HISTORIC AMERICAN BUILDINGS SURVEY

RICHMOND FIELD HOSPITAL

HABS No. CA-2720

Location: 1330 Cutting Boulevard, Richmond, Contra Costa County, California

Dates of Construction: 1942, with additions 1943; 1944; 1945.

Architect: Unconfirmed; possibly Ed Cerruti of Kaiser Engineering.

Present Owner: Islamic Community of Northern California

Present Use: Vacant

Significance: The Richmond Field Hospital for the Kaiser Shipyards was financed by the United States Maritime Commission, and opened on August 10, 1942. Sponsored by Henry J. Kaiser's Permanente Foundation, it was run by Medical Director Sidney R. Garfield, M.D. The Field Hospital served as the mid-level component of a three-tier medical care system that also included six well-equipped First Aid Stations at the individual shipyards, and the main Permanente Hospital in Oakland, where the most serious cases were treated. Together, these facilities served the employees of the Kaiser shipyards who had signed up for the Permanente Health Plan (commonly referred to as the “Kaiser Plan”), one of the country’s first voluntary pre-paid medical plans, and a direct precursor to the Health Maintenance Organizations (HMOs) defined by the federal HMO Act of 1973. By August 1944, 92.2 percent of all Richmond shipyard employees had joined the plan, the first voluntary group plan in the country to feature group medical practice, prepayment, and substantial medical facilities on such a large scale. After the war ended, the Health Plan was expanded to include workers’ families. By 1990, Kaiser Permanente was still the country’s largest HMO.

In part due to wartime materials rationing, the Field Hospital is a single-story wood frame structure designed in a simple modernist mode. Originally intended for use primarily as an emergency facility, the Field Hospital opened with only ten beds. Later additions increased its capacity to 160 beds by 1944. The Field Hospital operated as a Kaiser Permanente hospital until closing in 1995. Its current owners, the Islamic Community of Northern California, plan to convert the building into a mosque and community center.

Historian: Alicia Barber, summer 2001
Part I: The Kaiser Shipyards in Richmond

Richmond, California is located on the eastern side of the San Francisco Bay, or the “East Bay,” sixteen miles northeast of the city of San Francisco. In its early years, the area was devoted primarily to agriculture, and then to railroad and industry, shaped by the establishment there in 1900 of the western terminus of the Atchison, Topeka and Santa Fe Railroad. The harbor was dredged and improved beginning in 1907, in order to facilitate use of the extensive coastline for industrial purposes. Sizable manufacturing and industrial interests established in early Richmond included the Pullman Palace Car Shops, a Standard Oil refinery, and a Ford Assembly Plant, among others.

The small town was completely transformed at the onset of World War II when Henry J. Kaiser chose Richmond as the site of a massive shipyard operation. Kaiser was one of the most prominent and energetic American industrialists of the twentieth century. Born in upstate New York in 1882, he migrated westward at a young age and established his first company, Kaiser Paving, in British Columbia in 1914. He then worked on a number of road and irrigation projects throughout the American west.¹ In the 1930s, he earned federal contracts to work on a number of the major dams of the New Deal, including Hoover, Grand Coulee, Bonneville, and Shasta.² Working at sites often far from established facilities, he had to arrange medical care for the enormous numbers of workers on these projects.

With the onset of WWII, Kaiser was determined to be a part of military production. In late 1940, Kaiser, in partnership with the Todd Shipbuilding Company of Seattle, won a contract to build thirty ships for the British government at the new Richmond shipyards. In December 1941, one month before the Japanese attack on Pearl Harbor, Kaiser formed the Permanente Metals Corporation. He bought out Todd to become the sole owner of both the shipyards at Richmond and the Oregon Shipbuilding Corporation in Portland. He then won a contract with the United States Maritime Commission (USMC) to build Liberty cargo ships for the American military. Kaiser added Yard Four in Richmond in 1943, the same year he established the Swan Island and Kaiser-Vancouver shipyards in the Oregon/Washington State border area. He also established a steel mill in Fontana, California, to supply steel for his ships. By 1944, the Kaiser Company was the largest shipbuilder in the country.³

The San Francisco Bay Area, along with Detroit and Seattle, offered the highest defense area wages in the nation, with billions of dollars in defense contracts allotted to the region’s industries.⁴ In order to staff his shipyards with the thousands of workers needed, Kaiser solicited workers from the South and Midwest, and migrants swarmed to the coastal shipyards. Richmond almost instantly transformed from a small industrial town to an overcrowded small city. The population rose from 23,642 in 1940 to 130,000 by April 1943.⁵ Services were strained. Henry

² Hendricks, 1.
⁵ Johnson, 33.
established a prepaid group plan, changing its name to the U.S. Public Health Service (USPHS) in 1912.\textsuperscript{11}

