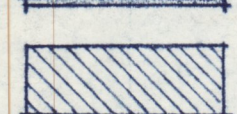
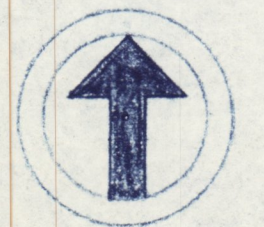
 EXISTING BUILDINGS
 FUTURE BUILDINGS



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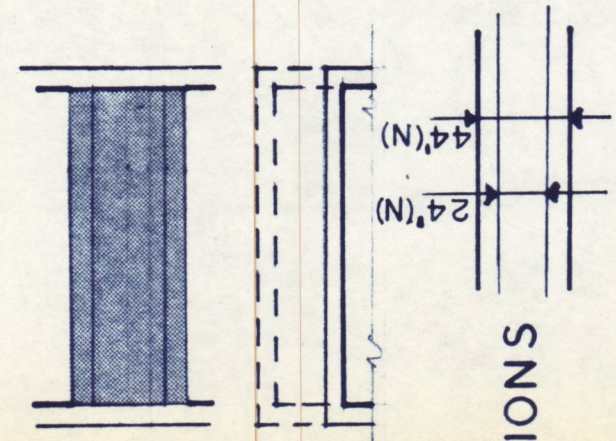
PROPOSED MASTER PLAN FOR EMANUEL HOSPITAL

NEWBERRY & SCHUETTE, ARCHITECTS, PORTLAND, ORE.

APRIL 22, 1969.



LOCATION OF FUTURE DETOUR ROUTE
BY CITY ENGINEER



LEGEND

STREET VACATED

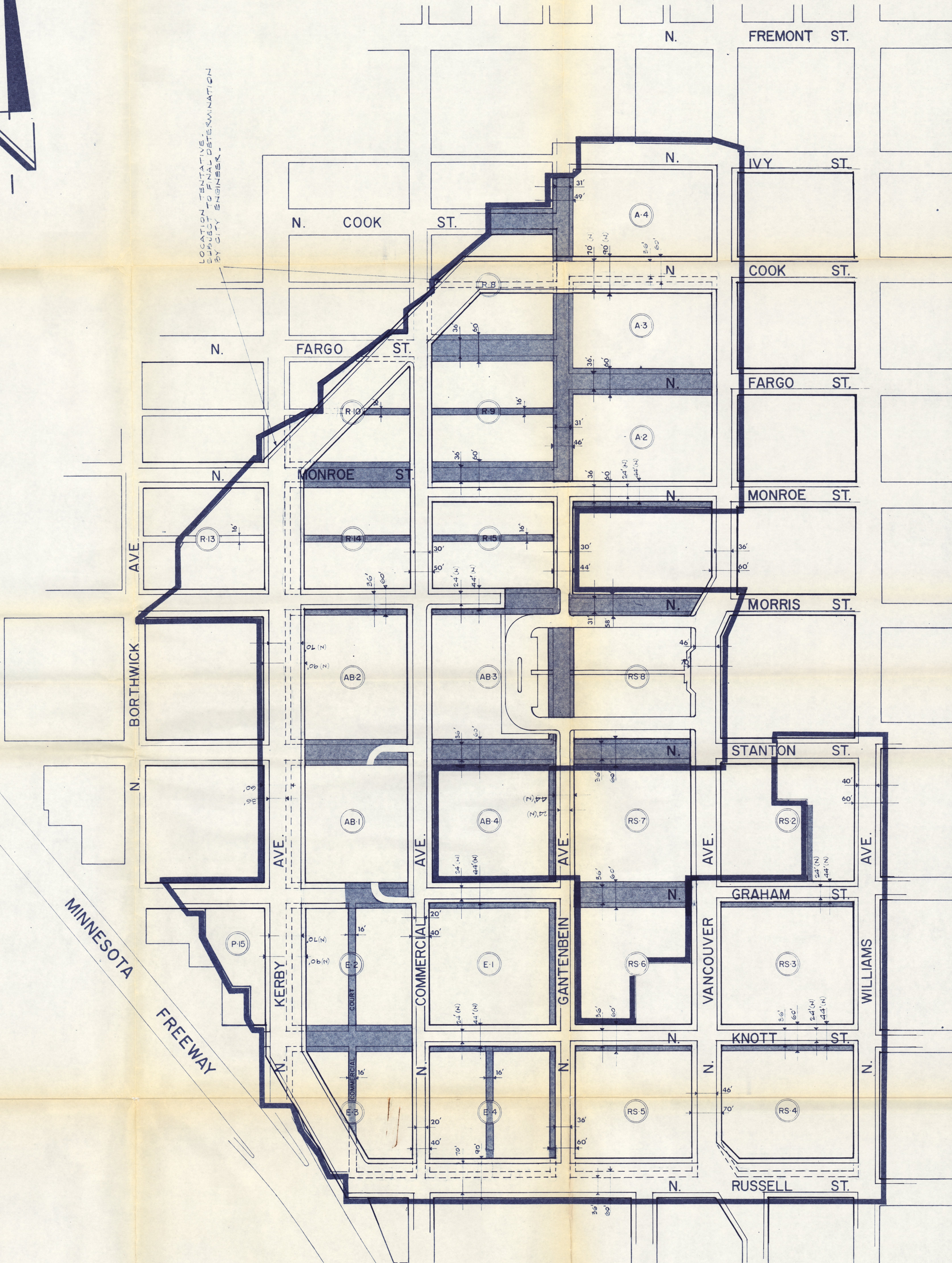
PROPERTY VACATED
FOR STREET WIDENING

NEW STREET WIDTH DIMENSIONS

EMANUEL HOSPITAL
PROJECT
ORE R-20
PORTLAND DEVELOPMENT COMMISSION
PORTLAND, MULTNOMAH COUNTY, OREGON
JANUARY 16TH 1969 WFW SCALE 1"=100'

PROPERTY & CURB
STREET DIMENSIONS 2-26-69 WW
REVISION

STREET MODIFICATION PLAN



PROPOSED GOOD SAMARITAN HOSPITAL PROJECT

The proposed project meets requirements established under Section 112 of Title I of the Housing Act of 1949, as amended (describe difference between Section 112 and Conventional projects). Proposals for the project conform with the City's general plan, and findings of the Community Renewal Plan show that the proposed location and developments in the project would be desirable in view of the following benefits to the City and the Northwest community:

1. The local share of project costs will be paid by Good Samaritan Hospital with no expenditure of local tax dollars. Already several thousands of dollars have been spent by Good Samaritan.
2. Improvements will be made in an area which suffers from deterioration and blighting influences.
 - a. The development would separate the industrial land use areas to the north and east from the predominantly apartment residential areas to the south and west.
 - b. Present land use trends indicate that there is a gradual encroachment of industrial and non-residential uses into the residential areas, accompanied by the usual blight factors that typically arise in similar circumstances.
3. Expanded medical and hospital facilities, which would include a new facility for the Rehabilitation Institute of Oregon, would allow more efficient service to the community and add to the local economy through increased employment and spending in the Northwest area.
 - a. About 1,478 new jobs will be created:
 - (1) 36% or 532 non-skilled or entry level jobs.
 - (2) 34% or 503 semi-skilled (upgrade or on-the-job training) jobs.
 - (3) 30% or 443 skilled jobs.

