTURAL FLOOR PLAN, HISTORIC AND CONTEMPORARY VIEWS, AND ORIGINAL CLIENT LETTER IN REGARD TO THE BUILDING DESIGN
Figure 21: The Mariners Medical Arts' Building floor plan with lettered building designations added by Chattel Architecture (Image Credit: Richard Neutra Buildings and Projects 1961-1966 (New York, Praeger, 1966), 71.)
Figure 22a: Mariners’ Medical Arts Building, View southwest, northeast façade. (Photo credit: Chattel Architecture, October 2008)

Figure 22b: Historic photo of same view taken in 1964. (Photo credit: Julius Shulman Photography Archive, Getty Research Library)
Figure 23a: Mariners’ Medical Arts Building, view southwest, northeast façade. (Photo credit: Chattel Architecture, October 2008)

Figure 23b: Historic photo of same view taken in 1964. (Photo credit: Julius Shulman photograph in, Thomas S. Hines, *Richard Neutra and the Search for Modern Architecture*, (New York: Rizzoli, 2005), 309.)
Figure 24a: Mariners’ Medical Arts Building, Main corridor, view southwest. (Photo credit: Chattel Architecture, October 2008)

Figure 24b: Historic photo of same view taken in 1969. (Photo credit: Yukio Futagawa, Richard and Dion Neutra Papers 1925-1970, UCLA Special Collections)
Figure 25a: Mariners’ Medical Arts Building, main corridor, view southwest. (Photo credit: Chattel Architecture, October 2008)

Figure 25b: Historic photo of same view taken in 1964. (Photo credit: Julius Shulman Photography Archive, Getty Research Library)
Figure 26a: Mariners’ Medical Arts Building, View southwest, central walkway. (Photo credit: Chattel Architecture, October 2008)

Figure 26b: Historic photo of same view taken in 1964. (Photo credit: Julius Shulman photograph in, Thomas S. Hines, Richard Neutra and the Search for Modern Architecture, (New York: Rizzoli, 2005), 309.)
Figure 27a: Mariners' Medical Arts Building, Building “C”, view southwest, northeast facade. (Photo credit: Chattel Architecture, October 2008)

Figure 27b: Historic photo of same view taken in 1969. (Photo credit: Yukio Futagawa, Richard and Dion Neutra Papers 1925-1970, UCLA Special Collections)
Figure 28a: Mariners’ Medical Arts Building, view southwest, northeast façade. (Photo credit: Chattel Architecture, October 2008)

Figure 28b: Historic photo of same view taken in 1964. (Photo credit: Julius Shulman Photography Archive, Getty Research Library)
Figure 29a: Mariners’ Medical Arts Building, view northwest, southeast façade. (Photo credit: Chattel Architecture, October 2008)

Figure 29b: Historic photo of same view taken in 1964. (Photo credit: Julius Shulman Photography Archive, Getty Research Library)
Figure 30a: Mariners’ Medical Arts Building, view northeast, southeast façade. (Photo credit: Chattel Architecture, October 2008)

Figure 30b: Historic photo of same view taken in 1969. (Photo credit: Yukio Futagawa, Richard and Dion Neutra Papers 1925-1970, UCLA Special Collections)
**Figure 31a:** Mariners’ Medical Arts Building, view northeast, southwest façade. (Photo credit: Chattel Architecture, October 2008)

**Figure 31b:** Historic photo of same view taken in 1964. (Photo credit: Julius Shulman Photography Archive, Getty Research Library)
Figure 32a: Mariners’ Medical Arts Building, View northeast, southwest façade. (Photo credit: Chattel Architecture, October 2008)

Figure 32b: Historic photo of same view taken in 1969. (Photo credit: Yukio Futagawa, Richard and Dion Neutra Papers 1925-1970, UCLA Special Collections)
Figure 33a: Mariners’ Medical Arts Building, view southeast, northwest façade. (Photo credit: Chattel Architecture, October 2008)

Figure 33b: Historic photo of same view taken in 1964. (Photo credit: Julius Shulman Photography Archive, Getty Research Library)
Figure 34a: Mariners’ Medical Arts Building, view southeast, northwest façade. (Photo credit: Chattel Architecture, October 2008)

Figure 34b: Historic photo of same view taken in 1969. (Photo credit: Yukio Futagawa, Richard and Dion Neutra Papers 1925-1970, UCLA Special Collections)
Figure 35a: Mariners’ Medical Arts Building, waiting room. (Photo credit: Chattel Architecture, September 2008)

Figure 35b: Historic photo of waiting room taken in 1964. (Photo credit: Julius Shulman Photography Archive, Getty Research Library)
**Figure 36a:** Mariners’ Medical Arts Building, dentist exam room. (Photo credit: Chattel Architecture, September 2008)

**Figure 36b:** Historic photo of dentist exam room taken in 1964. (Photo credit: Julius Shulman photograph in, Barbara Lamprecht, *Richard Neutra: Complete Works*, (Los Angeles: Taschen, 2000) 428.)
Richard J. Neutra, F.A.I.A.
2300 Silverlake Boulevard
Los Angeles 39, California

Dear Mr. Neutra:

We have been, for the last five or six months, engaged with you in thinking through our problem of a dental suite in a medical clinic building, which you are designing. It has increasingly and interestingly become clear to us that this is by no means just a building job for you, and we, as well as you, are engaged in a problem of “applied physiology”. For example, we are working under certain illuminative conditions in the cavity of a patient’s mouth, and even while we look into this locally illuminated spot, there are a lot of visual after-images on the retina which have something to do with the fenestration of the room. Naturally, while we are manipulating and operating, we are scantly moving our eyes in different directions and on to different objects which we use in our work, and on these occasions it would be ideal if what we get into our visual field is uniformly the same in four different operating rooms. The reason for this is that we are changing from one patient to the other and, therefore, from one room to another.