Voluntary medical programs also developed early. Some of the most innovative plans were established in the American West where mining interests, railroads, and lumber camps employed enormous numbers of workers during the nineteenth and early twentieth centuries. Such plans developed out of sheer necessity, adapted to the needs of these industries for consistent, encompassing medical care in order to maintain production. In these cases, associated physicians made contract arrangements with industry management. The earliest of these prepaid group plans was a private plan offered by La Societe Francaise de Bienfaisance Mutuelle, established for the French community of San Francisco in the first year of the Gold Rush (1848-49). The State Marine Hospital was established there that same year. The Southern Pacific Railroad Company also established a group prepayment plan during the construction of the transcontinental railroad in the 1860s.\textsuperscript{12}

Workers’ compensation laws, passed first in the Pacific states between 1910 and 1920, encouraged these industrial plans to expand. Physicians established contracts with the railroad, lumber, and mining industries of the Pacific Northwest around the turn of the century. The Western Federation of Miners (WFM) was one of the first groups to establish an extensive mutual aid and hospital network. The Ross-Loos Clinic in Los Angeles was a private group practice founded in 1929 to serve the thousands of workers employed by the Los Angeles municipal water board. Several hundred group prepayment plans, emerged across the country after the New Deal. Voluntary and egalitarian, these programs were founded by private industry, private physicians’ groups, and consumer cooperatives.\textsuperscript{13} Fraternal orders, such as the Elks, also established their own prepaid group plans.\textsuperscript{14} By January 1943, there were a reported 24 group care plans sponsored by consumers in the United States.\textsuperscript{15} The Kaiser Plan was therefore hardly the earliest group medical plan in the country, but it would become the largest.

Controversy over Group Practice

Change often breeds controversy, and the early-prepaid medical plans were no exception. Members of the mainstream medical community, especially their primary professional organization, the American Medical Association (AMA), bristled at the divergence of these plans from traditional medical practice. Their objections were prompted by anxieties over the loss of control over medical practice once industry became involved. They also feared loss of income, economic competition, and weakening of the personal doctor-patient relationships that had long been the hallmark of private practice. These relationships had been characterized by the traditional “fee-for-service” policy by which patients paid doctors for individual medical services and treatments at the time rendered. For its supporters, this policy created a personal relationship between doctor and patient that was both simple and efficient, allowed a patient to choose his/her

\textsuperscript{11} Hendricks, 5.
\textsuperscript{12} Hendricks, 5-6.
\textsuperscript{13} Hendricks, 5-7.
\textsuperscript{14} Mark S. Foster, Henry J. Kaiser: Builder in the Modern American West (Austin: University of Texas Press, 1989), 212.
\textsuperscript{15} “Reckless Driving,” San Francisco Chronicle, 24 January 1943, 8.
on the job, Garfield personally financed the construction of the tiny, twelve-bed Contractor's General Hospital in Desert Center, California, at a cost of $2500. He then hired a small group of physicians to practice with him. They began with the traditional "fee-for-service" arrangement, but it failed to provide a sufficient income for the hospital to continue operation.

Forced to adapt his services to the conditions of an isolated worksite, Garfield developed an innovative system by which the workmen's compensation insurance carriers would pay him a percentage of the premiums paid to them by the fifteen contractors associated with the project, for the provision of industrial care. The employees themselves then voluntarily contributed five cents per day (deducted from their paychecks) to the hospital toward the provision of non-industrial care. This practice of payment in advance had the advantage of securing physician's income, as well as funding the construction of facilities. Additionally, it reduced the cost of medical care for workers, since the healthy helped underwrite the cost of medical care for the sick and injured. Through this arrangement, Garfield was able to completely pay off his debt for the Desert Center hospital within two years, and built two additional hospitals near the Parker and Imperial Dams.  

When the aqueduct project was completed, Garfield sold his hospitals at a profit and returned to private practice in Los Angeles. By this time, Henry J. Kaiser had signed on to build the massive dam at Grand Coulee. His son, Edgar Kaiser, who was in charge of establishing health care for the workers, had heard of Garfield's work on the aqueduct, and hired him in 1938 to set up a medical program for the 5,000 workers in Grand Coulee. There, Garfield established his own sole-proprietorship medical practice, naming it Sidney R. Garfield and Associates, and hired a number of physicians at comparatively high salaries. Cecil C. Cutting, M.D., a young physician from Stanford University, became the chief surgeon. Again, the insurance companies pre-paid Garfield a percentage of the employer-paid worker's compensation, and the employees themselves agreed to a payroll deduction of fifty cents per week for non-industrial medical care.

In January 1941, Kaiser's other son, Henry Kaiser, Jr., who was in charge of personnel and labor relations at Kaiser's new Richmond shipyards, contacted Garfield, who had again returned to Los Angeles, with a request for him to set up an ideal medical plan for the employees of Richmond's Yard One. Garfield agreed, and two began talks with workers' compensation insurance providers in the Bay area. However, the insurance carriers would not agree to the arrangement until the following year's events made the provision of medical care for workers even more critical.