- b. The estimated annual payroll is expected to be about \$15,000,000.
 - c. Developments would include open spaces to complement the existing inadequate supply of open space in the area. These spaces and possibly other hospital facilities, such as the recreation and classroom facilities, could be open for public use.
 - d. The expanded medical complex could consolidate some of the medical services that are now scattered throughout the Northwest in various clinics and doctors' offices.
 - e. The ever increasing demand for hospital and medical services would be more efficiently served through the expanded facilities, especially in view of the fact that St. Vincent Hospital is moving its entire facility out of the Northwest to an area outside the city limits.
4. Housing for moderate and low income families and elderly citizens will be provided.
- a. 200 units for moderate and low income elderly.
 - b. 200 units for moderate and low income families.

Location of the elderly housing development in the project area would be advantageous to its residents who would need periodic hospital and medical care. Studies show that the surrounding area houses many elderly people who would benefit from being close to a medical facility.

5. Coordination of the proposed developments with the City's goal to eliminate environmental deficiencies would provide an impetus toward further improvements in the Northwest area.

- a. Deficiencies include traffic congestion, lack of open space, high crime rate, incompatible and mixed land uses, substandard structures, and overcrowded land areas, as well as fragmentation of medical services.
6. A proposed commercial center would consolidate the scattered retail sites and provide a pleasant area with adequate parking for shoppers from the neighborhood.

Approximately 51% of the project area is now owned by the hospitals involved, together with the old ice arena site, which is now vacant and on which a 200 unit elderly housing development will be built.

If the request for application of planning funds were not approved:

1. We would lose a large amount of local non-cash credits to finance the local share of the project costs. HUD allows credits to be claimed for seven (7) years prior to the contract date for project execution, and each month of delay results in increased losses. A delay of only 3 months would result in the loss of \$111,710 to the locality's local share in credits. (Earliest funding August, 1971).
2. Deterioration in the area would continue to worsen and costs to remedy the deficiencies will be greater in the future because of inflation and more deficiencies.
3. Portland would be placed farther behind the federal funding pipeline, which by current information is now 2 years behind, due to the lack of funds at the federal level. (Over 2 Billion Dollars of Applications in pipeline).
4. The Northwest would not be served by the complete range of hospital facilities planned due to the inability to expand and St. Vincent Hospital's relocation outside the Northwest community. Thus, the

continuing trend of small, scattered medical services and facilities in the Northwest would be assured.

5. Land encroachment of non-residential uses southward and westward would continue along with land speculation. In essence, the problems that now exist in the area would be allowed to continue and get progressively worse.

I do not believe anyone can argue with the Northwest District Development Association's letter to the City Council in regard to their request for some kind of comprehensive planning study for the entire Northwest area. If the Northwest Development Association is not satisfied with the zoning patterns and the zoning policies, and the present status of the comprehensive plan as it relates to the Northwest area as indicated, then steps should be taken to work these planning matters out.

However, it should be made clear that the Application before you today covers only a very small part of the Northwest area for which there is a definite plan of development and a program for financing which, as far as an application is concerned, fills all the requirements of HUD. It should be further understood that the plans for the development of Good Samaritan Hospital, in the area between 19th and 23rd, Lovejoy to Overton, has been discussed with the City Planning Commission, City Traffic Engineer, City Engineer, and residents of the area on several occasions, the first general meeting to review plans being held in May of this year in the Good Samaritan Hospital Auditorium.

To delay the filing of this Application would not solve the problem of comprehensive planning for the larger area, but would only delay the planning of the Application on file with HUD, which could lead to such extensive delays in funding that the project may no longer be feasible in so far as the Hospital is concerned.

It is my belief that placing the Application On file with HUD would establish a position in the waiting line, and that when and if the project is approved for planning, there will be close to one year during which most of the questions of the Northwest Development Association can be resolved. As pointed out earlier, if the Application is filed immediately, the project could not be funded before August of 1971. The question of the Planning Commission working with citizens of the Northwest area in developing an up-to-day area plan certainly could be resolved in some fashion by the middle of next year, at the latest, and I would urge that the Application be made for funds to assist the Planning Commission in carrying out such work.

R 301

THE URBAN RENEWAL PLAN

FOR

EMANUEL HOSPITAL PROJECT

NO. ORE. R-20

July 13, 1970

PORTLAND DEVELOPMENT COMMISSION
1700 S. W. Fourth Avenue
Portland, Oregon 97201

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B. DESCRIPTION OF PROJECT

1. Boundaries of Urban Renewal Area:

The Project Area is designated on the Boundary Map (attached as Exhibit A and made a part hereof) and is described as that land, containing all lots or parcels of property, situated in the City of Portland, County of Multnomah, State of Oregon, bounded generally as follows:

(See Emanuel Hospital Project Boundary Description, Exhibit B)

2. Urban Renewal Plan Objectives:

The objectives to be accomplished under this Plan are, but not limited, to the following:

- a. Removal of structurally substandard buildings.
- b. Elimination of blighting influences.
- c. Provisions for making land available to the Emanuel Hospital, a non-profit institution, for the development of necessary facilities for medical and other directly related purposes.
- d. Modification of the street system to provide for more efficient traffic patterns and other improvements within the project area.
- e. Provision for making land available for senior citizen housing, at least twenty percent (20%) of which will be provided for low to moderate-income elderly citizens.
- f. Proposal for making land available to the City of Portland for development of maintenance facilities for city vehicles.

3. Types of Proposed Renewal Activities:

Project activities in the area will consist of clearance and redevelopment including, but not limited, to the following:

R 301 THE URBAN RENEWAL PLAN, Cont'd

- a. Acquisition, clearance, and sale of land to the Emanuel Hospital for needed medical and related facilities.
- b. Acquisition, clearance, and sale of land to the City of Portland for municipal facilities.
- c. Reconstruction and modification of streets, utilities, and other improvements necessary to carry out the objectives of the Plan.
- d. Relocation assistance to occupants and businesses in the Project Area displaced by renewal activities.