However, such a thing is only touching on one of the problems which we have. Another of the many problems involved is that the patient has to be considered by

Figure 37: Letter from one of the original doctor-clients to Richard Neutra regarding the design of Mariners’ Medical Arts Building (UCLA Special Collections, The Richard and Dion Neutra Papers)
the architect, as a subject to be diverted as well as he can be from the treatment impact on his nervous system. While in a consultation room he has to be self-concentrated for subjective report in a treatment room, somewhat like a child patient of a pediatrician his attention should be taken up by other things, and other things for a patient in a dentist's chair are upward, as he is almost in a reclining position. What does he see when he looks out of the window and accommodates his eyes and his mind on distant objects instead of watching the fingers, the facial expression of the dentist, and expecting the worst in the next second.

I find it admirable how you go into the detail of such research and it is exactly this in so many related issues which I appreciate in your services which are definitely not those encompassed in business relations.

I believe my patients are just as worth-while subjects for research— not to speak of myself— as would be the rats, 750 of which Dr. Hans Selye in Montreal is using under a grant of the Rockefeller Foundation.

Hans personal regards,

Thomas W. Doan, D.D.S.
APPENDIX C: LIST OF KNOWN ALTERATIONS TO MARINERS’ MEDICAL ARTS BUILDING AND PHOTOS OF RECENT ILLEGAL ALTERATION
### Known Alterations to Mariners' Medical Arts Building

<table>
<thead>
<tr>
<th>Permit No.</th>
<th>Permit Type</th>
<th>Date</th>
<th>Owners</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>38857</td>
<td></td>
<td>11/22/1963</td>
<td>Unit &quot;A&quot;</td>
<td>offices for 5 doctors, 9000 sq ft main and 1900 sq ft garage</td>
</tr>
<tr>
<td>38857</td>
<td></td>
<td>11/22/1963</td>
<td>Unit &quot;B&quot;</td>
<td>Offices for 2 doctors, 2350 sq ft main</td>
</tr>
<tr>
<td>38857</td>
<td></td>
<td>11/22/1963</td>
<td>unit &quot;C&quot;</td>
<td>Offices for 4 doctors, 6150 sq ft main</td>
</tr>
<tr>
<td>59124</td>
<td></td>
<td>12/20/1966</td>
<td>Plumb and Robinson</td>
<td>Add 6 ft to doctors office, lounge and waiting room.</td>
</tr>
<tr>
<td></td>
<td>Building</td>
<td>10/22/1980</td>
<td>Thomas Doan DDS</td>
<td>Expand operatory</td>
</tr>
<tr>
<td>7991</td>
<td>Electrical</td>
<td>12/23/1980</td>
<td>Thos. W Doan DDS</td>
<td>9 outlets, 3 lighting fixtures</td>
</tr>
<tr>
<td>7991</td>
<td>Plumbing</td>
<td>12/23/1980</td>
<td>Doan</td>
<td>kitchen sink</td>
</tr>
<tr>
<td>7991</td>
<td>Miscellaneous</td>
<td>12/23/1980</td>
<td>Dr. Doan</td>
<td>dry wall, lath and plaster</td>
</tr>
<tr>
<td>7991</td>
<td>Plumbing</td>
<td>1/22/1981</td>
<td>Thomas Doan DDS</td>
<td>1 gas system, 1 water piping, 1 dental chair</td>
</tr>
<tr>
<td>719-82</td>
<td>Building</td>
<td>7/2/1982</td>
<td>Frank Curry DDS</td>
<td>Area &quot;C&quot; is now a small handicapped area. We propose to pour concrete in the area shown, provide windows on the north and east side and provide a roof to match the pitch of the existing roof. The changes required to make this room functional as another operatory are explained in the key located to the right of the plan. New office the section shown as new office is area &quot;C&quot; now a small patio. We propose to add windows to the south and east side plus a skylight in the new roof section</td>
</tr>
<tr>
<td>621</td>
<td>Electrical</td>
<td>10/21/1982</td>
<td>Curry DDS</td>
<td>12 outlets, 5 lighting fixtures</td>
</tr>
<tr>
<td>unknown</td>
<td>Plumbing</td>
<td>10/28/1982</td>
<td>Frank Curry DDS</td>
<td>lavatory, dental unit</td>
</tr>
<tr>
<td>127-68</td>
<td>Building</td>
<td>5/10/1988</td>
<td>Seashore Development</td>
<td>(see plan) Minor alterations to Suite E in Building A</td>
</tr>
<tr>
<td>(B-6357)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-7259</td>
<td>Electrical</td>
<td>1/27/1989</td>
<td>Seashore Development</td>
<td>recept. 27, light 6, switch 8, lighting fixtures 8</td>
</tr>
<tr>
<td>(B-6357)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P7199</td>
<td>Plumbing</td>
<td>1/27/1989</td>
<td>Seashore Development</td>
<td>kitchen sink</td>
</tr>
<tr>
<td>(B-6357)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H-3982</td>
<td>HVAC</td>
<td>1/27/1989</td>
<td>Seashore Development</td>
<td>3 registers</td>
</tr>
<tr>
<td>(B-6357)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E9100209</td>
<td>Electrical</td>
<td>8/20/1991</td>
<td>Pelican Property</td>
<td></td>
</tr>
<tr>
<td>P9100132</td>
<td>Plumbing</td>
<td>8/20/1991</td>
<td>Pelican Property</td>
<td>plumbing air line</td>
</tr>
<tr>
<td>B9203383</td>
<td>Building</td>
<td>2/18/1993</td>
<td>Pelican Property</td>
<td>Tenant Imp to exist 1903 Sq Dr office</td>
</tr>
</tbody>
</table>

**Figure 38:** Extent of Alterations to Mariners’ Medical Arts Building as evidenced in building permits for minor changes issued since the building was originally constructed (Prepared by Chattel Architecture, November 2008)