By June 1941, it was clear that Richmond's medical facilities were completely insufficient for the city's burgeoning population. By one count, only twenty-nine local doctors were available to assist the 16,000 new workers, in addition to the town's existing residents. The small city hospital could not handle all the additional cases and the number of emergency

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21 Foster, 213-15; Kaiser Industries Corporation, 57; De Kruijff, 55.
22 De Kruijff, 71.
23 Hendricks, 45.
possible. Temporary measures would have to do until permanent structures could be located or constructed. On March 1, 1942, Sidney Garfield and Associates opened administrative offices at the Medical Center Building at 411 30th Street in Oakland, a larger community than Richmond, with more available space and existing buildings. Garfield began by providing industrial care only, lacking the time and room for additional clinics and preventive programs. Six doctors and six nurses provided industrial care to the 20,000 workers at Yards One and Three, using twenty temporary beds that had been set aside for Kaiser workers at Oakland’s Merritt Hospital, one of the city’s three major hospitals. The plan derived 17.5 percent of the premium payment for coverage from the insurance carriers. The rest of the premium would be supplied by individual workers at a prepayment cost of fifty cents per week to cover nonindustrial medical needs. From the perspective of Garfield and Associates, this meant that 40 percent of his organization’s income came from the industrial insurance companies, and the remaining 60 percent from worker contributions.

With Garfield and Cutting at the helm, the Health Plan could begin to serve Kaiser’s workers. An outline of the plan was submitted to the U.S. Maritime Commission for final approval, with the stated goal of “prevention of illness through medical treatment administered at the proper time.” Non-industrial care, including preventive care, was critical to the health plan as originally envisioned. With the construction of new facilities, the health plan finally opened to non-industrial care for Yards One and Three on August 16, and for Yard Two on September 19, 1942.

The Health Plan was founded upon three key principles: prepayment through payroll deduction, group care, and adequate facilities. Garfield had seen the clear benefits of prepayment with his previous medical plans at Desert Center and Grand Coulee. Prepayment was necessary to ensure creation of high quality medical facilities. This practice also enabled the hiring of a staff of highly qualified physicians, nurses, and administrative workers. Most importantly for the average worker, prepayment finally made good medical care affordable. The plan cost fifty cents per week (or, as it was often stated, seven cents per day), which was deducted from the weekly paychecks of all workers who joined. Feeling they had already paid for their treatment, workers rightly felt entitled to preventive, early care. As the plan’s founders stated, prepayment “brings the patient to the physician earlier in his illness and more often.” An article in the weekly Fore ‘N’ Aft newsletter rejoiced that “Health Plan members can afford to have eyes examined, colds treated, cuts bandaged, tonsils removed, or treatments for that run-down feeling.” To stress the plan’s affordability, one promotional article equated the daily deduction with “one–half the cost of a pack of cigarettes.” In selling the plan to the company’s employees, Kaiser management stressed not only its affordability, saying it was less expensive with better care than other private facilities. They also mentioned the advantage of the well paying for the sick, as opposed to forcing the sick and vulnerable to fend for themselves.

32 Hendricks, 46.
33 De Kruijff, 99.
34 “Hospitals Sponsored by Mr. and Mrs. Kaiser,” Fore ‘N’ Aft, 30 July 1942, 3.
35 “Now in Yard Two,” Fore ‘N’ Aft, 10 September 1942, 2.
37 “How We’re Cared For,” Fore ‘N’ Aft, 14 April 1944, 20.
“Health is Vital to Victory.”43 A check-off system implemented by management made membership in the plan virtually automatic, although it remained voluntary. As Henry J. Kaiser, Jr. wrote in a memo to all shipyard department heads, “Absolutely no coercion is to be used at any time. However, salesmanship is permissible.”44 Joining the plan was presented in the introductory booklet as a patriotic duty, linked directly to the Allied forces’ ability to overcome the enemy:

Based on national experience, it is estimated that when the Richmond Shipyards are in full production, unless preventative measures are taken, a total of 720,000 working days a year will be lost due to accidents occurring away from work and due to illness. With those lost days, you could build ten ships. With those lost days, you could earn more than four million dollars. Such waste is tragic when the Nation is fighting for its very life and when ships are its greatest need. For the lack of even one ship to carry vital war materials to some desperate group of fighting men may well cost them their lives and rob them of their chance to win a splendid victory.45

By January 1943, 62 percent of Richmond’s workers had joined the plan. By June 1944, the company reported that 87 percent of the total payroll, or more than 62,000 workers, had joined, and by August of that year, the number was reportedly up to 92.2 percent.46 The company even had to close enrollment to new employees periodically, to avoid overwhelming the medical staff.