C. LAND USE PLAN

- 1. A Land Use Map and Emanuel Hospital Long-Range Development Program with the Proposed Master Plan are attached hereto as Exhibits C and D. The Proposed Site Plan for the Kerby Yard and Stanton Shop development at the west end of the Project Area is also attached as Exhibit E. The Proposed Master Plan for Emanuel Hospital is a schematic layout of the general type of development proposed for the area. It is not intended to be an exact illustration of the location, design, or size of particular buildings and improvements. In all instances, however, the land use and development shall be subject to the regulations set forth in this Sub-section C.

- a. Thoroughfare and Street Rights-of-Way

Existing street patterns will be altered as shown on the Street Modification Plan (Exhibit F). All interior streets and alleys, except Cook, Kerby and Vancouver, will be vacated to Hospital control for development of a private roadway system in accordance with applicable legal requirements to facilitate development of

the Proposed Emanuel Hospital Master Plan. Vehicular access will be provided to structures or areas used for parking, and where necessary, provision for through traffic and emergency vehicles will be made. Access to properties remaining in municipal ownership will be retained with the development of a peripheral street along Cook, Kerby and Russell Streets.

- b. All other land in the project area will be devoted to city use, hospital and related purposes, housing for hospital employees, housing for senior citizens, and low- to moderate-cost housing for elderly citizens. Such proposed uses are designated in the Emanuel Hospital Long-Range Development Program and Proposed Master Plan, Exhibit D, and the Proposed Site Plan for Kerby Yard and Stanton Shop, Exhibit E.

- c. Not Applicable.

2. Land Use Provisions and Building Requirements:

The conditions, limitations, and restrictions contained in this Urban Renewal Plan are in addition to any conditions, limitations, or restrictions contained in the Planning and Zoning Code of the City of Portland, or any other applicable laws regulating the use of property in the Project Area.

a. Land Uses to be Permitted

The land uses to be permitted are shown on the Land Use Map and should be as follows:

- (1) Hospital use, including use for administrative, academic, parking, self-service units, lecture hall, and related

hospital facilities, is established for all land designated hospital reuse on the Land Use Map, Exhibit C.

- (2) Residential use is proposed for certain parcels in the project area as shown on the Land Use Map. Such residential use is intended for hospital personnel and elderly citizens, including elderly citizens of low to moderate-incomes.
- (3) City use for maintenance shops and parking for vehicles and equipment used by the City to maintain the various public works.

b. Additional Regulations, Controls, and Restrictions

Those properties acquired and redeveloped will be regulated, controlled, and restricted by the minimum or maximum requirements included below as the case may be:

(1) Density:

General Hospital and City Buildings - There shall be no fixed density requirements for general hospital and city buildings. Density for these buildings will be established on the basis of individual structures after review by the Urban Renewal Agency.

Residential Buildings - There shall be no limit on dwelling unit density, except that such buildings shall not exceed ten (10) stories or one hundred fifty (150) feet in height.

(2) Land Coverage:

General Hospital and Residential Buildings - Land coverage by structures shall not exceed fifty percent (50%) of the total area to be developed for these uses.

R 301 THE URBAN RENEWAL PLAN, Cont'd

City Buildings - There shall be no limitation.

(3) Setbacks:

General Hospital, City, and Residential Buildings - Minimum setbacks shall be fifteen (15) feet along N. Vancouver Avenue, N. Williams Avenue, N. Russell Street, and N. Cook Street. There shall be no limitation for areas along other streets in the Project Area.

(4) Off-Street Parking:

General Hospital - One (1) space per two (2) beds.

Residential Building Accessory to Hospital - One (1) space for each ten (10) persons residing in such buildings.

Apartment Dwellings - One (1) space per dwelling unit.

Lecture Hall - One (1) space per fifty-six (56) square feet area; or where seating is fixed, one (1) space per unit.

Self-Service Units - One (1) space per unit.

Clinics - One (1) space per three hundred (300) square feet of floor area.

(5) Off-Street Loading:

General Hospital - For any general hospital of five thousand (5,000) square feet of floor area or greater, off-street loading berths shall be provided according to the table below:

<u>SQ.FT. OF FLOOR AREA</u>	<u>LOADING BERTHS REQUIRED</u>
5,000 - 39,999	1
40,000 - 99,999	2
100,000 - 159,999	3
160,000 - 239,999	4
240,000 - 319,999	5
320,000 - 399,999	6

<u>SQ.FT. OF FLOOR AREA</u>	<u>LOADING BERTHS REQUIRED</u>
400,000 - 489,999	7
490,000 - 579,999	8
580,000 - 669,999	9
670,000 - 759,999	10
760,000 - 849,999	11
850,000 - 939,999	12
940,000 - 1,029,999	13
Over - 1,030,000	14

Self-Service Units - For buildings of five thousand (5,000) square feet of gross floor area or greater, off-street loading berths shall be provided according to the table below:

<u>SQ.FT. OF FLOOR AREA</u>	<u>LOADING BERTHS REQUIRED</u>
5,000 - 29,999	1
30,000 - 69,999	2
70,000 - 129,999	3
130,000 - 219,999	4
220,000 - 379,999	5
380,000 - 699,999	6
700,000 - 1,499,999	7
Over - 1,500,000	8

(6) Building Height:

General Hospital, Residential, and City Use - There shall be no maximum for structures built on interior blocks and maximum heights for structures along the periphery of the project shall be ten (10) stories, or one-hundred fifty (150) feet.

(7) Signs:

Signing and identification of buildings, land areas, and facilities shall be considered as an integral part of any development, and plans and details shall be submitted with development plans. All signing or identification shall be subject to the approval of the Urban Renewal Agency.

Signs are permitted, other than outdoor advertising signs, painted bulletins or sign boards, poster panels or billboards, roof bulletins and roof signs, wall bulletins, and advertising structures (except as specifically allowed by the Urban Renewal Agency after review of such plans), under the following conditions:

(a) In General Hospital and City Areas:

An exterior sign which pertains only to the use permitted on the premises shall not exceed one (1) sq.ft. for every three (3) lineal feet of building face as measured on the side on which the sign appears. All signs must be attached flat against the wall of the building or to the face of a marquee and may not project above the roof line or wall coping, nor face directly upon a residential area.

(b) In Residential Areas:

1. Exterior signing of residential structures shall be limited to a maximum area of ten (10) square feet and must be attached flat against the wall of a building or to the face of a marquee.
2. No outside display window or windows, nor signs advertising accessory uses shall be visible from outside any residential structure.

(c) In all Areas:

1. Signs may be illuminated, provided the illumination is properly focused upon the sign itself and

prevents glare upon the surrounding areas.

