The former Los Angeles Metropolitan Medical Center building is a dusty pink, vaguely brutalist box that quietly, and stagnantly, sits amidst the cluttered, imperfectly gridded sprawl of South Central Los Angeles, haphazardly demarcated by the 10 freeway’s horizontal cleaving of the city. Adjacent to the historic West Adams district and within earshot of the freeway’s monophonic din, the hospital primarily tended to residents from its surrounding low-income communities until it swiftly shuttered in 2013 amidst allegations of criminal misconduct. Its neglected patients and workers were hurriedly swept out, seemingly absolved of responsibility for the building’s now-petrified contents.

As a hollowed-out shell situated in a neighborhood increasingly brushed by waves of gentrification, the hospital and its innards were expeditiously acquired by CIM Group, a real-estate investment firm that develops luxury projects in so-called “qualified communities.”1 John Wolf, a Los Angeles-based art advisor who counts CIM Group as one of his corporate clients,2 dreamed up plans for the site in advance of its eventual conversion into residential condominiums, and in October and November mounted a large-scale exhibition that occupied all but one floor of the derelict hospital. The exhibition spanned the administrative offices, cafeteria, pharmacy, and ICU, as well as the surgical, maternity, and psychiatric wards. Work by 84 artists—including Jenny Holzer, Gregory Crewdson, Matthew Day Jackson, Katherine Bernhardt, Marlene Dumas, and Daniel Joseph Martinez—was dispersed throughout the facility in often bizarre configurations, while the vestigial medical detritus remained largely intact. Whether a speculative vanity project designed to generate hype for luxury condominiums, or an honest attempt at fostering critical discourse by granting artists access to a contentious site, the exhibition’s premise and execution brings to light crucial questions regarding the urgency of fully excavating a site’s context, as well as the complicated politics of romanticizing spectacles of urban abandonment.

The shuttered hospital currently stands as an immoveable, vernacular allegory of institutional failure, avarice, and exploitation, of both the residents it purported to serve, primarily Latinos and people of color, as well as its staff. For years, a federal investigation revealed, former doctors and administrators operated a barbaric scheme that involved illegally performing unnecessary tests and procedures on homeless patients, “recruited” from Skid Row, in a bid to defraud Medicaid and amass insurance payouts.3 In a similarly sinister collusion, a separate


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lawsuit also alleged that elderly and mentally impaired patients were virtually imprisoned in the psychiatric ward. Upon litigation, the hospital abruptly folded into its current state—its 212 beds were swiftly emptied of patients and hundreds of people were suddenly unemployed.

While *The Human Condition*, both the exhibition's title and its passively generic conceptual umbrella, aimed to “re-contextualize the hospital's functional history” and “transcend the building's original intention” by “invit[ing] artists to explore the corporal [sic] and psychological experience of being human,” it also nonetheless attempted to strategically activate the hospital's original narrative as a formal element of the exhibition. The language in the press release encouraged both artists and viewers to “explore the dilapidated remains” of a hospital that, according to organizers, “proudly opened in 1971 as the first Black-owned hospital in Los Angeles.” This reads as a couched attempt to frame the building, and by proxy the exhibition itself, as a cultural (and very specifically racial) landmark in West Adams, where, the press release stresses, “years of neglect are now giving way to reinvestment”—a boilerplate sales pitch for developer-fueled gentrification.

Despite Wolf’s encouragement to view this particular hospital as a uniform stage for the multitude of human experiences that a hospital in general can emblemize, his simultaneous focus on the site’s historical narrative and the significance of its West Adams environs are key criteria for evaluating the exhibition’s context. While the Los Angeles Metropolitan Medical Center may indeed have been among the first black-owned hospitals in the city (definitively confirming this has proven difficult), both the Rose-Netta Hospital and the Julian W Ross Medical Center were founded earlier, in 1941 and 1957, respectively. At the time, segregation and racism triumphed in insidiously infiltrating the medical system, and as a result black physicians often fought to establish integrated hospitals in an attempt to patch the distinct dearth of healthcare options afforded to citizens of color.

As has been extensively documented historically, the housing climate proved similarly hostile. In 1943, several years after the Rose-Netta Hospital was established nearby in South Los Angeles, 30 newly settled black homeowners in West Adams were met with bigoted resistance from their predominantly white neighbors, who attempted to invoke a restrictive covenant, an exceedingly common practice used to “maintain the racial integrity” of white neighborhoods. This particular covenant sought to establish an all-white neighborhood through the year 2053—over one-hundred years into the future. The case was eventually dismissed by the Los Angeles Superior Court, and in 1948 the U.S. Supreme Court ruled that restrictive covenants violated the 14th Amendment. After a period of white flight, West Adams became a seat of black prosperity until befalling economic despair, largely spurred by the 10 freeway’s dissection of the neighborhood in the 1960s; now, it exemplifies a familiar narrative as a predominantly low-income, minority community on the cusp of gentrification due to astronomical housing prices elsewhere in the city.


years after the hospital's demise, the building embodies the aura of a chalky, sickly flush, something that *The Human Condition* seemed either exploitative of, unaware of, or oddly muted to.