Many believed the health care plan should serve workers’ families as well. As a USMC official stated in February 1942, “if the hospital can also provide care for the families of the workmen they will be happier and will do better work.”47 This would not happen until 1944, due to several factors including the lack of sufficient facilities, as well as the loud objections of private physicians, whose practice would suffer very much from such expansion into their territory.48

Employees were made to feel confident that their medical needs could be covered at all times. Medical services were available twenty-four hours per day. The 1942 booklet stressed that “There are no limitations with respect to the cost of any of the services rendered under the Plan,” and that therefore “Subscribers are invited at all times to seek advice and attention for minor ailments so as to avoid more serious illnesses.” Medicines, medical and surgical supplies, vaccinations and inoculations prescribed by the plan’s physicians would be furnished without additional charge, with vitamins and hormones available at cost. Diagnostic services were also included, such as electro-cardiograms, urinalysis, blood counts and blood chemistries, dental x-rays, and eye examinations. Hospital care included 111 days of room and board for any single

46 Kramer, 70.
47 Ogden to The Kaiser Company, 3.
48 Hendricks, 78.
Where prepaid funds go directly to a medical group operating in adequate facilities, such funds not only are able to furnish high grade medical care, give comprehensive coverage and amortize facilities, but in addition, reverse the economy of medicine and creates a situation whereby the doctor, other service personnel and the hospital facilities are all better off if the patient does not become ill....There would be more funds available for remuneration for service personnel, doctors, research, teaching if the people on the plan are kept well.\textsuperscript{55}

One of the most significant features of Kaiser’s health plan was its specific orientation toward working-class individuals. Before the onset of group plans, health care was widely considered to be available only to the wealthy, at expensive clinics, and to the indigent, in public hospitals. The middle class was often left out of this scheme, forced either to save up to afford the good clinics, to undergo questionable care at more affordable ones, or to go without health care entirely. As a Pittsburgh columnist put it, in 1944, “The rich could get the best treatment money would buy; the poor were generally looked after free.”\textsuperscript{56} As doctors’ fees escalated, and personal incomes were hard hit by the depression, the problem worsened for the poorer members of society. In the early 1930s, many physicians’ incomes had fallen considerably due to patients’ inability to afford their private fees. The Kaiser program removed the economic barrier, changing the way a large segment of the population viewed, and approached, health care. One historian writes that “Kaiser Permanente attracted growing public support because it filled a critical gap in the welfare infrastructure. Government, the medical profession, and the insurance industry failed to reduce medical cost barriers for working-class and middle income families” while Kaiser, in contrast, did just that.\textsuperscript{57} One contemporary observer called Kaiser’s hospital facilities a “Mayo clinic for the common man.”\textsuperscript{58}

This affordability led directly from the plan’s rejection of the traditional fee-per-service payment arrangement. Kaiser’s Health Plan represented a clear shift away from solo fee-per-service practice to the prepaid group plans and health maintenance organizations (HMOs) that transformed the structure of the country’s health care in the twentieth century. It merged industrial medicine, public health, and free enterprise to create a system that benefited all parties.\textsuperscript{59} This allowed more patients to pay their own expenses. Many Americans could not afford the old arrangement, because it demanded so much payment at the time of treatment. To many observers, national health care reform was inevitable, because Americans could not afford the traditional system. The greater affordability of health care also meant that patients were likely to come to the hospital sooner, meaning that many more ailments could be caught, and treatment for them begun, before a patient’s condition became too serious. The focus on preventive health care meant that people didn’t get as sick. And as an additional incentive, as one historian wrote in 1945, “the more fit the Health Plan kept its members, the more funds it had to spend on research and preventative medicine.”\textsuperscript{60}

\textsuperscript{55} Sidney Garfield to Alfred W. Jones, 2.
\textsuperscript{57} Hendricks, 8, 209.
\textsuperscript{58} De Kruif, 137.
\textsuperscript{59} Hendricks, 5, 76.
\textsuperscript{60} Kramer, 71.
ethical to encourage workers to leave the Kaiser plan. Local physicians and AMA leaders soon grudgingly accepted the Kaiser presence, perhaps acknowledging the doctor shortage and considering shipyard workers as, on the whole, poor prospects for traditional fee-for-service collection.

One of the most common charges against the Kaiser Health Plan was that it represented socialism, a highly loathed public enemy. Kaiser responded to such charges with his own attack on socialism, defending his plan as “the only way we can beat socialized medicine,” continuing that “socialized medicine is the opening wedge in socialization of everything in our lives.” He believed that the only way to oppose socialistic medicine was to offer “something better.” To Kaiser, industrial-sponsored care was the solution, “the greatest method in the world to do away with the division between capital and labor.” Kaiser claimed that “when the worker knows the management is looking out for the most valuable thing in his life—his health—a sound basis of co-operation has been built up.” And as Kaiser knew, satisfaction, as much as good health, was the key to employer productivity.