2. Signs with flashing, animated or intermittent illumination shall not be erected.
3. Red and green lighted signs shall not be permitted within fifty (50) feet of a signalled intersection.
4. No sign shall be permitted to overhang streets, sidewalks, or any property line.

(8) Landscaping:

General Hospital, Residential, City Reuse - Portions of sites not containing structures, including setback areas, courts, pedestrian malls and surfaced parking lots shall be appropriately landscaped and maintained. Varieties and sizes of plant materials, other materials used, and design of landscape features and garden structures shall receive special consideration in the design review procedure prescribed below.

(9) Plan and Design Review:

No building in the project boundary, regardless of use, shall be constructed or other improvements made on or over any land subject to these controls, including public areas, until plans for such building or improvements shall have been submitted to and approved by the Urban Renewal Agency. The Agency shall, for design review purposes, have each proposal reviewed by a consultant or group of consultants qualified in the fields of urban planning, architecture, graphic design or landscape architecture, as may be appropriate, and shall obtain an opinion or opinions in writing on the plans submitted. Such

individuals shall be selected by the Urban Renewal Agency and approved by Emanuel Hospital. In reviewing architectural and landscape plans, the following criteria for judgment shall be used:

- (a) Locations, forms, and patterns of building and open spaces shall conform with the following urban design concepts of this Urban Renewal Plan:
 - 1. An appropriate setting for an expanded hospital site.
 - 2. Attractive pedestrian walks throughout the hospital area.
 - 3. Buildings designed so as to insulate them from traffic disturbance.
 - 4. Street trees employed as a unifying design element.
- (b) Each building a distinguished architectural expression; have a distinctive character, yet be harmonious with and complement adjacent buildings.
- (c) Landscaping shall enhance not only the buildings or building on the site, but also adjacent buildings and sites.
- (d) Size, locations, layout, and appearance of off-street parking and loading facilities shall not have any detrimental effect on the properties they serve or on adjacent properties.
- (e) Location and design of accessways to and from off-street parking and loading facilities shall not

unduly disrupt pedestrian or vehicular traffic circulation on streets.

(10) Non-Discrimination:

All properties, regardless of use, within the project area shall not be restricted as to the sale, lease, use, or occupancy upon the basis of color, race, religion, sex, or national origin.

(11) Exceptions or Variances:

General Hospital, Residential, City Reuse - The Urban Renewal Agency may grant exceptions or variances which do not constitute a substantial change in the Plan to any of the regulations prescribed in this Section C2, upon showing that granting the exception or variance is consistent with the intent of the Urban Renewal Plan and the urban design concepts on which it is based, and will not adversely affect other properties within or adjacent to the Project Area.

c. Effective Period of Controls

The provisions and requirements prescribed in Section C shall be in effect for twenty (20) years from the date of approval of this Plan by the City of Portland, except that the non-discrimination provision shall continue in perpetuity. The provisions and requirements, or any part of them, thereafter may be extended for additional, successive periods of ten (10) years by an instrument agreeing to such extension signed by the then owners of a majority of the land in the area, and recorded.

d. Applicability of Controls to Real Property Not to be Acquired

The provisions and requirements under item C2a and C2b shall apply to all real property in the Project Area. The building controls under item C2b shall apply only to new construction.

D. PROJECT PROPOSALS

1. Land Acquisition:

a. Real property to be acquired is shown on the Property Map (Exhibit G) and is further identified as to purpose for acquisition as follows:

- (1) Clearance and redevelopment (including development of vacant land).
- (2) Supporting facilities and project improvements, including construction of access streets into west end of project.
- (3) No properties will be acquired by the Urban Renewal Agency for rehabilitation and conservation.
- (4) No properties will be acquired by the Urban Renewal Agency for historical or architectural preservation.

b. Real Property Not Designated for Acquisition

Real property under the ownership of Emanuel Hospital and the City of Portland, and not designated for acquisition, are shown on the Property Map (Exhibit G).

2. Rehabilitation:

No rehabilitation activities are proposed within the Project Area.

3. Redeveloper's Obligations:

a. The redeveloper and his successors or assigns shall develop such property in accordance with the land use provisions and building requirements specified in this Plan.

- b. The redeveloper shall begin and complete the development of such property for the uses provided in this Plan within a reasonable period of time as determined by the Urban Renewal Agency and to be specified in the disposition instrument.
- c. The redeveloper shall make available some or all of the housing to be provided at a sales price or rental that low or moderate-income elderly citizens can afford.
- d. The redeveloper shall submit all plans and specifications for construction of improvements on the land to the Urban Renewal Agency for review and approval so that the Agency may determine compliance of such plans and specifications with this Plan.
- e. The redeveloper shall not effect or execute any agreement, lease, conveyance, or other instrument whereby the real property or part thereof is restricted upon the basis of race, color, religion, sex, or national origin in the sale, lease, or occupancy thereof.
- f. The redeveloper shall maintain the cleared land acquired and the cleared land owned within the area.

4. **Underground Utility Lines:**

Utility lines and facilities will be placed underground, except where it becomes necessary to place such equipment above ground. The private utilities concerned will make such modifications and adjustments as may be required of them by the establishment of an underground wiring district, by franchise agreements, or by reason of the applicable laws; and through cooperation with the Urban Renewal Agency. All utility facilities will be of such size and design as to adequately serve the area.

E. OTHER PROVISIONS NECESSARY TO MEET STATE AND LOCAL REQUIREMENTS

1. The land uses proposed in this Urban Renewal Plan have been established in conformity with the Community Renewal Plan for the City as a whole, which has been adopted by the City Planning Commission. The area to be cleared and redeveloped, and the parcels to remain in public ownership and hospital ownership are consistent with the land use proposals of this Plan and generally conform with the City of Portland plans. If necessary, zone changes will be effected in compliance with the Planning and Zoning Code of the City of Portland.
2. The land use provisions and land requirements set forth in this Plan have been specifically designed to accomplish the redevelopment of the area in accord with sound city planning principles and objectives. All land within the area, except those parcels to remain in public and hospital ownership, will be cleared and redeveloped to conform with the land uses shown on the Land Use Map, Exhibit C. All public improvements will be carried out in accord with this Plan.
3. Provisions have been made for the relocation of persons to be displaced from the Project Area during the execution of this Plan. Decent, safe, and sanitary dwellings and other accommodations substantially equivalent to the number of substandard dwellings and other units to be cleared from the area are available within adjacent areas and the City of Portland generally. A detailed statement as to the specific rehousing needs of the area residents and the specific housing resources available to meet these needs, together with a full discussion of administration on the relocation process is contained in the Relocation Plan. This plan is part of the

"Documentation in Support of the Loan and Grant Application" and is available for public inspection in the offices of the Urban Renewal Agency.