For the exhibition, the surgical, maternity, and psychiatric wards that previously harbored vulnerable and underserved patients stood littered with a random array of humanoid sculptures and clunky equipment: surgical lights, oxygen valves, x-ray illuminators, unidentifiable machines. Walls painted in various shades of institutional pastel supported large-scale paintings that sat perilously close to swollen ceiling panels, some of which had sagged and burst from the creeping pressure of errant bulging wires. Dust, iodine stains, and fugitive pills coated sooty linoleum floors amid misplaced installations; cartoonish pain assessment charts, pharmacy slips, and even medical records (a blatant HIPAA violation?) dispersed across unkempt countertops. Several whiteboards still listed the names of patients next to their corresponding bed numbers, and in one room a nurse's scrawl mundanely memorialized the hospital's last day in operation: April 8, 2013. “How do you feel today?”, the sign read in mismatched lettering, “Happy and Grateful.”

Throughout this diorama, works of art were physically enmeshed in, yet conceptually isolated from, their surroundings, and with few exceptions, failed to transcend pedestrian interpretations of the site and probe the litany of potential critical inquiries that the hospital and its environs invite. A limited number of works benefitted from this context: Kendall Carter’s installation that featured a Jim Crow-era sign delineating segregated restrooms functioned as the only work to directly address the presciently raw fallout of systemic racism and institutional failure. On a


7. Ibid.

poetic note, Tony Matelli’s immaculate bronze renderings of weeds and plants—verdant yet rusted fossils sprouting from structural fractures—read as indexical, ruminative monuments to the calcified site. In other cases, the site’s context detracted from otherwise intriguing work: the maternity ward read as an unnecessarily dogmatic setting for Polly Borland’s psychologically arresting images of adult men swathed in infant clothing and engaging in cosplay; Katherine Bernhardt’s agreeably prismatic painting of fruit betrayed a similar sentiment in the context of the hospital’s former cafeteria. Elsewhere, predominantly figurative works squatted amidst the matrix of vacated medical wards, and in a didactic reenactment of the exhibition’s thematic conceit, seemed to function solely as surrogates for the former presence of actual people.

In failing to account for the “specific” in site-specific, the majority of these works instead read as potential props for the exhibition’s de facto subject: the hospital’s uncanny, forsaken setting. An immersive mise-en-scène, this setting was curatorially staged as a singular entropic artwork, ultimately rendering the surrounding work irrelevant. This evident privileging of the site’s physical decrepitude called the veracity of The Human Condition’s narrative into question: the suspiciously clean box of latex gloves, the dusty, jaundiced medical folders, and the perfectly askew furniture and equipment all suddenly functioned as trompe-l’oeil embellishments designed to buttress the mirage of hurried desertion.

Unarguably falling within the purview of so-called “ruin porn,” this attempted reincarnation recasts the hospital as an aestheticized—and utterly anaesthetized—totem of contemporary urban blight. While the romantic invocation of ruins in poetic and artistic contexts dates back centuries, spanning Renaissance formulations of ruins as fragmented connections to our Classical past, to twentieth century conjurations of ruins as dust-ridden premonitions of our apocalyptic future, the languished Los Angeles Metropolitan Medical Center functions in an entirely different context. The lyrical framing of the hospital as a ruin serves as a pretense for its reality as a site in developmental transition. Despite being treated with a fetishistic romanticism generally reserved for our atrophying remnants of the past, the hospital ultimately represents a vestige of the present—one that simultaneously presages imminent future displacement. This in itself carries with it problematic ethical undertones.

Rather than critically engaging with the site itself, and the innate political and conceptual complexities that this would entail, The Human Condition solely emphasized, and ultimately exploited as spectacle, the hospital’s general state of physical deterioration—rendering the site as a content-less formal abstraction primed for occupation by figurative works of art. As a spectacle of present-day urban peril rather than abandonment—from its narrative of criminal negligence to its potential role as a harbinger of dislocation for minority communities—the hospital is ultimately a spectacle of recent suffering; more wound than ruin. Wolf’s curatorial premise not only muted the intersecting narratives that underwrite the site’s history, but also passively invoked the notion of black ownership as an identity-based, site-specific selling point for an exhibition that predominantly featured white artists. In doing so, he manages to cajole visitors and collectors (either the culturally curious or the cultural elite) to a site expectant of gentrification by that same demographic.


11. Ibid.