Part III: The Richmond Field Hospital

Medical Facilities for the Richmond Shipyards

The funding and equipping of medical facilities for the Kaiser shipyards was distinguished by an extremely effective cooperative relationship between industry and federal government. From the moment he took the helm of Kaiser’s health plan, Sidney Garfield was aware that he needed to establish extensive medical facilities in order to serve Kaiser’s thousands of workers. In the month following the introduction of the health plan, he located a building in Oakland that could be renovated for this purpose. It was an unused four-story steel-and-concrete structure that had formerly been used as the maternity wing of the now burned down Fabiola Hospital, and had been donated to the Merritt Hospital by Fabiola’s trustees. Garfield, who had achieved financial successes with his hospitals at Desert Center and Grand Coulee, offered $50,000 for the old structure in March 1942. He was reportedly in the process of arranging his own line of credit with the Industrial Indemnity Exchange when Kaiser stepped in with an offer to personally guarantee a loan to Garfield from the Bank of America for the estimated $250,000 cost of renovations. With funding in place, the building was rapidly renovated into a modern facility. Construction began April 8, and was completed by July 15. The architect was Martin Sheldon of San Francisco, with Leland and Haley engineers, and general construction under the direction of Swanston & Stahl of Oakland.

Kaiser’s backing of the medical plan was an indirect arrangement that established Garfield as the head of both the medical program and its facilities, allowing Kaiser to assume the

67 Foster, 216.
69 Smillie, 33.
70 “Hospital Dedication Set,” Fore’n’Aft, 20 August 1942, 12.
Construction of the Richmond Field Hospital

The middle component of the three-tiered shipyard medical program was the Richmond Field Hospital. Originally much smaller than the Permanente Foundation hospital, the Field Hospital was located just blocks from Shipyards One and Two, at the intersection of Cutting Boulevard and Fourteenth Street (now Marina Way) in Richmond. The USMC built this hospital, like the first aid clinics. The USMC owned the property and financed the field hospital for $60,000.80 As beffited wartime construction, it was erected quickly, using available materials such as wood and stucco. As one chronicler wrote, of the Field Hospital, "It was necessary to create great facilities almost overnight, even though supplies and materials were under constant demand by other sources."81 Although he did not finance construction of the Field Hospital, Kaiser did contribute $50,000 toward equipping it, transferring ownership of all furnishings and equipment to the Permanente Foundation.82

Garfield agreed to pay rent of $500 per month, later increased to $1333 per month, to the Maritime Commission for use of the Field Hospital to treat shipyard workers through the Health Plan.83 Health plan payments would fund doctors’ salaries, equipment, and the rental fee, with any additional profits going into the Permanente Foundation. The Field Hospital opened on August 10, 1942, within weeks of the opening of the Permanente Foundation Hospital in Oakland. Less than a week later, the Health Plan was introduced to the first of the shipyard employees. Once the complete medical system was in place, ambulances and station wagons were parked at each of the shipyard first aid stations, ready to transport injured workers to the Field Hospital, which was administered by Ruth Watkins, personnel director; Dr. Cecil Cutting, chief of staff; and Dr. Richard Moore, assistant chief of staff.84

The Field Hospital is a single-story wood frame structure covered by white stucco, with a flat roof. The original building encompassed 7946 square feet, and was rectangular, with a rounded corner on the northeast side of the building recalling popular streamlined architecture. The hospital was set back from Cutting Boulevard, near the northeast corner of the block, and extended lengthwise southward toward Potrero Avenue. A modernist structure, the building had an asymmetrical facade with a two-story square tower on the northwest corner of the building. Originally, the tower featured four dark blue medical crosses, constructed of wood and affixed to each of its sides, to help locate the hospital from a distance. On the northern and western faces of the tower are two very narrow, one-story vertical windows. The vertical line of these windows reflects the verticality of the tower and supporting pilotis, and provides a striking geometrical contrast with the horizontal lines of main building form. Continuing this theme, horizontal ribbon windows were the main decorative element on the east and west facades of the hospital.