**Chattel Architecture, Planning & Preservation, Inc.**
### Known Alterations to Mariners' Medical Arts Building

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
<th>Date</th>
<th>Owner</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H930092</td>
<td>HVAC</td>
<td>2/19/1993</td>
<td>Pelican Property</td>
<td>1 HVAC repaired/altered, 1 exhaust fan</td>
</tr>
<tr>
<td>B9203383</td>
<td>Plumbing</td>
<td>4/14/1993</td>
<td>Irvine Co.</td>
<td>Shower stall, wash basin</td>
</tr>
<tr>
<td>P9300514</td>
<td>Electrical</td>
<td>4/18/1993</td>
<td>Pelican Property</td>
<td>9 outlets, 20 lighting fixtures</td>
</tr>
<tr>
<td>B9301791</td>
<td>Plumbing</td>
<td>4/19/1993</td>
<td>Pelican Property</td>
<td>1 toilet relocate</td>
</tr>
<tr>
<td>(862-93)</td>
<td>Building</td>
<td>17-May</td>
<td>Seashore Investment</td>
<td>replace deteriorate joist &quot;as built&quot; #10. Replace joists and support with footing and post</td>
</tr>
<tr>
<td>B9301791</td>
<td>Building</td>
<td>7/14/1993</td>
<td>Pelican Property (unit 10)</td>
<td></td>
</tr>
<tr>
<td>(1124-93)</td>
<td>Electrical</td>
<td>8/13/1993</td>
<td>Irvine Co.</td>
<td>Outlets, fixtures, Sbp circuit</td>
</tr>
<tr>
<td>E9300897</td>
<td>HVAC</td>
<td>8/13/1993</td>
<td>Pelican Property</td>
<td>alter duct system</td>
</tr>
<tr>
<td>B9301791</td>
<td>HVAC</td>
<td>6/13/1993</td>
<td>Irvine Co.</td>
<td></td>
</tr>
<tr>
<td>H9400077</td>
<td>HVAC</td>
<td>2/24/1994</td>
<td>Pelican Properties (suite 4)</td>
<td>1 HVAC repaired/altered</td>
</tr>
<tr>
<td>B94000192</td>
<td>Plumbing</td>
<td>2/24/1994</td>
<td>Pelican Properties (suite 4)</td>
<td>plum/lav, hand sinks</td>
</tr>
<tr>
<td>P9501071</td>
<td>Plumbing</td>
<td>11/28/1995</td>
<td>Seashore Investment</td>
<td>plumbing/ sewer repair, replace lateral</td>
</tr>
<tr>
<td>B9702300</td>
<td>Building</td>
<td>8/8/1997</td>
<td>Seashore Investment</td>
<td>TI int. demo nonbearing walls, plaster. Minor int. demo only- new use subj to ...reconst. permits</td>
</tr>
<tr>
<td>B9702897</td>
<td>Building</td>
<td>10/6/1997</td>
<td>Lustbader Alfred (suite 7)</td>
<td>TR 4225 lot 4(and sly 110 ft lot3 tenant improvement for suite 7, and already approved medical office</td>
</tr>
<tr>
<td>P9701201</td>
<td>Plumbing</td>
<td>11/6/1997</td>
<td>Lustbader Alfred (suite 7)</td>
<td>1 toilet, 8 wash basins, 1 kitchen sink, 1 water piping, 1 gas- por system up to 4 outlets</td>
</tr>
<tr>
<td>(B9702897)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Known Alterations to Mariners' Medical Arts Building

<table>
<thead>
<tr>
<th>Project ID</th>
<th>Category</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E9701586</td>
<td>Electrical</td>
<td>11/7/1997</td>
<td>Lustbader Alfred (suite 7) separate circuit, 74 outlets, 33 lighting fixtures, 2 motors/transformers, 1 sub panel</td>
</tr>
<tr>
<td>H9700698</td>
<td>HVAC</td>
<td>12/11/1997</td>
<td>Lustbader Alfred (suite 7) 1 heat pump and package unit, 1 exhaust fan</td>
</tr>
<tr>
<td>B9800325</td>
<td>Building</td>
<td>1/30/1998</td>
<td>Seashore Metro mgmt reroof w bur roof @ 1/2 of bldg. rpr t/o ext apply class A built up roofing</td>
</tr>
<tr>
<td>B9800483</td>
<td>Building</td>
<td>2/18/1998</td>
<td>Seashore Metro mgmt reroof w bur roof @ 1/2 of bldg. rpr t/o ext apply class A built up roofing</td>
</tr>
<tr>
<td>B9803504</td>
<td>Building</td>
<td>10/7/1998</td>
<td>Metro Management Group suite 9 reopen door 24 &quot;x80&quot; between 2. storage areas/ move sink 24&quot; lateral #9 (see drawing)</td>
</tr>
<tr>
<td>P9801513</td>
<td>Plumbing</td>
<td>10/7/1998</td>
<td>Metro Management Group suite 9 plum/ relocate sink24&quot;</td>
</tr>
<tr>
<td>B9803714</td>
<td>Building</td>
<td>11/5/1998</td>
<td>Seashore investments 2nd fl suite 11 tenant improvement (2182-98)</td>
</tr>
<tr>
<td>E9802235</td>
<td>Electrical</td>
<td>11/5/1998</td>
<td>Seashore investments 2nd fl suite 11 16 outlets, 4 lighting fixtures</td>
</tr>
<tr>
<td>P9801607</td>
<td>Plumbing</td>
<td>11/5/1998</td>
<td>Seashore investments 2nd fl suite 11 toilet, lavatory</td>
</tr>
<tr>
<td>E9802248</td>
<td>Electrical</td>
<td>11/9/1998</td>
<td>Seashore investments 2nd fl suite 11 separate circuit</td>
</tr>
<tr>
<td>B2000-1734</td>
<td>Construction</td>
<td>8/11/2000</td>
<td>Seashore investment 7b tenant improvement</td>
</tr>
<tr>
<td>E2000-1362</td>
<td>Electrical</td>
<td>9/7/2000</td>
<td>Seashore investment 7b 59 recep/outlets, 19 fixtures, 1 sep circuit, 1 sub panel</td>
</tr>
<tr>
<td>P2000-0778</td>
<td>Plumbing</td>
<td>9/12/2000</td>
<td>Seashore investment 7b 1 toilet, 1 wash basin</td>
</tr>
<tr>
<td>H2000-0817</td>
<td>Mechanical</td>
<td>9/19/2000</td>
<td>Seashore investment 7 1 heat pump and package unit</td>
</tr>
<tr>
<td>None</td>
<td>Not issued</td>
<td>11/7/2008</td>
<td>Unit 6 Illegal removal of historic building fabric by tenant</td>
</tr>
</tbody>
</table>
**Figure 39:** Recent Illegal Alteration to Mariners’ Medical Arts Building at Suite 6 involved the removal of the original metal louvers from the exterior windows. The louvers were reported stolen in November 2008 (Photo: Jaime Murillo, Associate Planner for City of Newport Beach, November 2008)