F. PROCEDURE FOR CHANGES IN APPROVED PLAN

After approval of this Plan by the City Council of the City of Portland, the provisions of the Plan may be changed or modified only by formal written amendment duly approved and adopted by the Urban Renewal Agency; provided, that if the amendment in question involves any material or substantial change in any of the provisions of the Plan, such amendment shall also be approved in accordance with the requirements of State and Federal law and regulations. Any amendment directly affecting land owned by Emanuel Hospital must be concurred in by said Hospital.

EMANUEL HOSPITAL PROJECT BOUNDARY DESCRIPTION

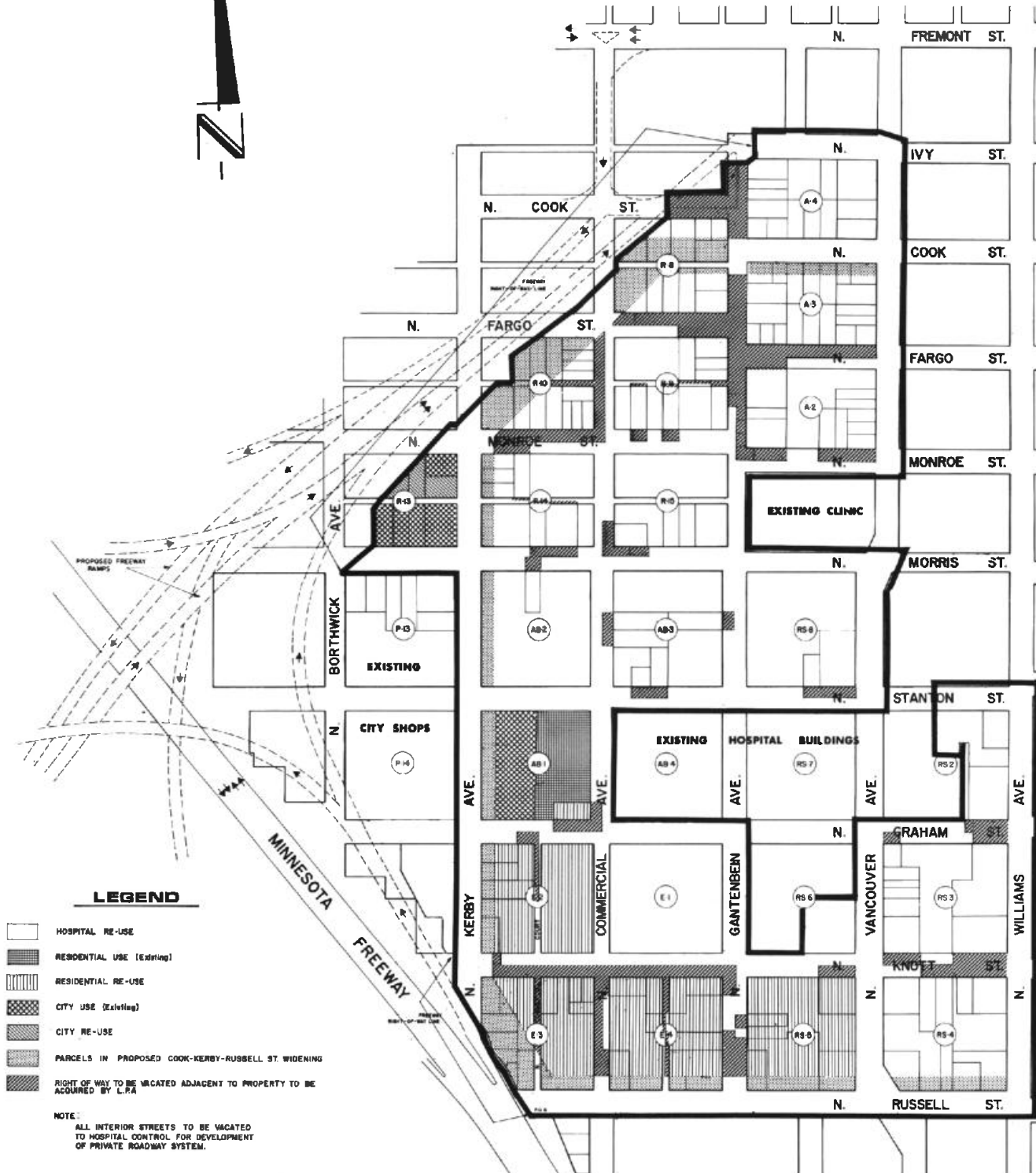
Following is the boundary description of the Emanuel Hospital Project Area as approved by the governing body of the Urban Renewal Agency.

The Project Area is described as that land containing all lots or parcels of property, situated in the City of Portland, County of Multnomah, and State of Oregon, bounded generally as follows:

Beginning at the intersection of the extension of the west line of North Commercial Court and the south line of North Russell Street, the point of beginning; thence easterly along the south line of North Russell Street to the east line of North Williams Avenue; thence northerly along the east line of North Williams Avenue to the north line of North Stanton Street; thence westerly 242 feet, more or less, along the north line of North Stanton Street to a point; thence southerly 165 feet to a point; thence easterly 40.8 feet to a point; thence northerly 15 feet to a point; thence easterly 28 feet to the west line of an alley; thence southerly along the west line of the alley to the north line of North Graham Street; thence westerly to the west line of North Vancouver Avenue; thence southerly 195 feet, more or less, along the west line of North Vancouver Avenue to a point; thence westerly 131 feet, more or less, to a point; thence southerly 135 feet, more or less, to the north line of North Knott Street; thence westerly along the north line of North Knott Street to the east line of North Gantenbein Avenue; thence northerly along the east line of North Gantenbein Avenue to the north line of North Graham Street; thence westerly along the north line of North Graham Street to the east line of North Commercial Avenue; thence northerly along the east line of North Commercial Avenue to the south line of North Stanton Street; thence easterly along the south line of North Stanton Street to the east line of North Vancouver Avenue; thence northerly along the east line of North Vancouver Avenue to the north line of North Morris Street; thence westerly along the north line of North Morris Street to the east line of North Gantenbein Avenue; thence northerly along the east line of North Gantenbein Avenue to the south line of North Monroe Street; thence easterly along the south line of North Monroe Street to the east line of North Vancouver Avenue; thence northerly along the east line of North Vancouver Avenue to the north line of North Ivy Street; thence westerly along the north line of North Ivy Street 305 feet, more or less, to a point 5 feet east of an extension of the east line of North Gantenbein Avenue, thence southerly parallel to said line 60 feet to a corner on the south line of North Ivy Street; thence southwesterly 7.07 feet along a lot line to a corner on the east line of North Gantenbein Avenue; thence westerly 49.4 feet, more or less, to a point on the west line of North Gantenbein Avenue, said line also being on the southeasterly right-of-way line of the Oregon State Highway proposed Fremont Interchange; thence southwesterly along

EMANUEL HOSPITAL PROJECT BOUNDARY DESCRIPTION, Cont'd

said Freeway right-of-way line to the east line of North Borthwick Avenue, said point also being on the south line of North Morris Street; thence easterly along the south line of North Morris Street to the west line of North Kerby Avenue; thence southerly along the west line of North Kerby Avenue to a point 90 feet, more or less, south of the north line of North Knott Street, said point being also on the east right-of-way line of the Minnesota Freeway; thence southeasterly along the east right-of-way line of the Minnesota Freeway to the south line of North Russell Street, the point of beginning.