80 "A Health Plan for the Employees"; McCarthy, 4.
81 "Richmond Shipyards, Industrial Medical and Hospital Facilities."
82 Garfield, "First Annual Report"; E.E. Trefethen, Jr. to Chad F. Calhoun, 3 July 1944; E.E. Trefethen, Jr. to C.F. Calhoun, 28 May 1943, HJK papers, Carton 126, Folder 15; "Richmond Shipyards, Industrial Medical and Hospital Facilities"; McCarthy, 4.
83 "Richmond Shipyards, Industrial Medical and Hospital Facilities"; W.F. Day to Sidney Garfield, 4 November 1943, HJK Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 18; McCarthy, 8.
84 "Permanente Field Hospital Staff to Cut Cake as Third Anniversary of Famed Medical Institution is Observed," Richmond Independent, 11 August 1945.
The architect of the Field Hospital has not been confirmed, but it is likely to have been Ed Cerruti, a local architect who worked for Kaiser. Some reports indicate that Garfield himself played a role in designing the Field Hospital. This is certainly likely, considering his past experience designing industrial hospitals for the Los Angeles Aqueduct project. Further design assistance was almost certainly provided by the U.S. Public Health Service (USPHS). This federal office ran a Consulting Hospital Facilities Section through its State Relations Division that collaborated with architectural firms nationwide to design war hospitals. The priorities in building these were “the greatest speed and the least possible use of critical materials.” The Public Health Service, it was stated, “does not design hospitals; it does give the architect, upon his request, the fruits of the latest thinking in unit design, mechanical equipment and the scores of details of which a set of working drawings is the correlated expression.” Although there is no concrete evidence that Kaiser or Garfield consulted with the USPHS in designing the Field Hospital, it seems extremely likely that they did so. Correspondence between Kaiser Company officials and officers of the U.S. Public Health Service reveals that the USPHS took a great interest in the construction and expansion of the Field Hospital’s facilities.

Published drawings of wartime hospitals developed by architects in collaboration with the U.S. Public Health Service consultants closely resemble the Field Hospital in many respects. Wartime medical facilities and clinics from Marysville and Vallejo, California to Humboldt, Tennessee shared the same combination of horizontal forms, ribbon windows, and slender metal pilotes supporting flat roof overhangs. Walls of small-paneled windows, and rounded building edges were also common in these structures. One architectural design article lauded the “simple, stuccoed frame construction” of a 1941 Farm Security Administration-designed hospital in Arizona, explaining that “it well illustrates the point that even if structures are in the lowest price range—or must be regarded as temporary—this does not obviate the possibility of providing well planned, functional service buildings.” The stucco and wood frame, not steel, construction of the Field Hospital suggests a similar concern with affordable functionality. Small clinics featured similar components, with efficient use of space in a single-story configuration. One architect stated that “economical as well as practical advantages have been found in these thoroughly flexible frame structures,” noting the cardinal principles of the wartime hospitals: “basementless one-floor, supported on earth fill or by isolated piers, and the light, well insulated, and amply glazed super-structure with flat or low pitched composition roof...."

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90. The October 1942 plan for “Proposed Extensions” to the hospital bears Cerruti’s name and a Kaiser Company, Inc. imprint. The same name and imprint also appear on preliminary plans for the Maritime Child Development Center, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 23. Don Hardison, a local architect active during World War II, was able to confirm that an architect named Ed Cerruti worked for Kaiser Engineering in an August 2001 conversation with the author.
91. Smillie, 33.
95. “Hospitals for War Workers,” 74.
building was still under construction. With the heating system not yet functioning, an auxiliary heater had to be transported to the hospital from the shipyards. By January, one report approvingly described the completed facility as a “100 percent self-sustaining unit.” “Under the new setup,” it was reported, “the field hospital will perform emergency operations as well as fulfill its original function of diagnosing illness and curing minor ailments.” A dining room improved services, and the “shiny new Field Hospital kitchen” was seen as a vast improvement, serving at least five meals per day, or 1200 individual servings per week.  

An even larger addition to the hospital was in initial planning stages by April 1943, and construction began in September. Three new wings would contain 110 additional beds, for a total of 181, in addition to a number of private rooms for the very ill. Also to be built were four new, modern operating rooms; a room devoted to eye, ear, nose, and throat surgery; a new large plaster cast room; an expanded clinical laboratory and x-ray department; and a new kitchen and dining room. The addition, which would cost approximately $200,000, was also said to contain a “modern maternity division” and pediatric unit. These latest features, to include “thirty-eight maternity beds and bassinets, one labor and three delivery rooms, twelve beds for pediatrics” were noted with approval by the USPHS.  

In order to finance the additions, it was suggested that the Maritime Commission transfer its interest in the hospital to the Federal Works Administrator (FWA) in accordance with the Lanham Act, in order to access thousands of dollars in federal aid. The Lanham Act enabled millions of dollars worth of construction in wartime boomtowns across the country. Rep. Fritz Lanham (D-TX) had originally proposed the bill in the fall of 1940 to enable construction of housing for workers and their families who had migrated to defense areas nationwide. As a defense-housing program, this legislation fell under the auspices of the FWA. An amendment to this act, passed in 1941 as H.R. 4545, added funds for the establishment of necessary social services, including hospitals, schools, and recreational facilities, in these same defense communities. The Act gave the FWA the power to acquire lands needed for the public works described. 