**Figure 40:** Although not exactly the same view as the photo shown above, this photograph shows the original louvers recently reported stolen from Suite 6 are shown to the left side of the image. (Photo: Chattel Architecture, October 2008)
APPENDIX D: DOCUMENTATION OF INTEGRITY OF OTHER MEDICAL CLINIC BUILDINGS IN SOUTHERN CALIFORNIA BY RICHARD NEUTRA
Other Medical Clinics by Richard Neutra

Norman Clinic. Built in 1945 and located at 6th St. and Grand avenue in San Pedro. According to Thomas Hines, the author of *Richard Neutra and the Search for Modern Architecture* the Norman Clinic has been “altered beyond recognition”1.

Beckstrand Medical Building. The Beckstrand Medical Building was built in 1953 and is located at 1090 Atlantic Avenue in Long Beach2. According to photos taken on November 12, 2008 the building has lost a significant amount of its historic fabric. The “Koolscreen”, an aluminum mesh designed to reduce the glare from direct sun is no longer visible. This design element once wrapped around the entire building, creating a “secondary vertical grid opposing the primary horizontal gestures of the materials en masse”3. It is now replaced with a brown metal corrugated siding. In addition the original windows on the north and east facades have been infilled with stone bricks, altering the composition of the façade.

San Bernardino Medical Clinic. Built in 1953, the San Bernardino Medical Center is located at 1700 N. Waterman Ave. in San Bernardino4. Hines refers to the San Bernardino Medical Center along with the Mariniers Medical Arts as being the best of the “bootleg” commissions directed to the Silverlake Office5. The level of integrity of the San Bernardino Medical Clinic has yet to be determined.

La Veta Medical Square. Built in 1966 and located at 100 West La Veta Square in Orange, California6. Hines remarks, “The curvilinear “sunscreens” at La Veta, for example, an idea of Koschin’s that was approved by Neutra, were sad reverberations of the more lyrically convincing later “brutalist” conceptions of Koschin’s first master, Le Corbusier.”7 La Veta Medical Square was torn down sometime during 20008.

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2 Ibid., 335
4 Ibid. 335
5 Ibid., 305
6 Ibid. 337
7 Ibid., 311

Figure 41: Documentation of Integrity of Other Medical Clinics by Richard Neutra
(Prepared by Chattel Architecture, November 2008)
Figure 42a: Norman Clinic, view northeast, west façade. (Photo credit: Chattel Architecture, November 2008)

Figure 42b: Historic photo of Norman Clinic. (Photo credit: Julius Shulman photograph in Barbara Lamprecht, *Richard Neutra: Complete Works* (Los Angeles: Taschen, 2000), 179.)
Figure 43a: Beckstrand Medical Clinic, View southwest, north façade. (Photo credit: Chattel Architecture, October 2008)

Figure 43b: Historic photo from same view. (Photo credit: Julius Shulman, Richard Neutra: Complete Works, Barbara Lamprecht. Los Angeles: Taschen, 2000), 259.
Figure 44a: Beckstrand Medical Clinic, View southeast, north and west façades. (Photo credit: Chattel Architecture, November 2008)

Figure 44b: Historic photo from similar view. (Photo credit: Julius Shulman photograph in Wally Boesinger, Richard Neutra: 1950-1960; Buildings and Projects. New York: Praeger, 1959), 118.
Figure 45a: Photograph of front facade of San Bernadino Medical Clinic (Photo credit: Chattel Architecture, November 2008)

Figure 45b: Historic photo of San Bernardino Medical Clinic shows evidence of alterations to building signage, to the canopy on right side of image, and to landscaping (Photo credit: Julius Shulman photograph from Thomas S. Hines, Richard Neutra and the Search for Modern Architecture (New York: Rizzoli, 2005), 308.
Figure 46a: Photograph of entrance to San Bernardino Medical Clinic
(Photo credit: Chattel Architecture, November 2008)

Figure 46b: Historic photo of entrance to San Bernardino Medical Clinic shows that alterations to the exterior are extensive.
Figure 47: Historic photo of La Veta Medical Square. (Photo credit: Julius Shulman photograph from Thomas S. Hines, *Richard Neutra and the Search for Modern Architecture* (New York: Rizzoli, 2005), 310. The building is no longer extant today, and, therefore, no contemporary photograph is provided.
APPENDIX E: PUBLICATIONS FEATURING MARINERS’ MEDICAL ARTS BUILDING
Figure 48: Article featuring Mariners’ Medical Arts Building
The occupants of the suites in this medical building at Newport Beach are also the owners, who formed a corporation to have a building tailored to their individual needs. They selected their architect less for his international reputation than for his belief that the architecture should produce beneficial psychosomatic effects on the patients. Each doctor's suite is centered primarily on the needs of the patients. Each suite was first designed as an isolated entity to arrive at the most perfect internal arrangement. They were then fitted together into an overall composition and connected with covered walks. The result, as intended, gives a common patio for circulation which is broken up into interesting exterior spaces. Yet privacy prevails everywhere.

The axes of the site are 45° off north, which is difficult for sun protection as all four sides receive sun, with two sides receiving hot afternoon sun. Overhangs are not as effective as they would be on a true south-facing wall; indeed they were found to be effective only on the southeast and southwest. In other places fixed moveable aluminum louvers were used to maintain maximum natural light while shielding from direct sun light.
View of the main interior courtyard and circulation area, with its reflecting pool and landscaping effects, looking north towards the main entrance.