1. EXISTING HOSPITAL
2. NEW HOSPITAL ADDITION
3. LONG TERM CARE FACILITIES
4. SELF SERVICE UNITS
5. CLINIC
6. LECTURE HALL
7. NURSES' HOME
8. EMANUEL MEDICAL BUILDING

9. OFFICE BUILDING
10. OFFICE BUILDING
11. HOUSING
12. HOUSING
13. EMPLOYEE HOUSING
14. INTERNS' APARTMENTS
15. PARKING & WAREHOUSE
16. PARKING



PROPOSED MASTER PLAN FOR EMANUEL HOSPITAL

NEWBERRY & SCHUETTE · ARCHITECTS · PORTLAND, OREGON · AUG. '69

EXHIBIT D **3**

EMANUEL HOSPITAL LONG-RANGE DEVELOPMENT PROGRAM
A Projected Timetable

Essentials of Emanuel Hospital's Long-Range Development Program are based on comprehensive, detailed studies and analyses by two of the nation's leading hospital consulting firms:

JANES A. HAMILTON ASSOCIATES of Minneapolis, whose basic projection of community growth and development through 1980 incorporates population trends in specific Emanuel service areas, anticipates construction by other area medical institutions, and indicates other factors affecting future hospital development; and

BABCOCK, HATFIELD, HILLMAN AND JONES ASSOCIATES of Florida, who interpreted basic findings in terms of the potential impact of current medical, political and demographic trends on hospital utilization over that period.

Emanuel today, is one of the largest short-term, acute care, voluntary hospitals in Oregon; it serves sixteen percent (16%) of the total patients hospitalized in the 15 metropolitan area hospitals. So that it can continue to meet the changing and expanding needs of its patients in the future, the Board of Directors and Administration has developed the following timetable as a sound and appropriate program for meeting Emanuel's share of the responsibility for community health. The program is divided into four phases.

PHASE 1
(Completed)

CLINIC BUILDING (Bordered by Monroe, Vancouver, Morris, and Gantenbein)

This temporary structure houses Emanuel's Clinic Program for medical indigents whose care was an obligation felt keenly by Emanuel's Lutheran founders, a feeling shared by their successors on the Charity Board; and provides needed additional area for the Maternal and Infant Care Program, sponsored at Emanuel by the State Board of Health to help combat mental retardation. After redevelopment begins these services will be transferred to other hospital buildings to allow for removal of the structure and development of the land as an open space.

PROFESSIONAL BUILDING (1/2 of Block RS-2)

This unit is located on Vancouver Avenue between Graham and Stanton Streets and provides office space for medical staff members of Emanuel Hospital, consistent with the current trend to locate such offices in close proximity to general hospitals, saving time and expediting use of outpatient services.

PHASE 2
(Completion by 1975)

NEW HOSPITAL BUILDING (Blocks AB-3 and RS-3)

This will be a nine-floor-plus basement general hospital structure connected to the present hospital building by double corridors across Stanton Street and will include facilities for medical, surgical, rehabilitation, chronic disease, pediatric and teenage patients. The combined total number of beds will be 522. Provision will also be made for needed additional services, expansion of present ones, permanent quarters for the outpatient clinics and for research.

EMANUEL HOSPITAL LONG-RANGE DEVELOPMENT PROGRAM, Cont'd

HEATING PLANT (Block AB-2)

Hospital expansion, changing technology, and increasing mechanical requirements necessitate this additional development.

EXTENDED CARE FACILITY (80-bed nursing home now under construction) (Block R-15)

Impact of Medicare in this long-unmet need has accelerated the demand for nursing care generally and for such care to be adjacent to large general hospital facilities particularly. Such centralization of nursing homes will dramatically improve the quality of care in emergency situations and reduce physicians' travel time.

PARKING (Blocks AB-2 and R-14)

These facilities will provide parking for employees, patients and visitors to the hospital. Some warehouse space will be included.

CLINIC (Block A-4)

This facility will provide additional space for doctors' offices and related outpatient services.

PHASE 3 (Completion by 1977)

SELF-CARE UNIT (Blocks R-8 and R-9)

Centralization, within a wide geographical area, of such major facilities as Emanuel's Radiation Therapy Center, Rehabilitation Center, special services, etc., create the need for a "self-care" unit patterned after a motel, designed for persons who require outpatient care, but do not require hospitalization. Location of such a self-help unit on the hospital campus will offer major advantages to patients in terms of both convenience and economy.

LECTURE HALL (Blocks R-9 and A-2)

Emanuel's more than a dozen educational programs in medical and paramedical careers, in addition to professional education programs, post-graduate seminars and other medically-oriented meetings, require adequate area, lighting, acoustics, sound systems, temperature control and visual aids apparatus, now unavailable or inadequate.

EXTENDED CARE EXPANSION (Block R-15)

Developments in the field of geriatrics, combined with Medicare Legislation and Portland's disproportionately high population percentage of the elderly, is expected to require rapid expansion of the nursing home of which the initial unit was built in Phase 2.

PARKING (Blocks A-3 and R-10)

These areas will be developed as parking to serve the lecture hall and other facilities in the northern portion of the Project Area.

EMANUEL HOSPITAL LONG-RANGE DEVELOPMENT PROGRAM, Cont'd

PHASE 4
(Completion by 1979)

FURTHER EXPANSION OF EXTENDED CARE FACILITY

SENIOR CITIZENS' RESIDENCE (Blocks E-4 and RS-5)

A retirement home, to be located in proximity to Emanuel, which offers convenient public transportation, access to the freeway system, shopping and recreational facilities in addition to full general hospital facilities.

EMPLOYEE APARTMENT BUILDING (Blocks E-2 and E-3)

Highly desirable in view of the need for round-the-clock shifts required by hospital operation, and a potential "plus" factor in recruitment of employees in skilled career fields, where demand is great and supply is limited.

HOSPITAL EXPANSION TO 700 BEDS (Block AB-3)

Initial construction of the new hospital building will anticipate such subsequent addition when necessary.

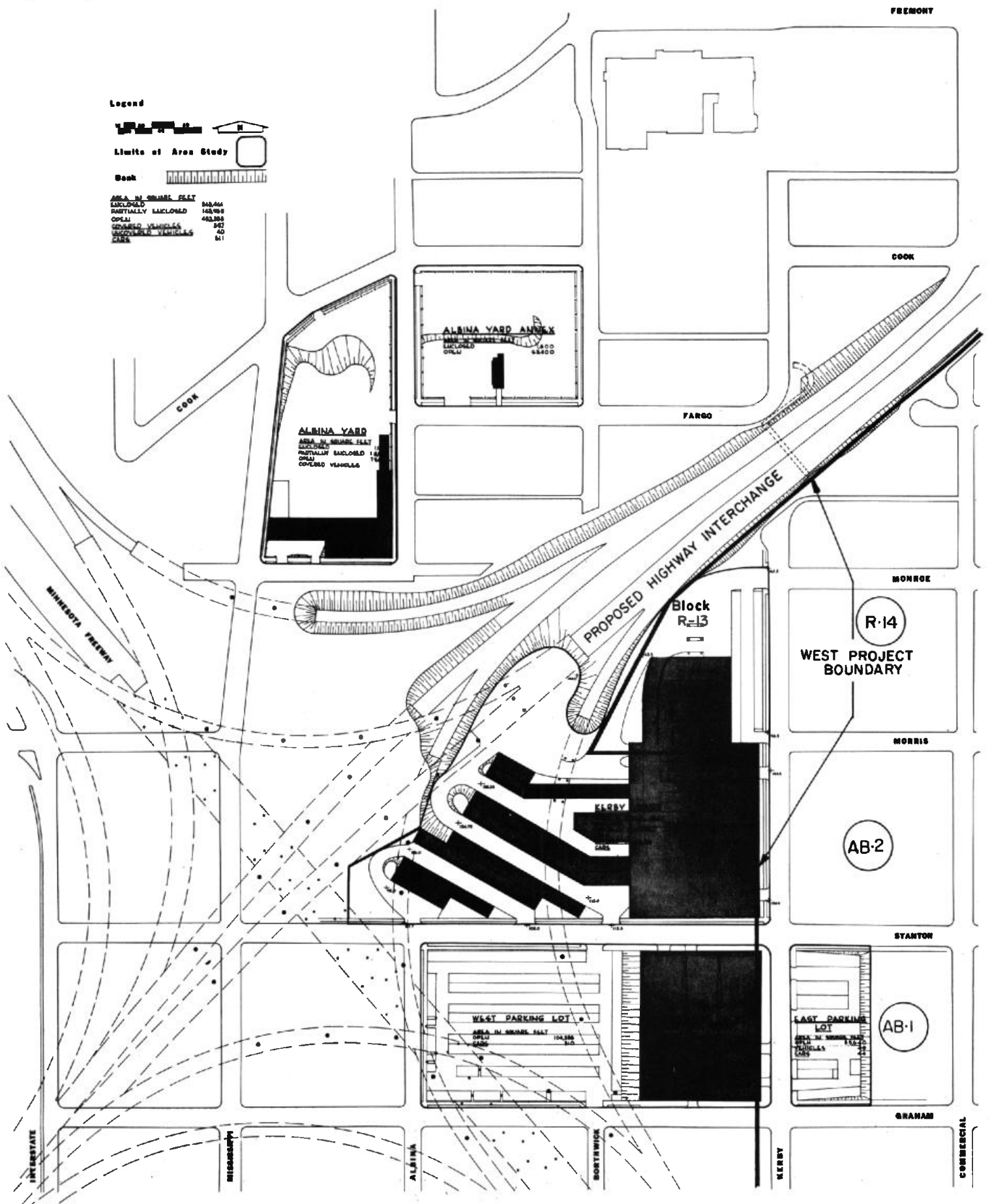
PROFESSIONAL BUILDING (Blocks RS-3, RS-4, and E $\frac{1}{2}$ of RS-2)

Acceptance by the Medical Staff of plans for the professional building to be constructed indicates that a second unit will be feasible in the near future.

PARKING (Blocks E-1 and RS-6)

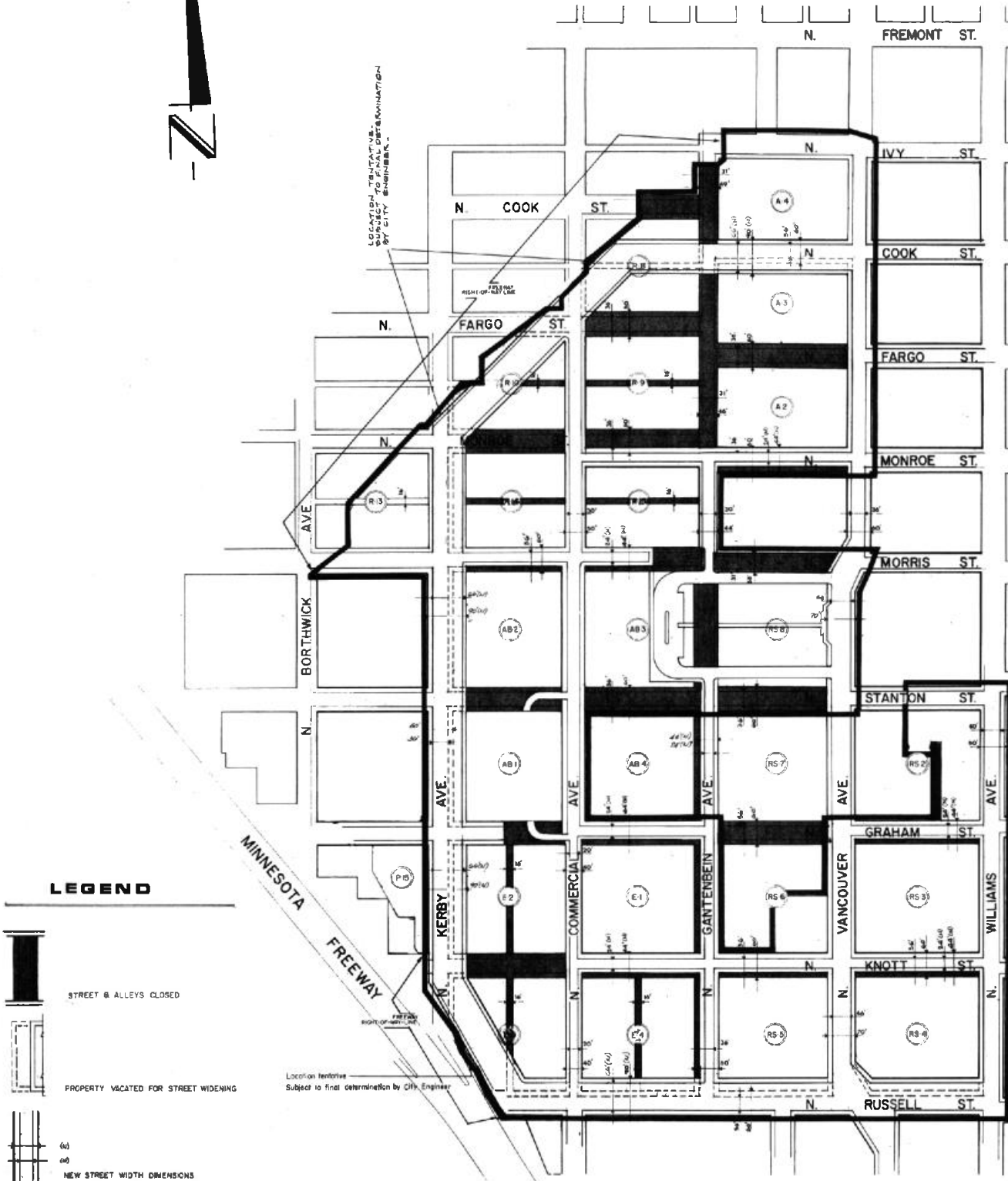
These areas will provide additional parking for facilities that will be developed in the southern portion of the Project Area.

Emanuel Hospital has acquired and will acquire, if necessary, properties in and adjacent to the Project Area and will clear such properties, if necessary, in conjunction with the urban renewal activities. They will, if necessary, also provide relocation assistance in cooperation with the Local Public Agency in order to carry out the development proposed in the Plan. Costs incurred by the Hospital in these activities will be claimed as a local non-cash grant-in-aid credit under Section 112.



Kerby Yard & Stanton Shop Proposed Site Plan

The City of Portland presently owns parcels 1 and 5 in Block R-13, and lots 2, 3, and 4 will be disposed to the City for development of the Kerby and Stanton Shop facilities.



LEGEND



STREET & ALLEYS CLOSED



PROPERTY VACATED FOR STREET WIDENING



NEW STREET WIDTH DIMENSIONS

NOTE: ALL INTERIOR STREETS & ALLEYS EXCEPT VANCOUVER AVENUE & COOK-KERBY-RUSSELL EXTENSION TO BE VACATED TO HOSPITAL CONTROL.

**EMANUEL HOSPITAL
PROJECT
ORE R-20**
PORTLAND DEVELOPMENT COMMISSION
PORTLAND, MULTNOMAH COUNTY, OREGON

JANUARY 16TH 1964

W.F.H.

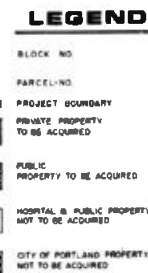
SCALE 1"=100'

BOUNDARY CHANGES R-20
PROPERTY & LOT
STREET DIMENSIONS 2-28-45
REVISION

STREET MODIFICATION PLAN

9

EXHIBIT F

[illegible]

RIGHT OF WAY ADDITIONS 8-7
BOUNDARY CHANGES 8-8
REVISIONS

10

EXHIBIT G

SUMMARY OF THE URBAN RENEWAL PLAN AND RELOCATION PLAN FOR
THE EMANUEL HOSPITAL PROJECT

The following is a description of the high points of the Urban Renewal Plan and Relocation Plan.

THE URBAN RENEWAL PLAN INCLUDES:

1. A proposal to develop an expanded full-service medical facility to serve Albina, as well as the greater region of Oregon, Washington, and other states. Development will include: (a) housing for elderly citizens, including housing for moderate-to-low income elderly citizens; (b) improved public improvements including underground wiring and a modified street system to enhance hospital development and improve traffic circulation; (c) facilities to accommodate expansion of the various charity clinics, emergency services, and educational programs, as well as other hospital services; and (d) will expand employment opportunities for the under-employed and minority groups.
2. A proposal to provide for expansion of existing city shops along the west side of N. Kerby Avenue, the area in question being Parcels 2, 3, and 4 in Block R-13.

All developments will comply with all of the City Codes, and the properties shall not be restricted as to the sale, lease, use or occupancy upon the basis of race, color, religion, sex, or national origin.

THE RELOCATION PLAN INCLUDES:

Relocation for the Emanuel Project will be administered by the Relocation Staff of the Portland Development Commission under rules and regulations set forth by the Department of Housing and Urban Development of the United States of America. Displacees will receive a written notice at least three months before they have to move. They will be given help finding new housing that is (a) in good condition; (b) big enough; (c) priced to their financial abilities; (d) reasonably close to transportation, work areas and other facilities; and (e) available on a nondiscrimination basis.

Each household displaced by the Emanuel Project will be eligible for moving payments of up to \$200, including storage and loss of property. They may choose to move by a commercial moving company or move themselves. If they do move themselves, they will be reimbursed according to a schedule approved by the Department of Housing and Urban Development.

In addition to moving costs, displacees may qualify for other payments. After selling their house to the Portland Development Commission, owner-occupants will receive 60-days free rent, plus payment of certain costs incidental to the transfer of title. Also, those who are buying or own the house they occupy in the Project may qualify for a replacement housing payment to assist them in acquiring relocation housing. This payment may be as much as \$5,000.

Both qualifying owners and tenants are eligible on a priority basis for low-cost public housing. If they are unable to obtain public housing because their assets or income is too high or because a lack of adequate units being available, these displacees may be eligible for an additional relocation payment divided over a 24-month period. Low-income families in certain cases may qualify to purchase a modest new or completely rehabilitated older home at a reduced rate of interest. This is the Section 235 Program under which monthly mortgage payments are determined by the displacee's ability to pay.

Businesses and nonprofit organizations are also helped by the Relocation Staff of the Portland Development Commission to find appropriate new quarters. After acquiring of property, owners are reimbursed for certain settlement costs incurred in the transfer of title. Businesses are eligible for payments covering fair and reasonable moving costs and loss of property. There is no ceiling on payment of moving costs but, if the combined total is over \$3,000, the excess will be deducted from the loss of property payment. In addition, certain businesses may be eligible for small business displacement payments of \$2,500 each.