The transfer was approved in November 1943, and the FWA then funded the hospital expansion, bringing the total cost of the hospital’s construction to $617,000. Because the FWA could only lease a building to a public body or non-profit organization, the Permanente Foundation stepped in at this time to lease the building, in turn subletting it to Sidney Garfield, for $2500 per month. In April 1944, it was agreed that the FWA would purchase the furnishing
surface. The window wall of the original portion of the building was subsequently filled in; that portion of the façade is now solid with a single door on the far left side and two small windows to the right. A six-foot fence has been installed around this original front entrance.

Facilities and Services

The expansions allowed for increased services, enabling the transition of the hospital from a glorified First Aid station to a full-service medical facility. Very soon, shipyard workers could visit either the Permanente Foundation or the Richmond Field Hospital for a whole variety of industrial and non-industrial complaints, as well as preventive care. In 1943, the Field Hospital averaged 23,787 patient visits per month, compared to 98,069 at the First Aid Stations, and 7,188 at the Permanente Hospital. However, the average number of admissions per month was only 224 at the Field Hospital, compared to 392 at Permanente. As these numbers indicate, the close proximity of the Field Hospital to the shipyards resulted in more emergency visits, while the Permanente Hospital housed a greater number of inpatient and surgical cases.120

The various clinics at the Field Hospital demonstrated the attention paid to preventive care. The plan covered immunizations, inoculations, and blood tests.121 Sexually transmitted diseases were a major focus of concern, as they occurred at a higher percentage among shipyard workers than in the general population. A public health committee was formed, with major objectives including the control of communicable diseases, from venereal disease to tuberculosis; industrial, maternal, and child hygiene; and health education.122 Nutrition was also a focus of educational programming, with great attention paid to workers’ diets.123 Lunch-hour loudspeaker programs at the shipyards, and the weekly Fore ’N’ Af newsletter were often used to distribute information concerning various health programs and tips, from placement of women workers to control of venereal disease.124

Many of the programs and services catered specifically to the high number of female Kaiser employees. When shipyard administration became aware that many women were leaving the yards because they felt unable to keep up with the physical requirements, a staff gynecologist conducted a study of these women. She found that with proper instruction in physical training, including lessons on how to lift, to climb various kinds of ladders with and without loads, women could perform much more efficiently, safely, and effectively, than they had earlier anticipated. The gynecological staff also established a cancer detection clinic, and the medical staff disseminated materials promoting periodic examinations, early detection, and available treatments.125

The addition begun in the spring of 1943 allowed for families of the shipyard workers to be taken care of in the Field Hospital by their own physicians, although they would still not be

121 Sidney Garfield to Alfred W. Jones.
122 "Caring and Growing since 1942," Pamphlet, "Hospitals" Vertical File, Richmond Collection, Richmond Public Library, 2.
123 Hendricks, 58.
124 Kramer, 69.
125 Kramer, 70.
staff also provided activities for patients, including crafts projects such as weaving and crocheting.  

The hospital’s non-discriminatory policies offered equal care to all, and all of the Kaiser hospitals appear to have been fully integrated. One contemporary reporter, noting the racial diversity of patients in line for treatment and in neighboring hospital beds, remarked in 1943 that “Illness knows no color line here,” as he noted, in the language of his day, that “Red-helmeted men, lady welder, negroes lined up for a check-up by the busy young doctors.” According to one company official, this early unsegregated policy explains why civil rights activists did not attack the Permanente hospitals for discrimination after the war, as were many other California medical institutions.

Because fractures, sprains, dislocations, and other similar injuries were so common at the shipyards, orthopedics appeared to have been a specialty, with seven specialists in orthopedics, a resident intern, and “all the equipment known to modern orthopedic science” housed at the Field Hospital. In a single month in 1945, a total of 4938 patients with bone, muscle and joint injuries were admitted to the Permanente and Field Hospitals combined.

Coverage of workers’ dependents was finally added when the Family Health Plan was introduced in March 1945. It offered the same services to workers’ spouses and children that it had long provided for regular employees, including medical, surgical, and diagnostic services, eye examinations and dental x-rays, 111 days of hospitalization including x-rays, lab tests, anesthesia and more. Fees were seventy-five cents per week for a worker’s spouse, fifty cents for one child, and one dollar a week for two or more children, with a maximum of $2.25 per week for families of four and over. Ex-employees and their immediate families could also get coverage. The first man to join the Family Health Plan was Burkhart Fleury, a shipworker with a wife and ten children, who affirmed happily that “My eight kids they treat for nothing. For only two I pay.” The offering of non-industrial care was extremely popular, requiring Garfield at one point to establish admission criteria, such as good attendance records or a willingness to purchase war bonds, to enroll only the most highly motivated clients. The Field Hospital returned to an outpatient function only with the $1.5 million addition to the Permanente Foundation Hospital in August 1945. After being stabilized, emergency patients were then transferred to the Oakland facility for hospitalization.