**Ground floor plan**

**Suite A**
1. Waiting
2. Office
3. Laboratory

**Suite B**
1. Waiting
2. Office
3. Treatment
4. Storage

**Suite C**
1. Reception
2. Parking

**Suite D**
1. Waiting
2. Unloading
3. Consultation
4. Furnace
5. Refraction
6. Secretory

**Suite E**
1. Waiting
2. Examination
3. Waiting
4. Office
5. Examination
6. Consultation

**Suite F**
1. Waiting
2. Dark-room
3. Office
4. Consultation
5. Passage
6. Furnace
7. Hygiene
8. Laboratory
9. Operatory

**Suite G**
1. Reception
2. Office
3. Consultation
4. Treatment
5. Recovery
6. Observation
7. Dark-room
8. Store
9. Sterilizing
10. Furnace

**Suite H**
1. Waiting
2. Consultation
3. Examination
4. Consultation
5. Reception
6. Atrium
7. Laboratory
8. X-ray
9. Dark-room
10. Lounge

**Business**
6. Consultation
7. Laboratory
8. Dark-room

**4, Sterilizing**
9. Sterilizing
10. Storage
Figure 49: Article featuring Mariners’ Medical Arts Building
STRUCTURE & DESIGN continued

Medical Buildings That Work Two Ways

The tremendous change that has come to the medical profession shows itself in many ways, among them an alteration in the physical environment of doctors’ offices. Many doctors are finding it economical to own, rather than to rent their office space. They are banding together to put up new buildings whose character is comforting as well as efficient. When doctors build, they can have practical floor plans tailored to their specific requirements—and they can vitiate somewhat the shiver of apprehension that old, forbidding medical office buildings used to send through worried patients. Three new approaches to medical offices:

Good neighbors. A group of ten doctors in the pleasant suburban town of Westport, Connecticut, have created what they call “a medical park.” They chose a sloping, riverside site of about two acres, and commissioned architects Victor Christ-Janer & Associates to design a small, efficient complex. Because the plot lay in a residential area, the architects had to respect residential character.

The result, named “The Willows,” is a cluster of four buildings surrounded by a landscaped area, with parking at the peripheries. The exterior material is cedar shingle, imparting a homey touch. Randomly placed windows and the jagged roof line lend the Willows a variety and charm evocative of a New England coastal town. Inside, the architect designed fourteen offices, each with its own entrance. Psychiatrists asked for maximum privacy, so Christ-Janer planned penthouse suites for them. General practitioners wanted, and got, large waiting rooms and rambling offices. Construction cost was $298,000, including site work, or $20.85 per square foot.

A temple for Aesculapius. A pediatrician in Sacramento, who wanted “a nice place to practice medicine,” rounded up some doctors as future tenants. Then he commissioned architects Dreyfuss & Blackford, and built the Aesculapius Medical Building conveniently near the city’s two biggest hospitals.

The Sacramento building has few windows, to avoid a view over a busy commercial thoroughfare. Special attention was paid to each office’s traffic plan. To cheer the doctors as well as the patients, the architects used light, bright colors for their interior decoration. Construction cost, including site work, was $160,000, or about $24 per square foot.

The soothing effect. Architects Richard 2. Neutra & Associates have long held that architecture can soothe the patient. Among their most successful recent medical office centers is one near Los Angeles, at Newport Beach, called the Mariners Medical Arts Building.

Neutra started by designing each of the eleven offices for his clients, making sure that patients would have tranquil views along with privacy. In a dentist’s office, for instance, the patient looks out on a patio full of plants; his attention is not focused fearlessly on the dental machinery and the dentist’s eyes and fingers. Then the architect fitted the offices into a maze of interconnected covered walks and patios, interspersed with three pools. Cost of the building was $560,000, of which $21,000 was for landscaping.
port, Connecticut, have created what they call "a medical park." They chose a sloping, riverside site of about two acres, and commissioned architects Victor Christ-Janer & Associates to design a small, efficient complex. Because the plot lay in a residential area, the architect had to respect residential character.

The result, named "The Willows," is a cluster of four buildings surrounded by a landscaped area, with parking at the peripheries. The exterior material is cedar shingle, imparting a homey touch. Randomly placed windows and the jagged roof line lend the Willows a variety and charm evocative of a New England coastal town.

Inside, the architect designed fourteen offices, each with its own entrance. Pay-

The Willows' four buildings have rough, warm facades.

Clean lines and few windows enhance the Asclepius Medical Building. The sculpture adds a sense of scale.

The Mariners, viewed from the dentist's chair

... and from the plant-bordered parking lot.
Figure 50: Article featuring Mariners’ Medical Arts Building
"Cities are not 'practical' if they are full of irritation and fatigue."

RICHARD NEUTRA

CHATTEL ARCHITECTURE, PLANNING & PRESERVATION, INC.
We have been talking to Richard J. Neutra about pets, because we think cats should be a concern of architects. Here we ask Mr. Neutra about carpeting in places.

Richard J. Neutra public buildings, building "humans in groups," which is a revealing definition. He says, "People think of architecture as serving the individual. For Neutra, the individual is best served when architecture is biologically based - the architect knows and respects man's responses to environmental stimuli. Neutra says, "The goal in the long run is for organic balance, which is simplicity, we might call security. Serenity is harder to achieve in a building for humans in groups" than in one-family house, but it is the goal. "Cities are not ... political because full of irritation and pressure." Neutra says.

"...we perish not only by the million or the minute collisions of our normal human biology with new technology, but also by the minute collisions of our normal human biology with new technology. Let's attack it...that some eight million suffering Americans cool their too-hot heels in psychiatric waiting rooms in accident, but looks like a indictment of our glorified and made metropolitan world. Neutra holds the architectural profession high. He holds architects as healers, he sees the assaults our bustling civilization lets loose on us. His work over a long time has included clinics, schools, libraries, hotels, medical centers, planetariums, civic buildings, embassies, churches, theaters, country clubs, housing projects, hospitals.

"I love to see architects as healers, to heal the assaults our bustling civilization lets loose on us."
Neutra’s thoughts turned to his work in hospitals. He knew that patients in hospitals are not exposed to the same noise levels as office workers. He asked himself, “Do we make decisions friendly to life?”

He believed that architecture is a way to improve the environment. He thought that architects should be able to make decisions that are friendly to life. He believed that hospitals should be places where patients can recover.

Neutra was concerned about the toxic effects of loud noises. He believed that carpets absorb the noise. He thought that patients in hospitals should be able to walk through the halls without being disturbed by the noise.

Neutra was also concerned about the cleanliness of hospitals. He believed that doctors and nurses should be able to work in a clean environment.

Neutra thought that hospitals should be places where patients can recover. He believed that architecture is a way to improve the environment. He thought that architects should be able to make decisions that are friendly to life.
one feels nothing could hurt much there.

Switching to his basic philosophy, Neutra said he felt architecture boils down to an issue of vitality versus fatigue. He pointed out that office workers can accomplish as much in the afternoon as in the morning hours when offices are planned to keep out irritating agents. Carpets are an aid in quieting, calming. And they are less tiring to walk on. They help get eight hours of efficiency—"a lot more than coffee breaks do."

"We know that carpeting muffles airborne sounds as well as footsteps," Neutra continued. "It is needed in housing projects. I'm all for loving your neighbors and having your neighbors love you. The privacy carpets provide makes neighborly love a little more possible."

"You can use carpets to keep people not only less bothered by noise, but calm in their interior, having less of the kind of endocrine discharges which make them what you call harried citizens."

Neutra threw up his arms in a gesture of summation. "Carpets are a healthy, harmless sedative—serenity bought in no drugstore."
Des architectes et des malades

Richard J. Neutra

Selon certain plaisantin, le médecin est un homme qui prescrit des remèdes qu'il connaît peu, pour un corps qu'il connaît moins. Et l'architecte? Il arrange des stimulants et des agents physiques avec le goût souvent le plus rude, l'intuition la plus courte, s'il en a. Tant qu'un médecin traite un patient il est un praticien. L'architecte, lui, demeure un apprenti aux connaissances plus élémentaires que celles du médecin autorisé à travailler sur l'être humain après de très difficiles examens seulement.

Un patient dans un hôpital est un individu à la dépendance accrue. Il sera donc au centre de l'attention de tous, de l'auteur des plans au personnel des cuisines en passant par l'état-major-administratif et médical.

Soigner un patient implique assurément l'aménagement d'un espace ambiant aux propriétés thermiques et acoustiques spécialement étudiées, à l'air purifié et libéré des microbes mais à côté de ces précautions directes il faut aussi que les personnes qui, de près ou de loin, participent aux soins au malade soient à l'abri des irritations et des fatigues qui s'accumulent pendant la journée de travail.

Le personnel

La fatigue accumulée, par exemple, surtout s'il semble qu'elle aurait pu être évitée, provoque souvent une mauvaise humeur qui n'est qu'une auto-défense. Fréquemment génératrice d'une sourde hostilité contre le travail et ses responsabilités, elle aggrave chaque charge supplémentaire d'un poids qui rend toute tâche détestable. Une infirmière qui fait chaque jour, de son poste au lit, plus de pas qu'il n'est absolument nécessaire ne sera pas longtemps une bonne infirmière. Le phénomène de sa lassitude croissante pourrait être testé fonctionnellement d'heure en heure, de même qu'un graphique rendrait quantitativement parfaitement compte du déclin de ses aptitudes à soigner.
De telles considérations sont valables pour tout le personnel: administrateur et cuisinier qui n’entrent pas dans la chambre mais font aussi bien que médecin et femme de ménage. Car une éventuelle insatisfaction, même invisible, est susceptible de troubler l’atmosphère autour de lui.

Il existe un ou deux moyens sûrs de répondre aux exigences de chacun, pour autant que l’architecte ait l’occasion de s’y employer. L’un d’eux est l’observation de l’ensemble des activités et de leur corrélation dans chaque section. Bien qu’il n’y ait pas de produit «matériel» à traiter de section à section, la possibilité subsiste d’établir un diagramme explicite des fonctions dans leur ordre naturel. A partir de ce moyen objectif d’observation, voici la méthode subjective du vote. Les psychologues connaissent les aléas du questionnaire et de l’interrogatoire. Dans un hôpital, chaque catégorie d’employés a son langage, ses manières, sa mentalité. A moins que l’examineur ne sache se mettre au niveau de son interlocuteur il ne découvrira pas grand-chose et ne sera peut-être même pas capable de juger correctement la valeur émotionnelle de certaines réponses. Dans les cas simples, s’il y en a, l’architecte sera dès lors le plus grand des conciliateurs.

On est en droit d’affirmer: personne ne tirera le bénéfice de ses rapports avec un hôpital qui n’est pas fonctionnel. Et l’utilité n’est effective que dans une institution centrée sur le patient, où on a de la médecine et du cœur du problème: à quel degré telle ou telle fonction est-elle directement ou indirectement profitable ou nuisible au malade?

Chiffres émotionnels

La compensation monnayée n’est pas le seul levier d’action. Les employés d’un hôpital grand ou petit mais heureusement concu peuvent trouver dans leur travail et dans le leur véritable qui se jamais celle du personnel d’un établissement mal équipé et mal distribué. Si ce dernier n’a pas pour compensation que son gain ou son salaire il finira assurément par adopter une attitude déplaisante. Pour créer le véritable esprit au travail, celui qui surpasse toutes considérations, l’architecte peut apprendre de ceux qui font le travail la manière de le faciliter dans son espace et ses installations. Car l’humeur des employés est conditionnée par la forme des choses, non par des choses à venir mais de celles qui, jour après jour, les entourent pendant la durée de leur travail.

Forme et configuration

Un hôpital peut être un objet de crainte et de répulsion ou au contraire d’espoir et de confiance. Il peut aussi faire des employés plus soucieux de se donner à leur tâche en étant satisfaits de leur sort. L’architecte, même sorti de ses compétences, peut de son mieux les remettre jour après jour dans le bon état d’esprit. Avoir des employés sincèrement fiers et heureux devant des visites se retrouver ensuite mécontents de leur place, de leur tâche, de leurs collaborateurs.

Le phénomène n’est pas à classer dans les impondérables. Il est mesurable objectivement à son aune et interprétée plus facilement que bien des tests et index psychométriques. Les activités pendant des heures est n’est pas le vrai travail. Le surmenage l’est. L’architecte doit trouver une activité qui ne se reproduise pas dans les mêmes dans le temps. Les situations anormales, accumulées pendant une longue période, sont à l’origine de maladies parfois déclarées, parfois latentes et d’autant plus redoutables de se reproduire dans le même climat. Les maladies se manifestent finalement dans leurs conséquences: un rendement diminué. La nature finit toujours par se venger. Le dessin d’un architecte se reproduit une nouvelle fois, voire plus belle que la première. C’est un abandon, un manque de respect. La personne qui a fait les plans se voit tôt ou tard dans la même situation que celle dont il a imposé le travail. C’est un abandon de soi, un manque de respect pour soi. Le patient est un hôte de passage quand une personne malade sait qu’elle n’est pas dans le bon esprit de nature. Il y a de la maladie, moins directement menacé, il peut arriver que psychologiquement il devienne un malade ou un cas pathologique en miniature. Un grain de sable dans la machine la détruit.

De la part du patient, raison de base de la création d’un hôpital, il convient de ne pas oublier qu’il est unique sur le grand éventail de la nature. Les zoologistes et les vétérinaires n’observent pas cette situation typiquement humaine: «Attente de l’extérieur remède et soutien». Le cerveau humain capable de cette attitude est un phénomène aussi vaste que troublant. Individuellement et socialement, chaque patient hospitalisé est, à un certain degré, un cas capital. Après avoir établi que le contexte psycho-social entre le malade et le personnel a une base psychologique, l’architecte peut entreprendre dans un sens plus restreint.

Le patient

Quelle est son expérience et à quel niveau de la vie organique? Nous savons de l’homme qu’il est d’une essence même. Pourtant les stimulations, les réponses de la fréquence, les adaptations et les fatigues se produisent à des niveaux distinctement divers.

Dans une chambre qui ne peut être qu’elle à volonté de travail (repos, médicaments), les bruits, les couleurs, une position inconfortable, le chaud, etc. sont des sensations physiques qui, spécifiquement sensorielles d’abord, deviennent finalement des maladies d’inconfort, de décourage ou de panique. L’homme est très sensible à ces complications cérébrales et le dessinateur de l’habitat humain est très peu satisfait de ses aménagements. Malade ou bien portant, l’homme ne peut pas s’imaginer que l’architecte, mais subconsciemment le patient aspire à un traitement d’ambiance, à un refuge, à une retraite, juste comme il lui faut sur un autre plan un traitement et des médicaments.

Dans un hôpital, par des mesures spécifiques curatives ou non, on peut trouver trop peu de chaleur humaine contre trop de routine mécanisée, quand même le caractère général de l’établissement demeure étranger plutôt que chaleureux familier. Mais il existe des facteurs déterminants d’une thérapeutique efficace. Il existe des moyens d’action sur l’âme et le corps du patient, des arrangements psychosomatiques dessinés par l’architecte et aptes à aider les médecins dans leurs efforts vers la guérison.

L’architecte, lui aussi, est appelé à développer sa capacité d’être humain et central sur le patient. Il peut plus encore que l’entretien des visiteurs est, dans le bâtiment, celui de l’harmonie qui est une perpétuelle incitation à la grâce de l’entretien. Les dimeurs cryent le sort des compagnons de souffrance. Dès ce moment-là, l’individu confiné, improductif, dépendant de son abri, pourrait être le fondement d’un conseil sur le monde extérieur que l’appel d’un temps qui voudra bien répondre.

Exemples de problèmes de visions

Peut-être que nous ferons-nous plus clairement comprendre en citant un ou deux exemples des effets du cadre sur la psychologie humaine. Parions tout d’abord de la clarté. Les définitions en sont nombreuses mais généralement trop vagues et réclament un complément d’investigations et d’explications. L’une de ses implications est que l’appel psychosociologique peut être altéré par elle, autrement dit la joie de la couleur, si nécessaire à toute personne liée ou proche de son environnement. Mais en liant peut étre de manière générale et d’autres phénomènes de fatigue générale, bien d’autres stimulations sans compter qu’elle est pour beaucoup dans certaine affection de l’air périphérique de la rétine. Si une trop forte lumière atteint cette partie latérale de nos yeux provo- cation elle est à beaucoup plus générale que dans l’air du foyer. Les yeux roulent afin de se trouver plus activement au centre de l’intérêt. La tête même le corps peuvent se tourner pour contribuer à l’investigation. La nature a prévu cette automatisme mais pour un malade la clarté vive, la grande lumière dans l’air périphérique de la rétine. Si une trop forte lumière atteint cette partie latérale de nos yeux provoque une énergie musculaire, à l’action, à l’agitation. La quête nécessaire au processus de la guérison peut être lisse et paisible. Il est évident que pour des motifs semblables, la lumière tombant du plafond et qui normalement semble très agréable pour une distribution éclairée de l’espace. Mais pour une personne couchée sur un lit d’hôpital, un plafond relativement bas (en général, dans les hôpitaux la hauteur des étages est réduite, sauf par économie et structure de l’hôpital), peut une lumière de dessus d’un espace pour les condamnés qui montre, soit dit en passant, combien les considérations pratiques,
Centre médical, Newport, Californie
Medizinisches Zentrum, Newport,
Kalifornien
Mariners Medical Arts Building
R. J. Neutra, architecte
Dion Neutra, Benno Fischer, Serge Koschin,
John Blanton, Egon Winkers, collaborateurs

1)
Cabinet dentaire donnant sur un patio
Zahnarztpraxis mit Blick auf Innengarten
Dental suite with outlook into a patio

2)
Salle de traitement avec vue sur un olivier
Behandlungszimmer mit Blick auf Olivenbaum
Dental suite with outlook onto an olive tree

3)
Salle d'attente
Wartezimmer
Waiting room

4)
Panneau indicatif en mosaique
Anweisungsplatte in Mosaikausführung
Horizontal mosaic giving directions
Les répercussions psychologiques du confinement pendant des heures et des jours dans un hôpital d'urgence doivent être étudiées en dehors de celles d'un hôpital chronique où l'habitue l'occupation, après une période d'adaptation plus ou moins longue, peuvent produire des effets tout différents, aidant ou perturbant les mesures thérapeutiques. L'orientation des fenêtres, le contrôle des lumière, des rayons solaires, des ombres, la position des lits par rapport à ces facteurs et aux lits voisins présentent dans leur ensemble un interêt subtil autant qu'inépuisable.

R. Neutra
Figure 52: Article featuring Mariners’ Medical Arts Building

Centro clinico per dieci specialisti
a Newport Beach, California

architetto Richard J. Neutra

collaboratori Benno Fischer, Serge Korschin, John Blanton, Egon Winkeln

presentazione di Renato Pelosi

Richard Neutra, tra gli architetti moderni, è probabilmente l’unico per il quale si possa parlare tranquillamente di un linguaggio acquisito e perfettamente perfezionato per anni. Fin dall’inizio Neutra ha fornito una sua versione precisa, limpida e accurata del razionalismo; fin dall’inizio vi è iniettato elementi umani attraverso un’articolazione volumetrica e spaziale tanto più efficace quanto più, apparentemente rigorosa ed esemplare; e persino nell’uso dei materiali egli è rimasto fondamentalmente fedele a se stesso, armonizzando Pecchio, il vetro e il cemento in progressioni traslucide e prive di retorica, quasi appagate del puro nobile della loro connessione grammaticale.

Tutto questo, per anni, è sembrato forse meno importante di quanto in realtà sia. Lo scatto aggressivo, informale, non è certo una caratteristica di Neutra, l’adesione epidermica alla coscienza, poco puntuale degli svolgimenti psicologici, non lo trovano disponibile. Se ne è sempre parlato bene, ma non è stato approfondito su di lui attende d’esser fatto. Oggi, questo discorso – del quale non è questa la sede – si potrebbe riprendere con frutto; e a nostro parere dovrebbe annullarsi puntualmente su questa coerenza linguistica dell’architetto, su questa tenace fedele nella verità liberatrice dell’architettura come sintesi umana dello fonctioniel e dei dati. La clinica che presentiamo ne è un’evidenza conferma. Lo specchio d’acqua, i frangisole che Neutra usa da vent’anni (e non solo), l’articolazione circolare, calibrata dei corpi (soprattutto), il “fascino” del tutto, non sono mutati e, in tanto superflue lacunari e vi vendiamo intorno, appaiono come punti fermi, chiusi, verità coerenti e comprovate.

1° x 605
Un gruppo di medici, di specializzazioni diverse, ha scelto un'eccezionale area presso Newport Beach ed ha incaricato Richard Neutra di costruire una clinica nella quale il necessario grado di differenziazione tra i vari reparti costituisse la base delle soluzioni distributive. Pertanto, Neutra ha proceduto così: anzitutto ha disegnato i diversi corpi – che in questo caso coincidono con vere e proprie piccole cliniche private – ciascuno per sé, nella loro «perfezione» ideale; in un secondo tempo, ha lungamente elaborato le connessioni, gli agganci, gli spazi tra l'una e l'altra, giungendo così all'organismo unitario attraverso l'analisi delle cellule componenti.

Le cellule sono rimaste differenziate; connesse mediante passaggi coperti che offrono riparo contro il sole californiano, esse si compongono tuttavia, come vedete nel disegno accanto, in un insieme di grande elasticità ed unità, cui il magistrale trattamento dei materiali, non privo di un pizzico della consueta cieviteria, offre una conferma molto gradevole. Quanto al mosaico orizzontale, immaginato per offrire indicazioni di direzione per i vari reparti ed uffici (sopra), esso è dovuto ad una collaboratrice, moglie di uno dei medici proprietari della clinica.
Il modo, in cui la clinica è, come scrive Neutra, «centrata sul paziente», è evidente dall’esame delle fotografie. Ecco in questa pagina, in alto a sinistra, una ricercata, per la quale i medici avevano chiesto all’architetto un’atmosfera particolarmente rilassante e serena; al centro a sinistra, lo specchio d’acqua e il verde di un cortiletto; in basso, un dettaglio dell’ingresso; a destra in alto, un dettaglio dei brise-soleil sul retro dell’edificio, orientabili a seconda delle ore del giorno, in modo da garantire sempre il massimo di luce e il minimo di abbagliamento; qui sopra, una veduta del parcheggio verso la parte a due piani dell’edificio; qui a destra, dall’alto, un piacevole gioco di piani contrapposto dai frangisole; l’ingresso alla clinica; particolare delle camere dei pazienti, ciascuna delle quali guarda su un albero d’olivo.

Questi mezzi, la cui eleganza poggia sull’innata capacità di equilibrio di Neutra, sul suo senso critico e sulla sicurezza dei mezzi linguistici prescelti e sperimentati, non sono naturalmente validi in se stessi; vibrano, piuttosto, di un particolare tono per l’essenzialità con cui vengono adoperati; per il rigore con il quale l’adozione di integrazioni semplicissime viene «riscaldata» anche estrinsecamente. Il «comfort» di Neutra è perseguito attraverso un atteggiamento purista che solo in un secondo tempo, una volta risolte tutte le incognite che il problema presentava, non importa quali e quante, viene sottilmente contestato da una capacità di concentrata cordialità, tanto meno visibile quanto più semplici ne sono gli strumenti. È il razionalismo di Neutra ne risulta esaltato.
Il passaggio coperto, che vedete nella foto supra, offre una misura precisa di questa particolare finanza, cui Richard Neutra ci ha abituati e che non è affatto facilmente ripetibile; e così gli interni che vedete a destra, i patii, i giardinetti. Se il paziente deve godere di una atmosfera che ne sollevi lo spirito, quanto almeno è possibile, se deve sentirsi centro di un mondo, di una speranza, tutti coordinati su di lui, questo esempio di Neutra può certamente ritenersi esauriente.

Animando i volumi in base a precise ragioni funzionali; scartando i facili effetti e perseguendo un’analisi formale corretta e armonica; inserendo poi, a commento del suo discorso umanizzato, alcuni speciali commenti nel trattamento dei particolari, Richard Neutra segue a perseguire un metodo preciso, articolato in fasi, ben rispondente al rigore tecnologico americano, e tale, nello stesso tempo, da non tradire il mondo mentale dell’architetto. Questo «professionalismo» così schivo da robusti effetti, anzi esatto al millimetro, e poi corrotto da una sottile ironia e grazia formale, conferisce a queste opere quella tensione, senza la quale non c’è architettura.