Part IV: Postwar Developments

133 “Gloom Chasers,” Fore’N’Aft, 4 February 1944, 18-19.
134 Nick Bourne, “Most Shipyard Patients Take Any M.D. Offered; Not Very Sick Anyhow,” San Rafael Independent, 9 October 1943.
135 Hendricks, 58.
136 “A Big Part of the Hospital Business,” Fore’N’Aft, 6 July 1945, 6.
138 “First Man to Join Family Health Plan,” Fore’N’Aft, 23 March 1945, 6.
139 Smillie, 40.
140 “Permanente Field Hospital Staff to Cut Cake.”
In December 1973, the Kaiser Company purchased a little over five acres of land in downtown Richmond from the Richmond Redevelopment Agency for $893,592 for the construction of a new hospital, doctors’ office building and parking structure. The hospital was intended to replace the Field Hospital, the appearance of which was called “tacky” by Morel Marshall of the Kaiser group. Construction of the new facility was delayed, however, due to “poor economic conditions and opposition by health planning officials,” including the Bay Area Health Planning Council, which did not believe a new medical facility was warranted.\textsuperscript{148}

The groundbreaking, which was attended by original Kaiser physicians Sidney Garfield and Cecil Cutting, did not occur until March 30, 1977.\textsuperscript{149} The new medical offices opened in 1979, with many departments including Pediatrics, Surgery, Ob/Gyn, Dermatology, Optometry and Ophthalmology, moving there from the Field Hospital. Remaining at the old facility, now referred to as the “Richmond Medical Center,” were an Emergency department, Inpatient services, Physical Therapy, a Pharmacy, and night and weekend Pediatric, Ear, Nose, and Throat, Orthopedics, and Medical clinics.\textsuperscript{150}

In 1986, the Field Hospital was still being used for a number of inpatient and outpatient, emergency, and laboratory services. Facing Cutting Boulevard were administrative, business, and personnel offices, the front lobby, acute clinic, and physical therapy facilities. The emergency entrance was located on the Marina Way South, or east, side of the building, with emergency and x-ray facilities taking up the building’s center. On the south side were laboratories and the cafeteria. On the Thirteenth Street side were chemotherapy and respiratory therapy facilities, a CCU/ICU unit, social services, and the A-Ward. A pharmacy was also included.\textsuperscript{151}

The Kaiser-Permanente Health Plan continued to expand, defined as a “health maintenance organization,” or HMO, by the Federal HMO Act of 1973. At this point, the Kaiser-Permanente Health Plan had more than 2.1 million members and had begun expansion to the East Coast.\textsuperscript{152} By 1990, the plan covered twelve regions across the country, and included more than 6.5 million members, including almost one-third of the regional population of Northern California, where the plan first began, nearly five decades before.\textsuperscript{153} The Field Hospital continued to operate as a functional medical facility through the early 1990s. Patients arriving in the emergency room were stabilized and then transported to the nearest Kaiser or other nearby hospital, “depending on the severity of the injury.” Some patients did stay at the hospital, but they were not surgical patients.\textsuperscript{154} In September 1995, with the completion of the last segment of a new $56 million four-building Kaiser Permanente medical complex in downtown Richmond,

\textsuperscript{148} “Hospital Site is Purchased,” Richmond Independent, 11 December 1973; “New Kaiser Hospital is Stalled,” Richmond Independent, 12 September 1975.
\textsuperscript{150} “Medical Services Directory,” Kaiser Permanente Medical Center, February 1979, “Hospitals” vertical file, Richmond Collection, Richmond Public Library.
\textsuperscript{151} “Richmond Health Care Directory,” May 1986, “Hospitals” vertical file, Richmond Collection, Richmond Public Library.
\textsuperscript{152} Hendricks, 2, 63.
\textsuperscript{153} Hendricks, 2.
Part V: Bibliography

A Note on Sources

The Henry J. Kaiser Papers (Manuscript Collection 83/42c), at the Bancroft Library on the campus of the University of California, Berkeley, is an enormous repository of 300+ cartons of Kaiser-related material. The library’s collections are accessible to the general public upon registration. The collection includes correspondence, photographs, newsletters, administrative records, scrapbooks, construction plans, and more. Detailed finding aids are available online and at the Bancroft Library. The Richmond Public Library maintains a separate Richmond Collection of materials relating to Richmond, including vertical files, published and unpublished works, and a large collection of the Richmond Shipyards’ official newsletter, *Fore ‘N’ Aft*. The Oakland offices of Kaiser Permanente house a large photographic collection that includes binders of historic photographs of the Permanente Hospital and Richmond Field Hospital.

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"Building Types Study No. 126 Hospitals." *Architectural Record* 101.6 (1947: Jun) 104.


Figure 1: Proposed Expansion of Existing Field Hospital, October 10, 1942
Source: Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley
Figure 2: Floor Plan of Proposed Extensions to Field Hospital, October 10, 1942
Source: Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley