Iowa Architect

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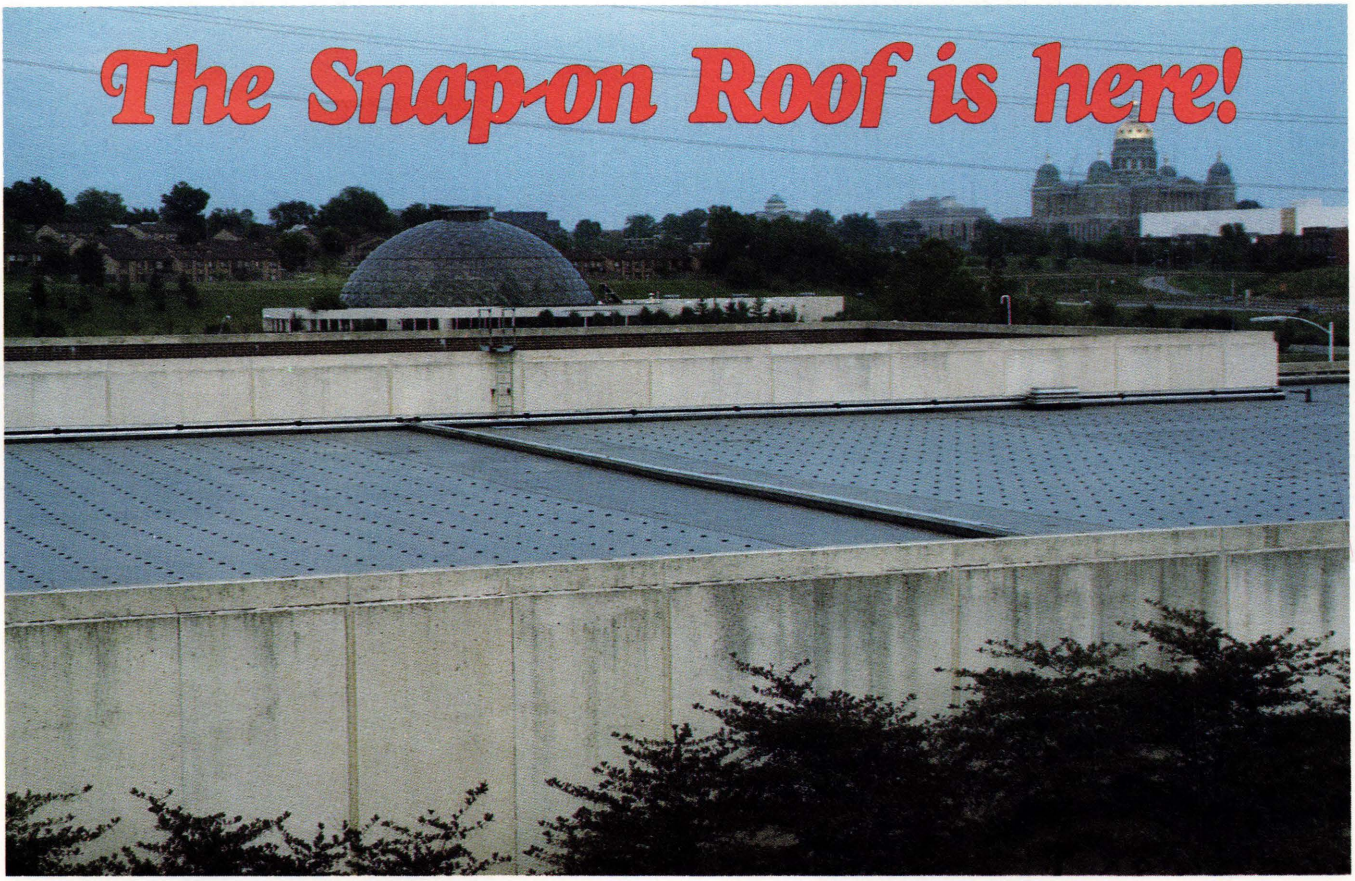

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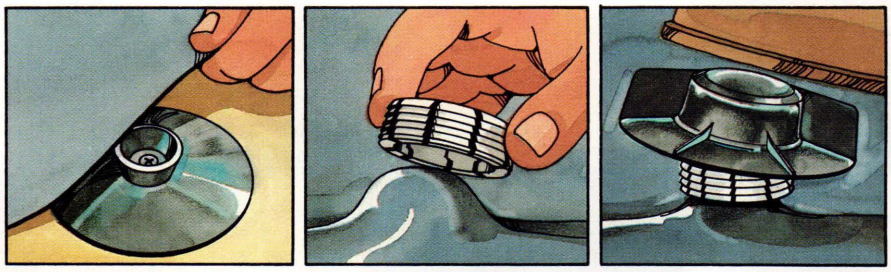

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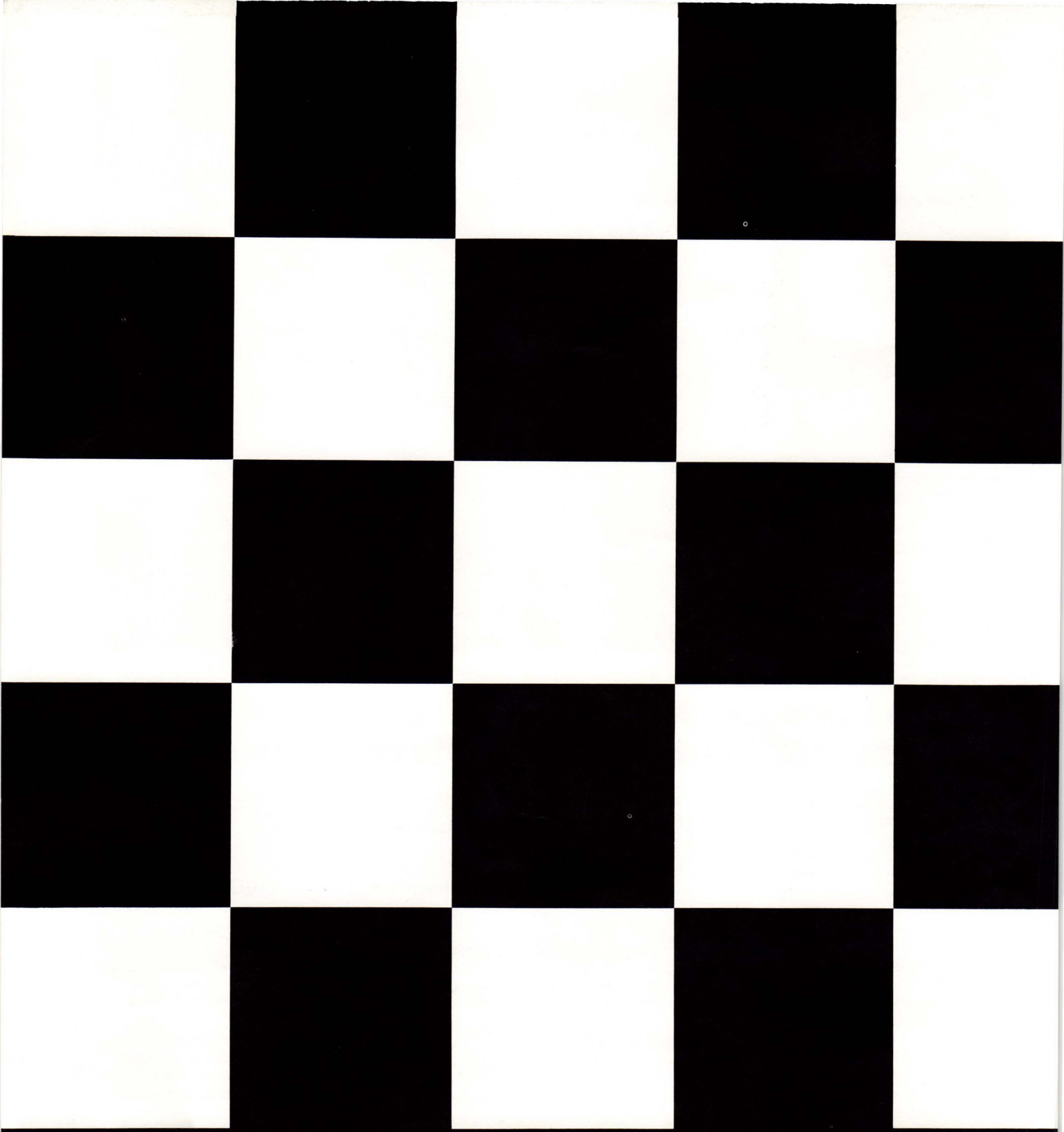

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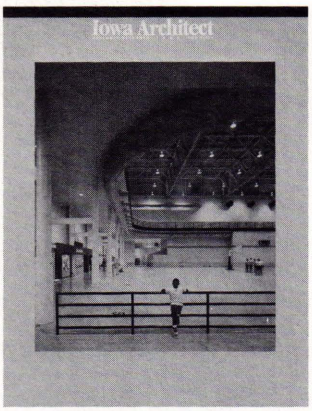

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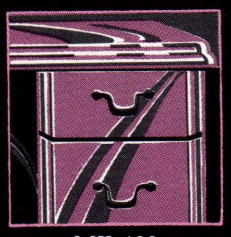

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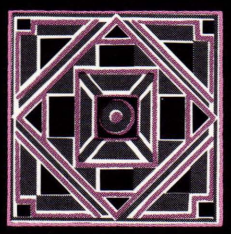

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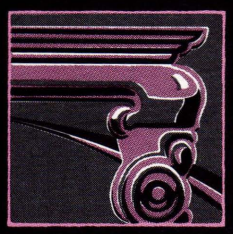

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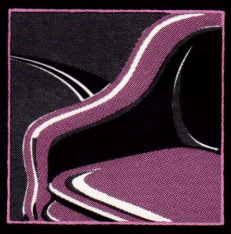

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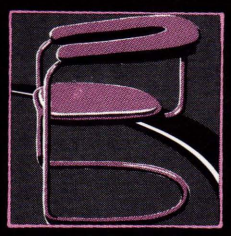

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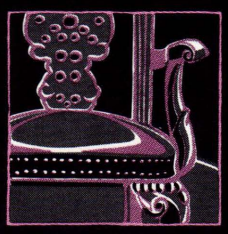

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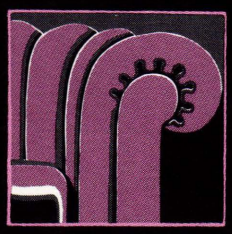

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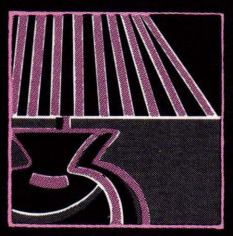

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Barry Rustin Photography

Projects Roy Carver Pavilion (left)
John W. Colloton Pavilion (right)
University of Iowa Hospitals
Iowa City, IA

Architect Hansen Lind Meyer
Iowa City, IA

Contractors Carver-Phase A: Geroge A. Fuller Co.
Chicago, IL

Carver-Phase B: Knutson Construction of Iowa
Iowa City, IA

Colloton-Phase A: M.A. Mortenson Construction
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Colloton-Phase B: M.A. Mortenson Construction
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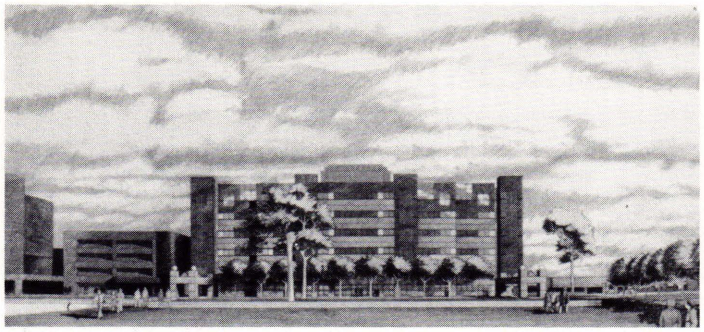


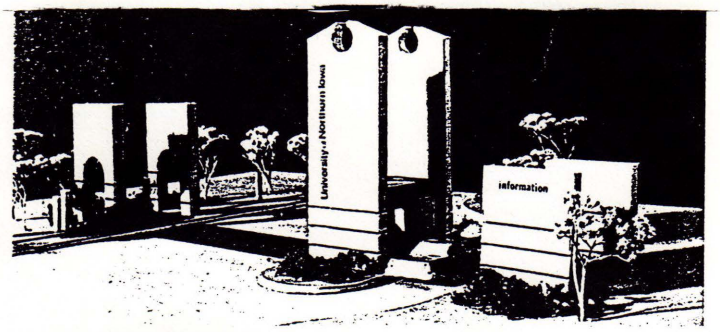
Methodist Medical Plaza II

Methodist Medical Plaza II is a major addition to the Iowa Methodist Medical Center complex in Des Moines, adding nearly 100,000 square feet of lease space for professional medical groups and services in a six-story building. The new structure is a key portion of a master plan for the center which shifts emphasis to outpatient services, and it is located to form an atrium which serves as the outpatient entry to the entire complex. The building structure of precast concrete columns and beams, with a precast Tee floor system was erected in 29½ days. Exterior materials for the project are brick and tinted glass, with colors selected for compatibility with other buildings in the complex. Developer/owner for the project is Graham Investment Company and the architect is Shiffler Frey Baldwin, Architects P.C. Precast by Prestressed Concrete Operations.

Medical Research Institute Iowa City, Iowa

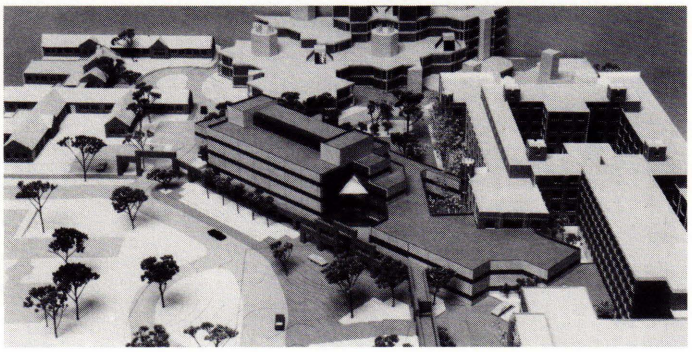
Preliminary plans for a University of Iowa Medical Research Institute, designed by Hansen Lind Meyer, have been approved by the Campus Planning Committee.

The 113,000 sq. ft. facility will meet the research needs of leading scientists and will incorporate elaborate air systems control and toxic waste handling equipment. A system of modular planning will allow expansion.



U.N.I. Campus Entrance and Information Center

Construction has begun on a new entrance to the University of Northern Iowa campus that will include a visitors information booth. Designed by Flinn, Saito, Andersen and Robert Devoe, the project, started in early August, consists of limestone arches and brick paving that will bridge the campus street running north/south into the main university parking lot. The formal entrance will be built 100 feet north of Dakota Street – the access road that skirts the south side of the campus.



Foster Building Renovation

Brooks Borg and Skiles, Architects-Engineers, has completed the design for the renovation of the former Foster Hotel into retail and office space. Original building features will be restored and complemented with a new metal cornice below second floor windows and an aluminum curtainwall system at first floor. A new barrel vaulted skylight will enclose a former lightwell to provide daylighting and open space between second and third floors. Interior partitions, finishes and elevator, mechanical and electrical systems are being replaced. New exit stairs and sprinkler systems will provide compliance with current building codes. Construction is underway and the project is scheduled for completion by the spring of 1986.

DES MOINES SADDLERY COMPANY BUILDING

Skywalk/Saddlery Renovation

Doug A. Wells, Architect, has designed the Skywalk Bridge and the renovation of the Des Moines Saddlery Building. The Saddlery was constructed in various stages in the 1870's and is currently being converted into office spaces. The Skywalk linking to Plaza Condominiums will be the main feeder from downtown to the Court Avenue Historic District. Court Avenue itself is scheduled for reconstruction in 1986 to provide a more people oriented streetscape. The bridge is an exposed steel round pipe truss that will be finished in a red polyurethane finish to provide a lively contrast to the essentially masonry building context. Construction is expected to be completed at the end of the year.

HO!HO!HO!

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Francesco Clemente, "Untitled," 1983

◄

Francesco Clemente, "Everything I Know," 1983

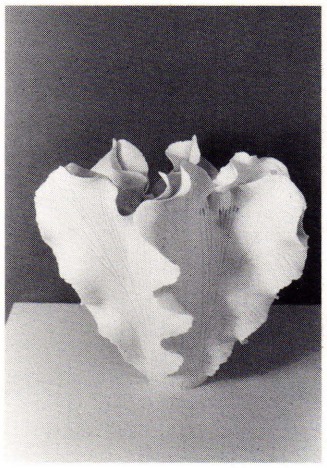
Clemente in Minneapolis

Francesco Clemente is one of the most highly regarded of the younger generation of European and American painters working in an expressionist, figurative style. Yet in his total *oeuvre*, the painterly, anxious approach ascribed to the new expressionism is not always present.

From January 12 through March 2, 1986, the Walker Art Center in Minneapolis will present the exhibition *Francesco Clemente*, a selection of sixty-five works executed between 1979-1983, in two and three dimensions. *Francesco Clemente* was organized by the John and Mable Ringling Museum of Art, Sarasota, Florida.

Mark Rothko at Milwaukee

From November 22 through January 12, 1986 the Milwaukee Art Museum will present the exhibition **Works on Paper**, a selection of 86 drawings and watercolors by the late Mark Rothko. Many of these works have never before been exhibited, only recently being acquired and released by his estate after lengthy legal jousting. The show was organized by the Mark Rothko Foundation, Inc. and The American Federation of Arts.



Clay Invitational

Olson-Larsen Galleries has organized a clay invitational featuring the work of 7 ceramic artists: Marsha Berentson, Tom Benesh, Jim Jansma, Shirley Koehler, David Dalquist, Jens Morrison and Steve Prettyman. The show runs December 6 through December 28th.

Marsha Berentson, "Wings Vase"

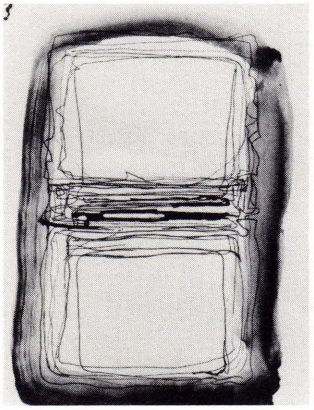
▼

Left, Mark Rothko, "Untitled," 1961

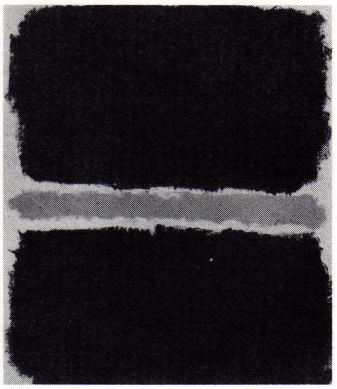
Pen and ink on paper, 11 x 8½"

Right, Mark Rothko, Untitled, 1961

Acrylic, ink on paper, 50¼ x 42½"



Quesada/Burke, New York



Rosenquist up Close
Nov. 29, 1985 – Jan. 26, 1986
Des Moines

When pop art burst on the scene in 1962, James Rosenquist's fragmented images of cars, spaghetti, and toothy gums outraged many critics, who considered them unsuitable subjects for art. Art critic Max Kozloff asked incredulously, "Are we supposed to regard our popular sign board culture with greater fondness or insight now that we have Rosenquist?" and went on to call him a juvenile delinquent. Rosenquist still works with bright colors, colossal scale and painted collages, but now, outside of the pop context, it is clear that his paintings are more than mirrors of a commercial society.

The current Des Moines Art Center exhibition of 34 works dating from 1961 to 1985 was organized by the Denver Art Museum and made possible through a generous gift from Exxon Corporation and a grant from the National Endowment for the Arts. It continues through January, 1986.

"F-III," 1965, James Rosenquist

150 Years of Chicago Architecture Exhibition
Museum of Science and Industry

Chicago's magnificent architecture is the focus of a spectacular exhibition, titled "150 Years of Chicago Architecture," that will be presented at the Museum of Science and Industry from October 1 through January 15, 1986.

IBM Building, Chicago

The exhibition – originally organized by Ante Glibota, director of the Paris Art Center – traces Chicago's architectural achievements of the past and present and looks at plans for the future.

More than 6,000 photographs and drawings, 100 architectural models, examples of advances in building materials, a multimedia show on Chicago architecture, lectures, and other activities are part of the exhibition program, presented by the *Chicago Tribune* and Carson Pirie Scott and Co.

Visiting Artists in Davenport

Visiting Artists, Incorporated of Davenport will administer grants totaling $15,000, awarded by the Design Arts and Art in Public Places programs of the National Endowment for the Arts. The purpose of the grants is to assist in bringing together design professionals and visual artists to work collaboratively on a plan for development of a plaza for RiverCenter in Davenport. Design development began in July and is expected to last about a year.

Three teams, each comprised of an artist and an architect, have been invited to draw up proposals for consideration. They will coordinate their work with that of the Riverfront Task Force and consultants studying the provision of additional parking facilities for RiverCenter. It is hoped that the final result will evoke a sense of passage, serving as a link that encourages exploration of nearby areas.

Teams include artist Vito Acconci with architect Raimund Abraham; Jackie Ferrara and Peter Eisenman of Eisenman Robertson, and Elyn Zimmerman with Paul Broches of Mitchell/Guirgola.

CPMC

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Iowa Chapter

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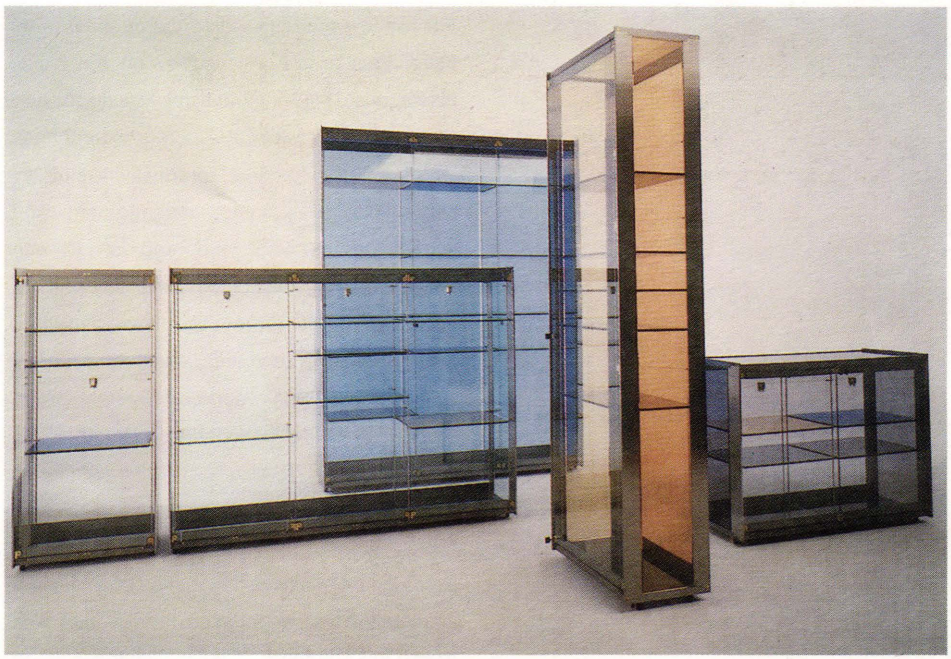
- Maintaining a liason, and serving as an information resource to government on a national, state and local level.



Clearly Displayed

Designed by Afra and Tobia Scarpa, from the Bisante Collection comes a series of incredibly detailed cabinets, available in four standard heights. Tinted transparent tempered plate glass 10 mm thick, offered in grey, blue, green, bronze or colorless, not only defines the limits of the airy cabinets, but emits a colored light which highlights the display area, yet does not detract from what is displayed. Without the physical and visual limitations of interior vertical glass partitions, a clear expression of form and structure is realized. The top and bottom frames are made of solid sandblasted steel, side frames are solid brushed steel; both come with a protective clear satin finish. Two hexagonal brass crossbars secure the frame. Brass shelf supports are embedded in the shelves and fasten to stainless steel uprights which are independent of cabinet structure. Shelves are adjustable. Leaf type doors can be secured with brass locks. Shelf uprights act as uninsulated conductors carrying a 12 volt current from a transformer housed in the cabinet base to a stainless steel and brass halogen lamp. The adjustable height lamps are suspended from the uprights by a system of springs and steel wires. ■

Martin Smith

David J. Harrison

Living with CADD

We all read the CADD articles – hardware, software, getting the right support, etc., etc. Far too few address the concerns most of us have. This article will go beyond the disks, pixels, mice, plotters and bytes to a discussion of our first year with CADD – our experiences with the "learning curve," productivity, staff acceptance and training, management and scheduling, and what we do and don't do with the machine. We will discuss the nitty-gritty of living with CADD for a year, not the hype that the current advertisements so effectively imply.

In July of 1984 Voorhees Design Group purchased its first workstation, a Bruning CAD Spectra I with a 'D' size "24 × 36 inch" plotter, which was immediately upgraded to the 'E' size "36 × 48 inch" plotter. In January of 1985, a Bruning CAD Spectra II high resolution system workstation was purchased, and a third was added in September of 1985. With the Bruning CAD system, each workstation has approximately 2.0 mBytes of RAM, a floppy disk drive and a 14 mByte Winchester hard disk. The systems have a 16 color monitor, thermal printer, mouse and keyboard.

The Individual Learning Curve

We discovered two distinctly different learning curves.

The actual length of time required for an individual to thoroughly and effectively produce drawings was fairly short. Experience indicates that at approximately two months an operator is at one to one productivity, at six months two to one, and after a year approximately three or four to one and still increasing.

We discovered various stages and plateaus in an operator's development. There is an initial fascination with the newness of the machine as the operator discovers new functions not previously used. This "honeymoon" phase is soon overtaken by the "frustration" phase. At this phase the operator is somewhat familiar with basic system operation and has begun to realize the system's tremendous potential. The operator is frustrated, however, by his inexperience and inability to combine different functions for good efficiency and accuracy. There is a realization that one is spending more time to produce something than it would to produce it manually. This is an embarrassing time as well, as co-workers and firm management have high expectations and the operator ties up an expensive machine in apparently unproductive endeavors.

Subsequently, enough experience is gained that the true potential of the machine is realized and a task is performed in considerably less time than it would have taken manually. This is a time of considerably reduced operator stress and markably higher production output. Finally, at the most advanced phase, the operator is totally aware of all functions and actually begins to work in one with the machine.

The Office Learning Curve

The Bruning CADD training session did an excellent job of training operators to draw lines, walls, doors, circles, etc.; however, a larger task proved to be the integration of CADD into our office. The day after the trainer left we didn't know whether to draw floor plans, site plans, sections, details or construction documents. We literally did not know what to do first.

CADD management was born. This involved establishing standards and then making sure that the various operators were doing their drawings in accordance with the standards, while at the same time recognizing individual job differences and encouraging operators to be innovative and to find better ways to accomplish office objectives. The whole process was a "learn as you go" situation and many initial assumptions had to later be revised.

We somewhat arbitrarily and autocratically prepared a manual of standard practice outlining the following:

1) The establishment of pen number weights and sizes for various things such as lines, notations, dimensions, contour lines, labels, etc. The CADD system allows three different types of pens; felt tips, roller balls, and technical pens. Of each type of pen the plotter is capable of holding 8 different colors/line widths. Different colors on the monitor can correspond to different pens.

2)The CADD system has available 100 levels in a type of overlay system. We needed to de-

signate different levels for different things so jobs would be compatible within themselves and from job to job. For example, levels one through ten were designated for architectural; eleven through twenty for structural; twenty-one through thirty for mechanical, etc. The mechanical drafter can work on a picture and utilize his levels, and at a future date, that picture can be merged with the architectural floor plan. At the time of plotting the appropriate levels can be plotted or masked off.

3) It was necessary to decide how the various types of items, pictures and sheets, would be stored for the easiest retrieval and flexibility. Initially, the problem is very minor; however, after a year of operation this has turned into a major job for the CADD system manager. Items must be stored in way such that retrieval is easy. A mechanical roof vent detail, a 3′ 0″ door in a masonry wall, a jamb detail, a floor plan, a door schedule, a schematic diagram for a strip shopping center, a unit plan for an elderly housing project, a sheet of mechanical symbols, etc., all must be catalogued. The whole question of providing back-up or duplicated storage needed to be addressed and resolved.

The scheduling of the workstations initially proved a problem. Having tried various approaches, the use of two five hour shifts per day has proven the most effective. Operators are scheduled from either 7:30 A.M. to 12:30 P.M., or 12:30 to 5:30 P.M. with a particular machine. It is the operator's responsibility to see that the system is operated during that period of time.

Operators

We have had some very interesting and surprising situations involving CADD system operators. The "frustration phase" discussed earlier has taken a high toll on prospective operators. The fear of employee turnover is high, since the two to six month investment in CADD training represents a major investment. In the long run, this investment in CADD training should allow trained architectural, engineering, and drafting people to demand somewhat higher salaries.

There is much discussion in the Reprographic media and at user's group meetings regarding the qualities of that optimum operator. We have had a variety of experiences with operators aged 15 to 65, and age in and of itself might be a factor. Older operators do, all other things being equal, tend to have a more difficult time grasping machine operation. Perhaps younger people are more "malleable". Far greater than any other trait in a successful operator we can recognize a fundamental spark to genuinely like to do work with a machine. In order to survive the "frustration" phase, it is necessary to have that desire to continue even though one knows the work could be, at least at that point, accomplished more efficiently using traditional methods. Effective CADD operators seem to have a combination of high creativity, high risk taking, and high decision making capability. A strong interest and proven success in geometry and mathematics also appears to be a linked, desirable factor.

What We Do and Don't Do With CADD

Voorhees Design Group has used the system predominantly for plans – architectural, reflected ceilings, structural and mechanical. The system's capabilities for effectively managing overlays and dealing with changes on an overall basis, i.e. changing one floor plan changes all floor plans, lend itself best to plan applications. To some extent, we have also done elevations. With elevations a method similar to manual drafting is used in which the floor plan is underlaid and construction lines are drawn over key elements. The real benefits of the system show through when changes are needed. With the Bruning CAD system, dimensions, as well as all boundries for such things as fill and calculated square footages, are associatively linked with the data base. This means that when a change is made, dimensions, areas, line lengths, etc., all automatically update. Anyone considering acquisition of a CADD system should demand this feature, because changes are the rule rather than the exception.

The system handles schedules extremely well. How often has a room finish schedule or door schedule been 85% completed when it was discovered that not enough spaces were left for floor type or frame type? With CADD it is extremely easy to add columns and rows and change parameters without destroying the whole schedule. It is also quite easy to arrange and move about various schedules on a sheet as plans or other items change configuration.

A number of site plans have been accomplished on the machine with a number of very real benefits. Areas of buildings, sod, parking lots and driveways are quite easily designated for zoning and storm water purposes. It is also quite easy to move buildings around the site and/or move contours without affecting existing conditions. It is actually possible to move contours associated with building perimeters along with buildings and the free hand line of the contours automatically redraw.

Several experiments with detail drawings reveal a latent inefficiency. The nature of a detail is very "construction experience" oriented and is usually somewhat less subject to being changed. We have just begun to see if a "tool box" idea would be beneficial, whereby certain pieces such as studs, steel joist decking, roofing, or bricks are actually sorted separately and later assembled into the configuration required. The biggest and most practical reason, however, for not using CADD on the details is that systems are consistently preoccupied with plan manipulation.

In Summary

In conclusion, our overall experience with CADD has been extremely favorable. The limited drawbacks seem to be involved with operator selection, training, and retention as well as office management/standardization/integration efforts. The benefits for our clients have been increased accuracy and responsiveness. Interactive dimensioning assures accuracy by eliminating the sloppiness of those last minute "Not to Scale" changes. The time factor of a project is seemingly becoming more critical to the client than any other factor. When a site has been acquired and the interest money is being paid, CADD drafting can cut weeks off the design and construction document phases.

At the time that the decision was made to purchase the system, it was difficult to rationalize on an economic basis. Now that we have lived with CADD for eighteen months, we are glad we made the jump when we did, since it has taken 6 months to 9 months to be highly productive with it. CADD is definitely in every architect's future, and I hope everyone's first year is as interesting, exciting and productive as ours.

Letter from the editorial staff:

The *Iowa Architect* editorial staff has consciously expanded the content of the journal to improve readership. The increased coverage of the art world, new products, news items from the region and regional architecture is important, but most important is the exposure of YOUR work to the 5000 individuals and professional offices that receive the *Iowa Architect*. However, the most valuable opportunity is being missed – the opportunity to share YOUR work with YOUR current and future clients.

We encourage you to take this opportunity to share our profession, the world of design, the valuable services we provide, and YOUR work by giving a subscription of the

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Iowa Architect as a New Year gift to friends and clients. The end result is positive for all: increased exposure of architecture to the public and increased exposure of YOUR work to the marketplace.

To encourage sharing, we have reduced the annual subscription rate during the holiday season to $10. The normal annual subscription rate is $12 ($15 if purchased as individual issues). Please join us in increasing the exposure of architecture by completing multiple copies of the subscription form in the back of this issue. It's time to promote our profession and share the *Iowa Architect*. ■

Happy New Year

Rod Kruse

Richard F. Hansen

Health Care Facilities

Designs to Serve a Changing Market

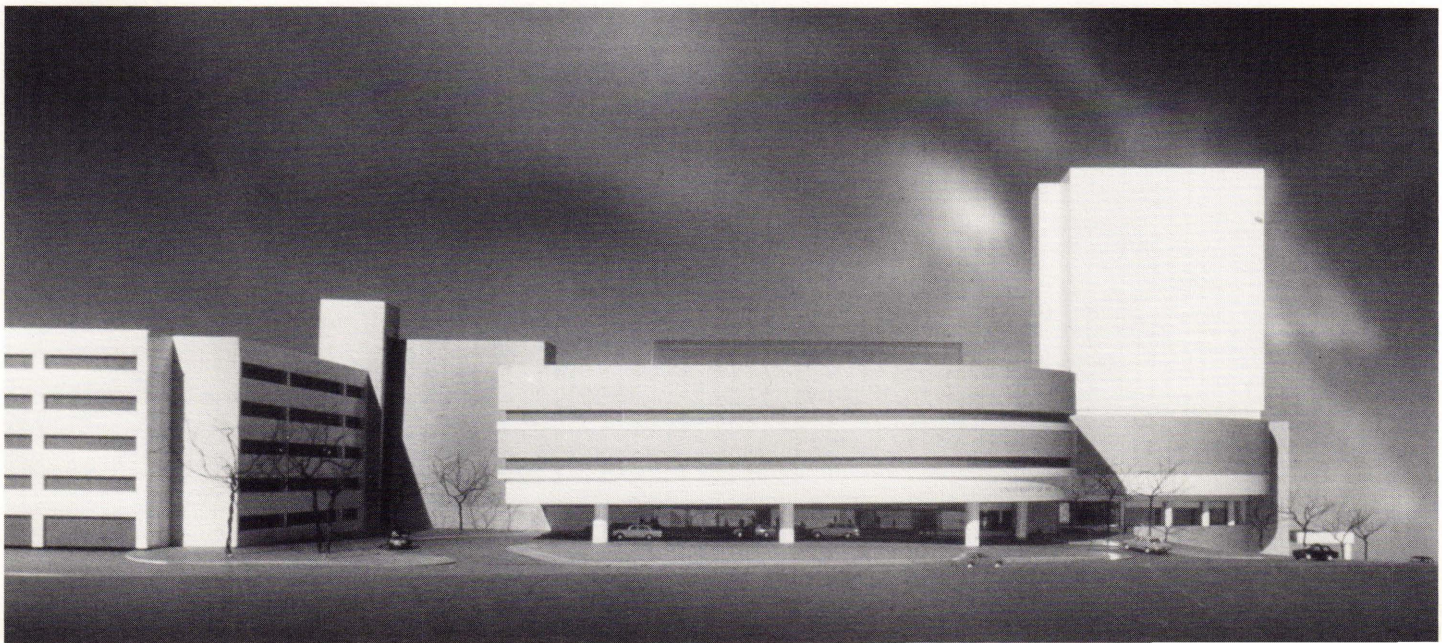
As health care clients seek innovative ways to deliver services while making a profit and their architects continue to design projects to serve these purposes, the trend toward an emphasis on quality design, cost effectiveness and convenience in freestanding facilities will persist. Greater options and intense competition for health care dollars will characterize the decade ahead.

A look at the newest health care projects across the country quickly demonstrates that the industry is changing. Cost containment measures, competitive cost centers, and the need to market services have provided the basis of a whole new infrastructure for today's health care system. The nature and extent of recent changes, resulting from the introduction of fixed fee diagnostic related groups (DRGs), may not yet be clear. But one thing is clear: with the ability to generate capital affected, administrators, physicians and corporations are all seeking innovative means for delivering medical care. Among the options currently being developed are freestanding clinics designed for alternative methods of health care delivery.

The role of the architect practicing in the health care industry is also changing. For years hospitals combined their services under one roof in a monolithic structure called the Medical Center. Now, in order to be flexible and competitive in the face of uncertainty and change, pressures exist to unbundle these services, placing more emphasis on outpatient care. For the architect, the challenge inherent in this trend is to design cost effective facilities for specialists and their new technologies while providing attractive settings and convenient locations for practitioners and patients alike.

Teaching hospitals, which have traditionally played a leading role in providing tertiary health care, often find themselves in competition today with smaller hospitals which have expanded their services. To help meet this need, the University of Michigan has a new ambulatory care facility. This project will serve a variety of functions for the hospital. Reflecting the trend toward outpatient services, it functions primarily as an outpatient care unit. Programmatically, it also serves as a stunning main entrance to the general hospital. A 60 foot high atrium runs the length of the Center, providing circulation and helping to orient patients and visitors to the rest of the complex. Decentralized admitting, waiting rooms and clinic spaces lie on one side of the atrium. Faculty offices occupy space on the other side. Both areas have views and benefit from the light that illuminates the length of the center.

In addition to outpatient clinics directly connected to acute care hospitals, the new regulations have spurred the rise of facilities known as storefront centers, or "Docs-In-A-Box." These freestanding facilities are, to a greater or lesser degree, essentially independent operations providing a variety of diagnostic and therapeutic services. And they are arguably the hottest contemporary trend in health care delivery. In designing them, architects must meet



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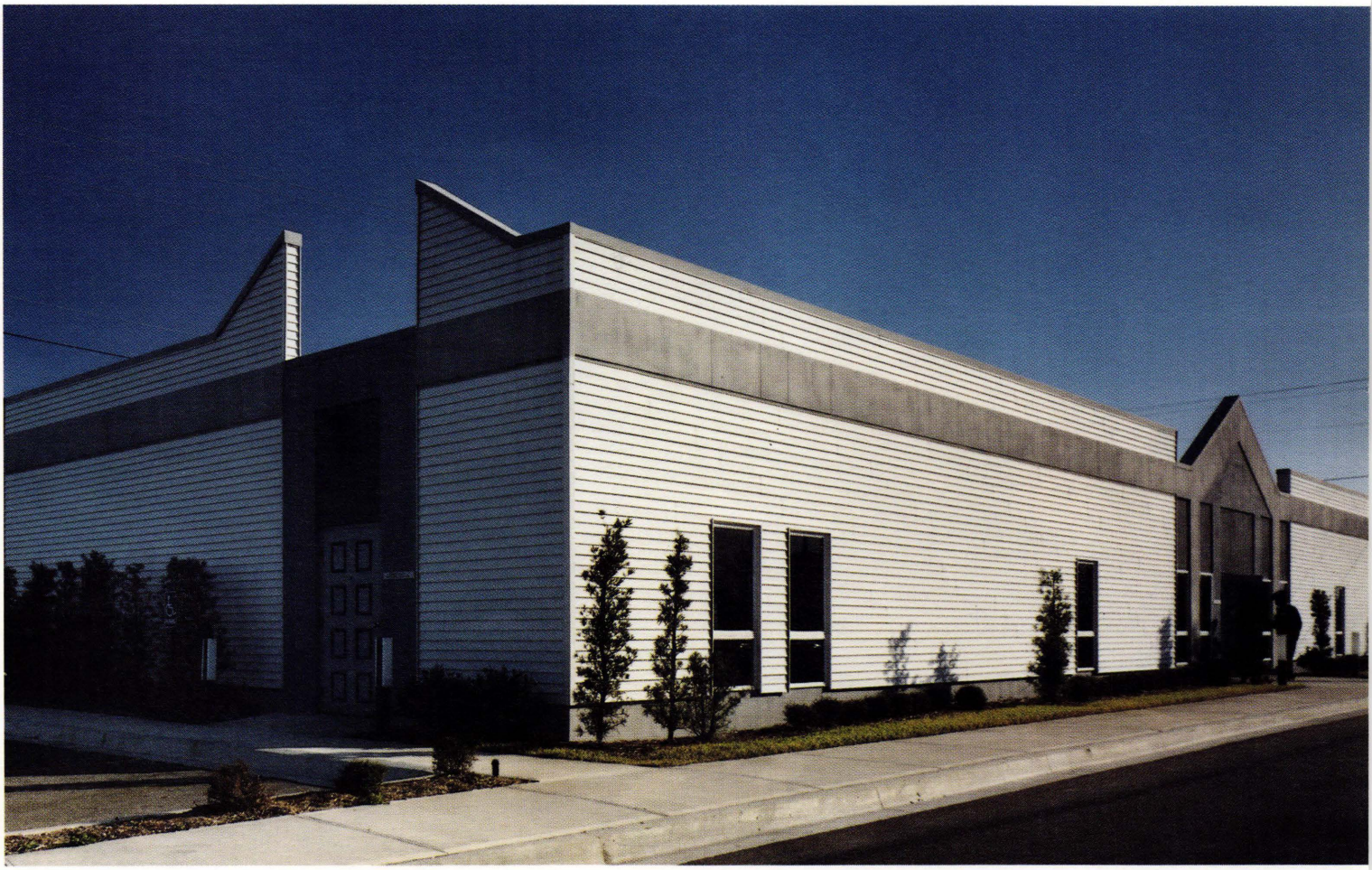
Model
University of Michigan
Ambulatory Care Facility



East Elevation

West Elevation

▲

Merritt Island Clinic

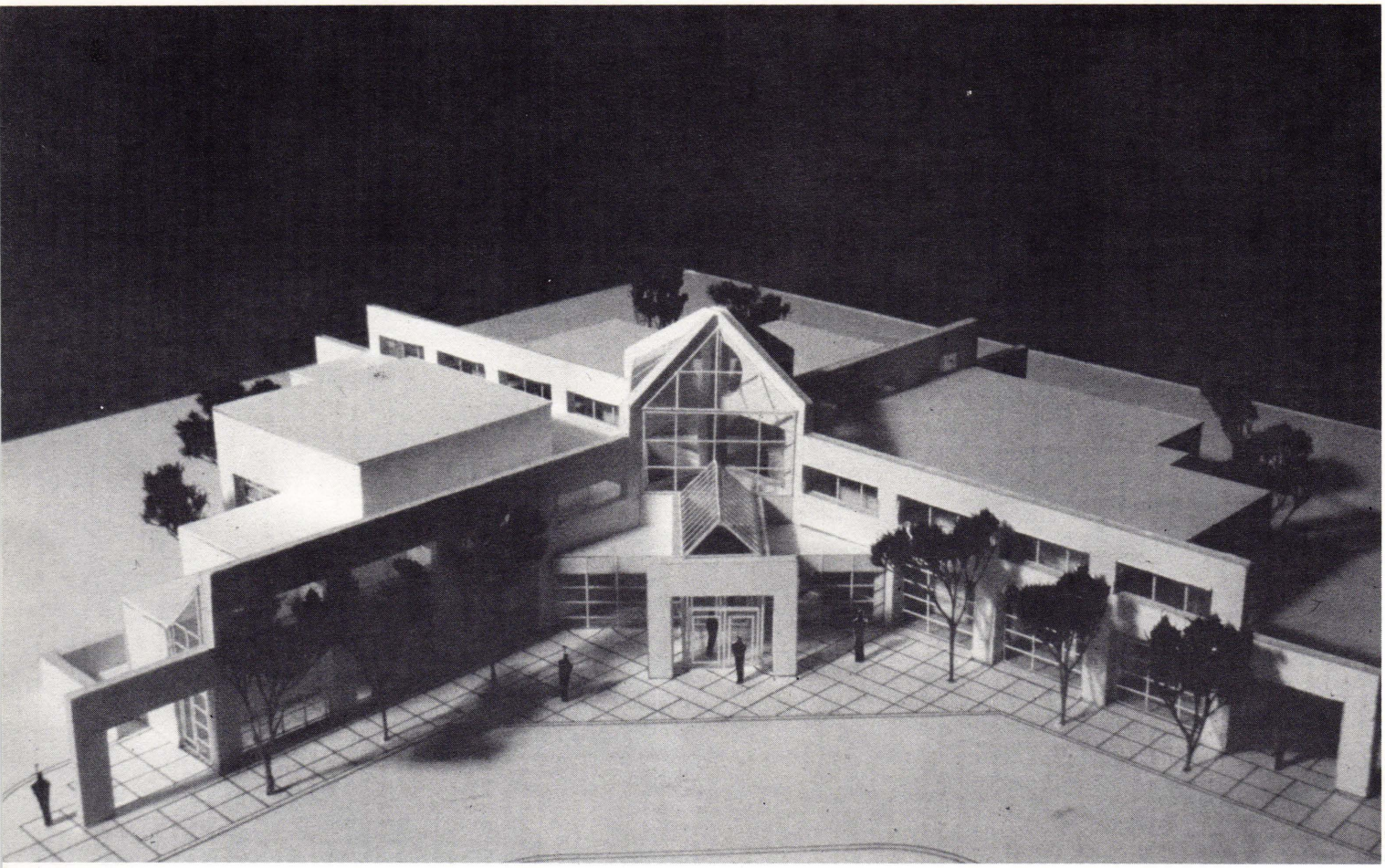
Merritt Island, Florida

◀

Iowa Cancer Clinic

Des Moines, Iowa

All projects illustrated by Hansen Lind Meyer, P.C.



K & S photographics

Model

Fox Valley Urgicenter

Copley Hospital

Aurora, Illinois

the requirements of a variety of clients, including hospital administrators attempting to offset declining inpatient use with satellite outpatient operations, doctors seeking to expand their services into arenas historically the domain of hospitals, and corporate investors who want to enter a rapidly expanding market.

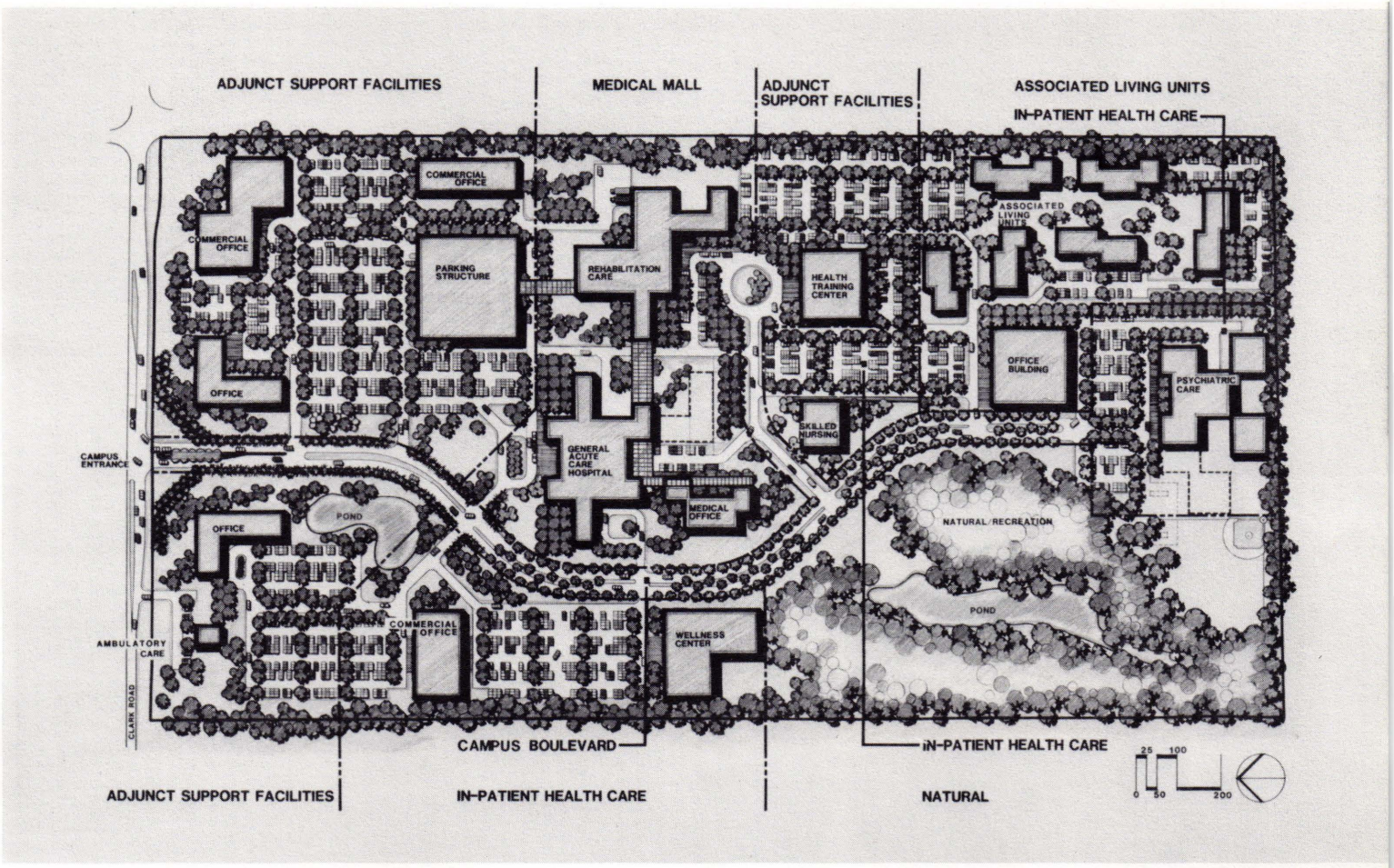
With the "bottom line" more critical than ever, the design challenge is to develop plans which allow for efficient use of space in specific circumstances – depending on the type of service to be provided. Equally important in a competitive market is providing the kind of humane, attractive facilities called for by the trend toward non-institutionalized environments.

Merritt Island Clinic in Merritt Island, Florida, was designed for four doctors who own the building but lease the land from Cape Canaveral Hospital. This facility not only serves the doctors' needs, it also functions as Cape Canaveral Hospital's emergency clinic. Accordingly, it provides an excellent example of how an entrepreneurial medical group can establish and maintain a distinct identity from an acute care hospital while simultaneously working in relationship with it.

In designing the Merritt Island Clinic, architects kept in mind the increasing "retail" aspect of outpatient care delivery. For the project's site, a corner location was found with high visibility. In the path of both heavy vehicular and pedestrian traffic, it lies in an area of strip development, between commercial and residential sectors.

In Des Moines, the Iowa Cancer Clinic, being developed by a group of oncologists and radiation therapists, is located near downtown. This freestanding clinic, independent of local hospitals, will provide up-to-the-minute treatment on an outpatient basis. Particular elements of design are meant to attract patients and make them as comfortable as possible. The building, featuring a two-story atrium, will be built of stone and brick. All waiting and treatment rooms will have views to the outside or into the atrium. Landscaped courtyards around the facility create a sense of privacy overall.

The Fox Valley Urgicenter represents a classic example of a hospital (Copley Hospital, Aurora, Illinois) responding to changing market pressures. With inpatients on the decline, Copley saw an opportunity to bring services to Fox



Valley, a bedroom community to the east. The Urgicenter is only the first phase in this client's plan for developing a medical campus on a new 24-acre suburban site. As development proceeds, the Urgicenter will connect horizontally with support buildings such as a Professional Office Building, additional clinics, and a future satellite hospital to which it will function as a feeder. Because of this long range goal, siting was crucial. The clinic had to be visible and of sufficiently handsome design to make people aware of its presence and to attract them.

When completed, the Fox Valley site will be an example of another trend in health care delivery: the medical mall. This new concept, just now emerging from drawing boards across the country, represents another market-based approach to unbundling. Whether gathered under one roof, or arranged in a park or campus setting, these groups of related medical services and retail outlets will provide a number of distinct functions conveniently located in ways reminiscent of suburban shopping malls.

The Psychiatric Facility for Memorial Hospital in Sarasota, Florida, is an example of the first phase of development for a health park. Occupying nine acres of an 80-acre site in outlying Sarasota, this facility is nestled in an orange grove adjacent to a small lake and wildlife preserve. When the entire site is developed, it will offer virtually "womb to tomb" health care services arrayed in separate buildings in a park-like setting.

Memorial Hospital's Ambulatory Care Center reflects yet another aspect of development. A strong patient base, along with established physician use, referral patterns and nearby support services offered compelling reasons for locating the new freestanding clinic adjacent to the hospital in downtown Sarasota. The initial phase is a one-story clinic. But because the hospital anticipates expanding future growth, the design allows for the option of a three-story vertical expansion to house physicians' offices.

In a cooperative effort to provide the latest diagnostic services, three major hospitals in Rochester, New York, formed a Committee on Emerging Technology to build a nuclear resonance demonstration project. The predetermined site, an enclosed and unused courtyard,

Sarasota Memorial Hospital
Southeast Campus Master Plan
Sarasota, Florida

Helen and Henry Cape, Jr.

Memorial Aubulatory Care Center

Memorial Hospital

Sarasota, Florida

▶

Outpatient Room

challenged designers because of its proportions. By placing an atrium between the magnet and the waiting room, architects achieved additional buffering for the magnet while creating a soothing environment in which patients would not feel threatened by the massive equipment. Natural light from the space softens the interiors of the facility. Patients and their families are able to become visually familiar with the magnet by viewing it through the landscaped atrium.

The underlying principle in all of the above health care facilities is the movement away from the traditional role of hospitals as monolithic providers of health care services in a single location to more freestanding, often highly specialized facilities. From their increased potential for market appeal, owners – whether hospitals, physicians or health care related corporations – hope to realize growing revenues. Another trend, not addressed here, is the move by hospitals to expand services in an effort to provide support for their acute care operations. Evolving home care programs or renovating underutilized space for life care facilities are just two of these possibilities.

As health care clients seek innovative ways to deliver services while making a profit, and their architects continue to design projects to serve these purposes, the trend toward an emphasis on quality design, cost effectiveness and convenience in freestanding facilities should persist.

With hospitals seeking to unbundle services, their architects can play a pivotal role in helping clients plan for growth – or simply survival – by creating flexible designs for clients who are more attentive than ever to the bottom line. Moreover, by designing facilities whose patient environments are more apt to suggest home or retail settings than to recall traditional medical structures, the architect provides both client and public with important benefits. While having to respond to the familiar limitations of budgets and schedules, those architects who wade into today's health care water can find equally important satisfactions in filling these challenging needs. ■

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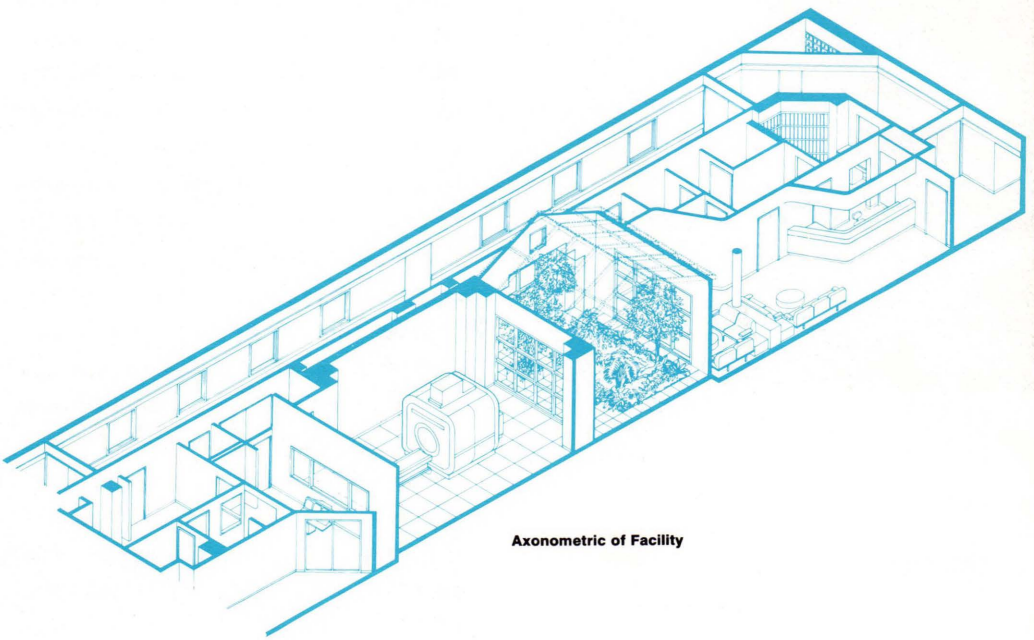
Waiting Room

Magnetic Resonance Imaging Facility

University of Rochester

Strong Memorial Hospital

Rochester, New York



Axonometric of Facility

Steve Lillybeck

University of Iowa Hospitals and Clinics:
The Complete Medical Center

Teaching hospitals are in a constant state of transition in order to keep abreast of new techniques and technologies. University Hospitals has firmly established itself as one of the finest in the country due in part to the cooperative spirit and close working relationship between the team of hospital administrators, staff and architects throughout the process of incremental expansion.

It is the largest university owned teaching hospital in the country with a staff that numbers 6,660. Its medical school graduates 159 new doctors a year. It houses state-of-the-art technology, and its 953 beds are occupied by patients from all 99 counties in the state of Iowa. The facts verge on the awesome. But a walk through the University of Iowa Hospitals and Clinics reveals a hospital with heart. One Thursday noon a ballet troup performs in the lobby. Last month a poet read to a crowd assembled beneath the old Gothic Tower. A volunteer guides the Art Cart along corridors, helping patients select framed prints for the walls of their rooms. And in a mirrored atrium, reflecting the constant flow of doctors, patients and visitors, a bonneted Amish woman sits quietly with her small child.

This institution, which serves as the tertiary care medical facility for the state of Iowa, has evolved its unique combination of modern health care with a thoroughly humane emphasis over a history which parallels most of the 20th century. The vision which has propelled this development, however, is fixed firmly on the 21st century.

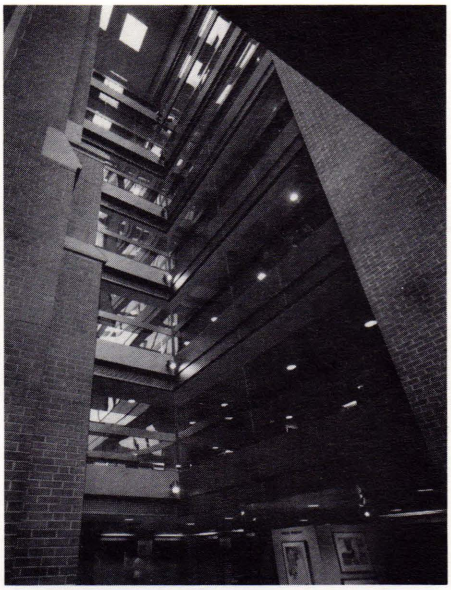
A little background. In 1898, the state of Iowa established the original University Hospital east of the Iowa River on the campus of the University of Iowa. By 1914 the first facility had grown to 240 beds. With the passage of two bills, the Perkins act in 1915 and the Haskell-Klaus Act in 1919, Iowa accepted the responsibility of providing medical care for those who could not afford it and the role of University Hospitals expanded. At the same time, a special hospital for crippled children was constructed on the west bank of the Iowa River. Known as Children's Hospital, it was the first facility on what is now the University Health Science Campus. Under Haskell-Klaus, each of Iowa's 99 counties was assigned an annual patient quota to be referred to University Hospitals. By 1924 increased demand for services had made existing facilities obsolete.

Once again, the Iowa General Assembly acted. Aided by a matching grant from the Rockefeller Foundation, the Assembly funded a $4.5 million, 900-bed general hospital. This facility, designed by the Des Moines firm of Proudfoot, Rawson & Souer (now Brooks Borg and Skiles), provides a benchmark by which to measure Iowa's statewide health care network. Over 40 years it served the needs of nearly one million patients. By the 1970s, however, the existing facilities were once again inadequate to service the burgeoning demands of a modern teaching hospital. Aware of the need for capital improvement, University Hospitals embarked on an ambitious program which has resulted in the up-to-the-minute medical center in Iowa City.

When hospital administrators decided to expand the existing facilities, their goal was to establish a framework to accommodate the hospital's joint missions of patient care, teaching and research. They also wanted a building of architectural merit that would project an image of humane health care delivery.

"We found ourselves in the early '70s with a hospital judged to be non-conforming by the State Department of Health," commented John W. Colloton, Director and Assistant University Vice President for Health Affairs at University Hospitals. "They requested that we get on with the planning of its replacement and to do so in a phased manner so that we could continue to operate while we were replacing some six or seven hundred beds. It had to be done expeditiously because not only did we have large numbers of patients, but we also had large numbers of student enrollments in the educational pipeline who were about to converge on us."

With these goals and pressures in mind, the University of Iowa Hospitals and Clinics hired Hansen Lind Meyer to plan and design their new facilities. Colloton, his staff and HLM entered into a farsighted approach to planning. Aware that a teaching hospital is by its nature



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Interior, Boyd Tower showing incorporation of Gothic Tower

on the cutting edge of medicine, and so must be designed with enough flexibility to accommodate rapidly emerging technological advances, they formulated plans to gear the University Hospitals for the next century. The administration set up some 31 faculty and staff committees (including 150-200 members) to assist in the planning for the future. The architects began the complex business of meeting with each of these groups to hear requests and to assess needs. The result was a program for sequential development to meet basic needs. HLM then translated the program into an architectural plan which reflects the three missions of University Hospitals: patient care, teaching and research. When finished, it would give the facility a total of 1.65 million square feet of space.

With designs complete and construction about to begin, the process was ready to leave the drawing board when a major and unforeseen obstacle was encountered. The Nixon Administration shut off the flow of federal funds for educational facilities – the source of funding for the new project. University Hospital administrators, committed to developing one of the finest teaching hospitals in the country, had to refigure the financing of their goal.

Undaunted, they decided to fund capital improvement almost entirely by hospital earn-

►

Original Gothic Tower

Project
Boyd Tower
University of Iowa Hospitals & Clinics
Owner
University of Iowa Hospitals & Clinics
Architect
Hansen Lind Meyer
Iowa City, Iowa
General Contractor
Knutson Construction Co.
Minneapolis, Minnesota
Interior Designer
Hansen Lind Meyer
Iowa City, Iowa
Special Consultants
Engineering Associates
Cedar Rapids, Iowa
Square Footage
180,600 square feet
Total Cost
$12,175,000

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Boyd Tower

Gothic Tower visible

on upper right

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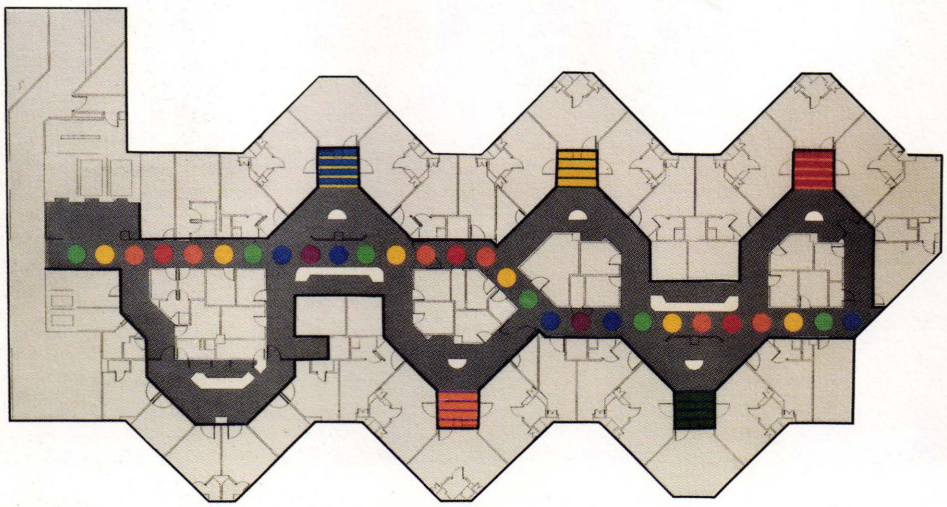
Below left and right

Sequential development

of Carver and Colloton

Pavilions.



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Floor Plan, waiting area and inpatient corridor, pediatric area, Colloton Pavilion

Courtyard between old hospital and Carver Pavilion

Project
Colloton Pavilion
University of Iowa Hospitals & Clinics
Iowa City, Iowa
Client
University of Iowa Hospitals & Clinics
Iowa City, Iowa
Architect
Hansen Lind Meyer
Iowa City, Iowa
Interior Designer
Hansen Lind Meyer
Iowa City, Iowa
General Contractor
M.A. Mortenson
Minneapolis, MN
Mid America
Iowa City, Iowa
Square Footage
438,000 square feet
Total Cost
$45,855,800

ings. Of the over $155 million spent toward modernizing University Hospitals, 93% has come from that source. State capital appropriations have not contributed any revenue to the project. Since the first spade of earth was turned over in 1973, the hospital has added three major additions, Boyd Tower, and Carver and Colloton Pavilions, in addition to major remodeling projects of existing space.

"The conclusion that we came to was that we could get the most and the quickest solution to the problem, on an interim basis, by building the North Tower, now called Boyd Tower," commented Colloton. Although the project was an add-on to existing facilities, by utilizing adjacent spaces, architects expanded functions and upgraded services.

"It was controversial at the time because we covered up the old Gothic Tower," says architect Richard Hansen. "Probably no one wanted to cover it up less than I did, but functionally that was the only solution." The aesthetic solution was to incorporate the Gothic structure into the new building. Today it is still a landmark, one of the first sights on the Iowa City skyline and a striking centerpiece for the interior of the new building.

Completed in 1976, Boyd Tower added to the existing hospital but provided no space for replacing obsolete beds. In addition, the problem of how to handle anticipated expansion of the hospital to the south still had to be addressed. The challenges here lay in designing for sequential development of significant proportions that could be accommodated within an existing campus plan. Among the thorny issues that had to be considered were the campus plan; university standards; and the relationship, both aesthetic and functional, with the adjacent campus structures. In addition there was the pressure to create a framework to house interrelated functions in a facility that would allow the hospital to be competitive.

The extent to which the architectural form of the new buildings is influenced by the institution's function is a tribute to the close working relationship between administrators, staff and architects. Hansen comments, "There were planning criteria to accommodate teaching, administrative and patient care areas. The plans for both Carver and Colloton Pavilions reflect this by placing inpatient towers on one side of the main circulation spine and outpatient clinics, diagnostic facilities and faculty offices on the other.

Education needs also had an impact on the

Interior: Carver Pavilion

designs of Carver and Colloton, where inpatient units are arranged in modules that give the buildings their distinctive shape. "The pod arrangements we used there and the number of beds per nurses' stations were all determined by extensive user input. We also actually built a model and took movies of it. The triangular pod forms of the exterior simply tell you what is going on inside."

The end product – Carver and Colloton Pavilions – was forced, by campus restrictions, into a horizontal rather than vertical expansion. Because of phased construction (which has been going on since the late 1970s) and the Hospital's desire for a homogenous look, architects chose precast concrete to maintain surface consistency in the structure.

At many medical centers, particularly teaching hospitals, planning for a building project is a very involved process. Without strong discipline, the touchy decisions of space allocation and arrangements cannot be solved. The design must also be disciplined so that it never interferes with the existing framework or daily operations. Hansen returns a compliment by saying, "One of the strongest assets of University Hospitals is a dedicated staff fully aware that they cannot expect to have more space than is logically needed." Due to the cooperative spirit and close working relationship between the team of hospital administrators, staff and architects, University Hospitals has maintained a healthy working environment throughout the process of incremental expansion. As a result, individual projects have finished on time and remarkably close to budget.

Teaching hospitals are in a constant state of transition in order to keep up with new techniques and technologies and the ever changing health care environment. It can safely be said, however, that University Hospitals is firmly established as one of the finest in the country. And as new services and facilities continue to be added, the planning and design process which helped them earn this recognition will continue to position them for future success. With the addition of an MRI facility to the Colloton Pavilion in 1984, University Hospitals added one more feature to an already state-of-the-art facility. Together with the Center for Digestive Diseases – the only one of its kind in the country – its Organ Transplant Center, its recently installed lithotripter, and a Burn Unit widely recognized as one of the best available anywhere, University Hospitals can look with confidence toward the future. ■

Project
Carver Pavilion
University of Iowa Hospitals & Clinics
Iowa City, Iowa
Client
University of Iowa Hospitals & Clinics
Iowa City, Iowa
Architect
Hansen Lind Meyer
Iowa City, Iowa
Interior Designer
Hansen Lind Meyer
Iowa City, Iowa
General Contractor
Knutson Construction Co.
Minneapolis, MN
George A. Fuller Co.
Chicago, IL
Square Footage
456,000 square feet
Total Cost
$39,203,600

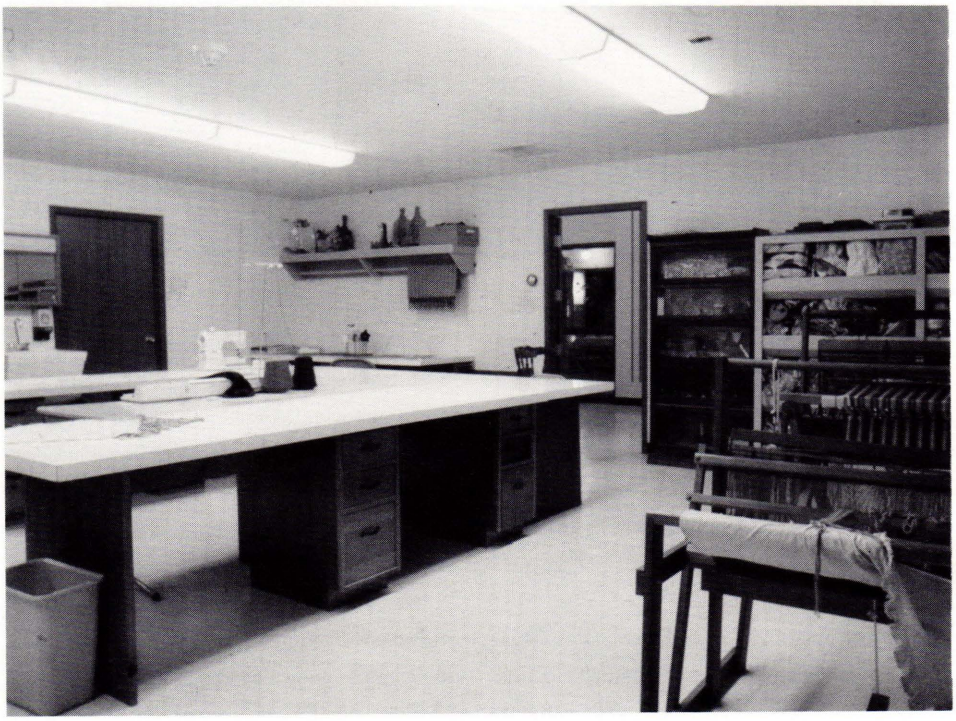
H. Ronald Walker

Monroe County Activity Center
Albia, Iowa

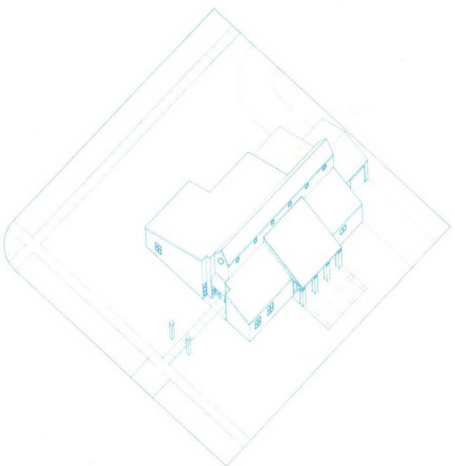
Eschewing the all too easy metal building solution, Walker Architects and the City of Albia have erected a modest structure that admirably responds to both its neighborhood and the dual program requirements for a rehabilitative facility and civic center.

The Monroe County Activity Center in Albia, Iowa, is a facility to help in the training and rehabilitation of individuals with varying degrees of physical and mental disabilities, as well as serving a variety of civic needs for the community.

Originally, the center was housed in an old automobile repair shop that occupied the present day site. Upon inspection of these facilities,

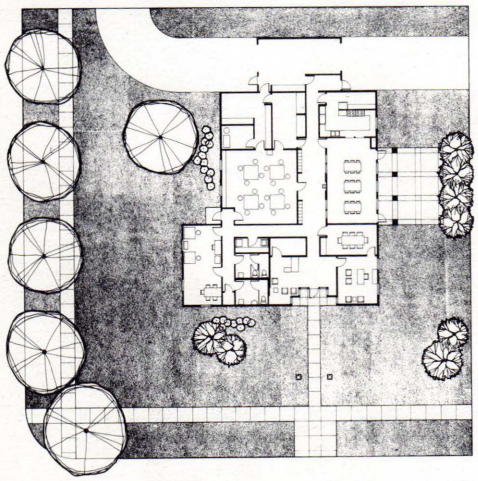


and after obtaining information from the State of Iowa with respect to the requirements for maintaining program accreditation, it was apparent the existing structure had far outlived its usefulness. Therefore, the recommendation was made to demolish the existing facility and an adjacent house to make room for the new center.



The City of Albia, its Mayor, Council and involved community groups, originally intended to erect only an "economy" metal building to house the facility. Fortunately, these groups were receptive to, and took part in, Walker Architects' exploration of the possibility for a structure which could respond more directly and honestly to its neighborhood and the


MONROE COUNTY
ACTIVITY
CENTER



Project
Monroe County Activity Center
Albia, Iowa
Client
City of Albia
Architect
H. Ronald Walker Architects, P.C.
Des Moines, Iowa
Interior Designer
H. Ronald Walker Architects, P.C.
Photographer
H. Ronald Walker Architects, P.C.
General Contractor
Tyer Brothers, Ltd.
Winterset, Iowa
Structural Consultant
Rietz Engineering Consultants
Ames, Iowa
Mechanical/Electrical Consultant
Stevenson & Schilling Consulting
Des Moines, Iowa
Square Footage
4800 square feet
Total Cost
$155,000.00
Photographer
Kascoutas

unique aspect of the program, while trying to creatively solve the almost impossible budget constraints.

The Center's neighbors include the local high school, a day care center, as well as single family residences. This context of civic and residential structures, appropriately enough, addresses the duality of program intent, which called for a transitional facility to bridge the community needs and the non-institutional residential character of the neighborhood in the implementation of the rehabilitation center's program. The image of the building draws from both of these surrounding civic and residential elements, providing transitional scale elements to place the building in context with its neighborhood and community.

The planning of the facility attempts to solve a number of important considerations for successful user participation. A straight forward "street/gallery" circulation system, visibly unifying the various related major activity areas, was adopted to allow easy flow for clients, staff and various user groups. The "street/gallery", dining/meeting, and educational activity areas provide easy adaption for multi-use community related events as well.

Activity spaces range from counseling, educational and physical therapy, woodworking, weaving, food preparation, dining, small group gatherings and meetings, to receptions and art shows. An area for outdoor dining and meetings is also provided.

The people of Albia, Iowa, and Monroe County are proud of their new activity center, which welcomes both clients and members of the community and heightens the experiences and interactions of both. ■

John Morrisey

Neighborhood Clinics

Whether constructed as storefront centers or freestanding facilities, the hottest trend in contemporary health care delivery is essentially independent operations providing a variety of easily accessible diagnostic and therapeutic services.

The dramatic escalation of hospital costs and the resulting concern about cost containment has helped push Des Moines hospitals into the out-patient care business, both to preserve their patient bases and build new sources of revenue.

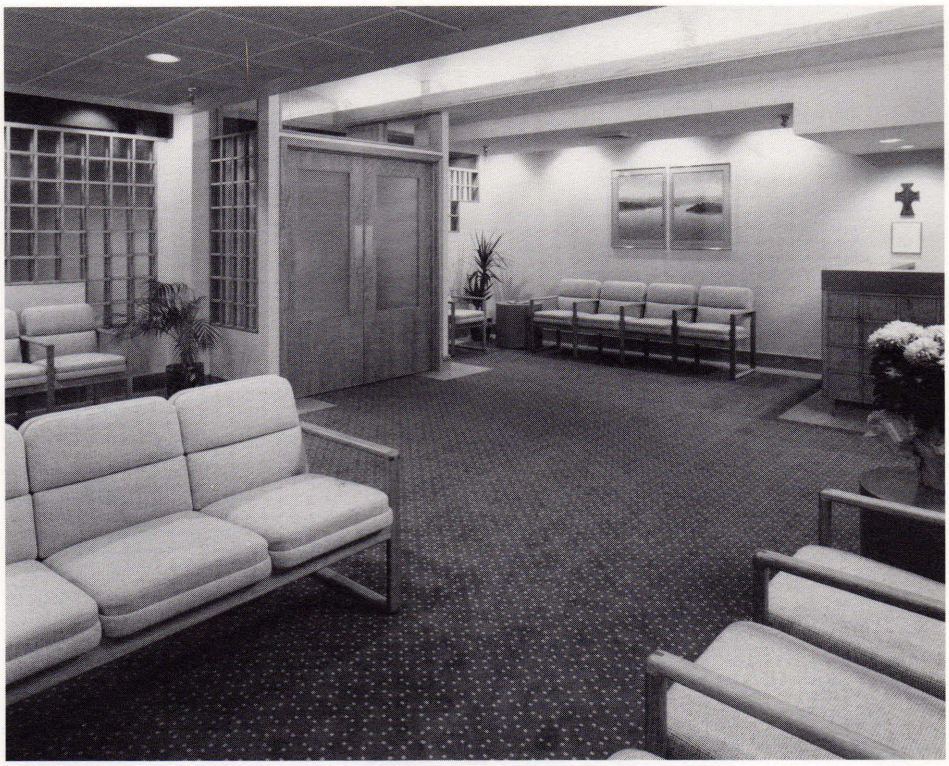
And that move has resulted in construction or remodeling of more than 25 health clinics in and around Des Moines that are affiliated with particular health care institutions.

Space planning seems to be one area of clinic planning the hospitals have not yet perfected. Mercy Hospital Medical Center already has added space at its Valley West Mall and Merle Hay Mall clinics, where walk-in clientele has exceeded forecasts.

Mercy's strategy has been to lease space in shopping centers to capture the walk-in market – about half the patients seen in the clinics visit without making appointments. Unforeseen patient demand has been satisfied by extending hours of operation as well as adding space because the clinics' main objective is to serve patients quickly. In addition, the Mercy clinics employ a standard design to make the facilities easily recognizable to patients as Mercy clinics.

The design is intended to convey a sense of familiarity, with store fronts having the same conceptual look: a grid pattern tailored to meet individual location requirements. For example, the store front design of the Mercy clinic at Merle Hay Mall was simplified because of leasehold improvement restrictions embodied in the lease.

Bussard / Dikis Associates prepared initial design studies for the Valley West Mall clinic. They have been reworked for each successive



Project
Mercy Medical Clinic
Valley West Mall
West Des Moines, Iowa
Architect
Bussard/Dikis Associates, Ltd.
General Contractor
Mercy Properties
Mechanical Contractor
Sharpe Mechanical
Electrical
Des Moines Lighting
Photographer
Farshid Assassi

clinic to meet individual clinic requirements. Mercy Properties does the clinic construction and remodeling work and is responsible for maintenance.

The initial design studies identified preliminary space and layout needs and also established a schedule of standard furnishings, wall coverings and finishes.

Mercy's space strategy was based on a standard clinic arrangement with clusters of four to six examination rooms per doctor. The clustering arrangement saves steps for the clinic staff as they move from patient to patient and also helps eliminate extra plumbing and electrical cores. Patient areas have been designed to convey a homey, neighborhood feel, with oak furniture and an earth tone color scheme.

The non-traditional shopping center locations required store front treatments that invite shoppers to enter the clinics while also preserving their privacy once inside. The architects crafted a stepped grid design that uses a combination of wood and glass elements to open the waiting room to exterior light sources while also screening direct outside views into the reception areas.

The Iowa Methodist Medical Center (IMMC) clinic strategy has been directed at finding existing, stand-alone buildings with convenient parking. The facilities design is individualized to suit expected patient demographics. One IMMC clinic is used primarily by families with children, while a second is used heavily by geriatric patients, which influences the choice of furnishings and color schemes. The clinics are typically staffed by four health-care professionals and care for between 40 and 50 patients a day.

IMMC also is building a third clinic as part of the larger health-care facility which includes an executive fitness center and sports medicine clinic. The neighborhood clinic in that building is being designed to complement the other two uses.

A third permutation of the clinic phenomenon is exemplified by the University of Osteopathic Medicine and Health Sciences. The university operates more than a dozen general practice and podiatry clinics in the Des Moines metro area, but its interest – and needs – in outpatient clinics are a bit different from the hospitals. In addition to providing general patient care, UOMHS utilizes its clinic system as a referral service for its medical specialist staff as well as a training ground for medical students. These clinics are typically located in remodeled, stand-alone buildings. Colors, interior finishes and furnishings have been standardized and clinic layouts are based on the clustered exam room model.

UOMHS clinics also must accommodate space needs of students assigned to them. Students are rotated through the clinic system to gain practical medical experience before being placed in hospital residency programs. University officials said they are still experimenting with layouts to find the right combination of private study space and group conference needs. ■

Carol J. Waterbeck

University of Iowa Fieldhouse

Having served the University of Iowa as host to Hawkeye basketball teams for over 55 years, the fieldhouse has emerged from an impressive conversion as a participatory intramural and teaching center for the entire campus. Activity areas in its ten levels now accomodate today's pervasive quest for bodily health and fitness through volleyball, archery, judo, tai-kwon-do, boxing, golf, softball, soccer, fencing, dance, table tennis and aerobics.

Assassi

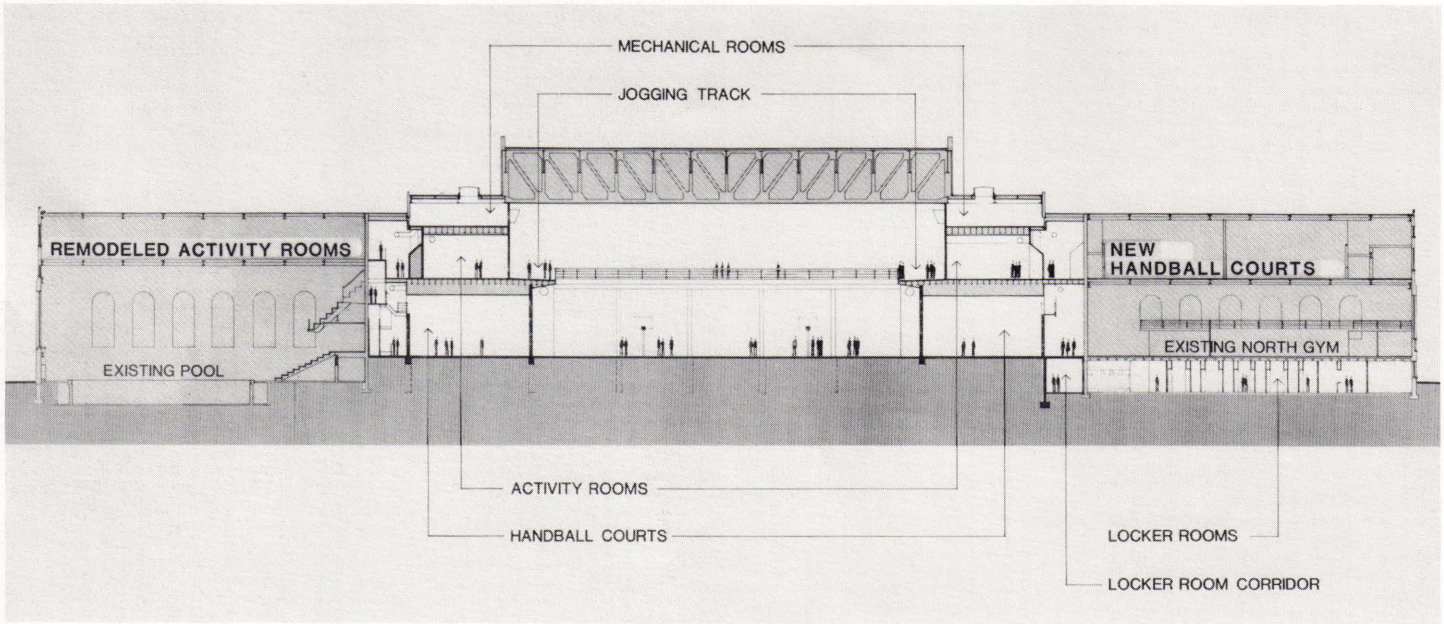
▶

Overlooking the raquetball courts

Bradley

▶

Running track



The University of Iowa Fieldhouse, once a legendary collegiate basketball arena, is now the hub of student recreational activity on the Iowa City campus. With major remodeling completed in November 1984, the facility is now described by the University of Iowa as one of the largest and functionally finest campus recreation centers in the Big Ten and possibly in the country.

From the beginning, the Fieldhouse has been a notable building. Its original construction was completed in only 12 months at a cost of $620,000. When opened in December 1927, the Fieldhouse stood as the largest facility of its kind in the world, containing 5.5 million cubic feet of space.

With a gymnasium, cinder track, and swimming pool, the Fieldhouse was equipped to host wrestling matches, track meets, swimming meets, and basketball games. Squash and handball courts served recreational needs. Coaches' quarters, classrooms, and offices for medical "supervisors" were also provided.

The Fieldhouse served the University well as host to Hawkeye basketball teams for 55 years. When Carver-Hawkeye Arena opened in late 1982 (See *Iowa Architect*, Sept.-Oct. 1983), Big Ten events and athletic offices were relocated to the Arena. Work was then initiated to convert the Fieldhouse from a spectator facility serving one major user group to a participatory intramural and teaching center for six user groups.

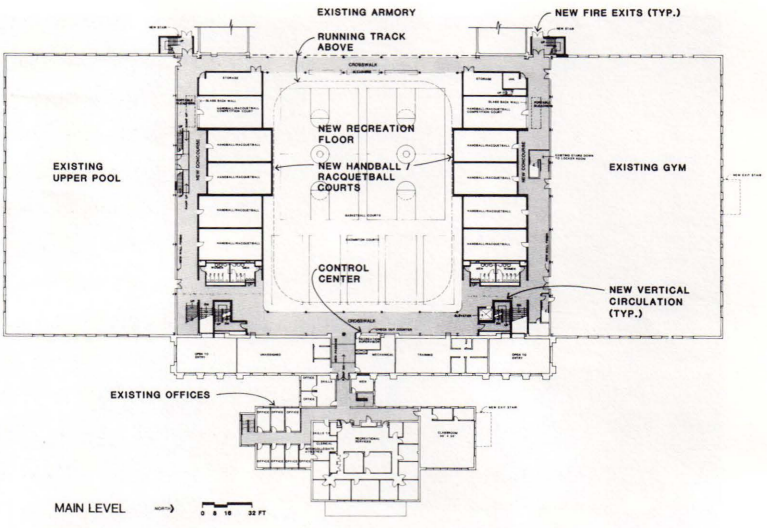
Bussard/Dikis Associates, Ltd. of Des Moines was hired by the University of Iowa to develop plans to meet the needs of the new user groups. A new character and complex relationships between the departments and their activities needed to be accommodated in the remodeled Fieldhouse.

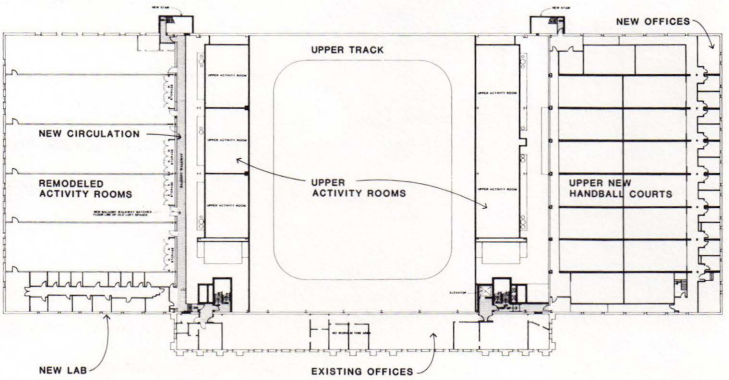
All spectator seating was removed, allowing construction of 22 handball / racquetball courts, additional toilet rooms, and an elevated one-tenth mile jogging track within the existing building. The arena floor now holds two collegiate-size basketball courts, two volleyball courts, five badminton courts, and fencing areas. The basketball standards for these courts are movable; the various net standards are set in fully recessed floor sleeves. Activity rooms on upper levels serve such uses as archery, judo, tai-kwon-do, boxing, golf, softball, soccer, fencing, dance, table tennis, and aerobics.

Project
University of Iowa Fieldhouse
Architects
Bussard / Dikis Associates, Ltd.
Design Team
Paul W. Klein, AIA
David A. Diumstra, AIA
Rod Kruse, AIA
William M. Dikis, AIA
H. Kennard Bussard, FAIA
Structural Engineer
Terry A. Shuck Structural Engineers, Inc.
Des Moines, Iowa
Mechanical / Electrical Engineers
Frank Pulley Associates, Inc.
Des Moines, Iowa
Cost Consultants
John Hart, Inc.
West Des Moines, Iowa
Phase 1 General Contractor
Mid-American Construction Company of Iowa
Iowa City, Iowa
Phase 2 General Contractor
Schoff Construction Company
Lisbon, Iowa
Phase 3 General Contractor
Burger Construction Company, Inc.
Iowa City, Iowa

Support spaces adjacent to the activity floors were remodeled to provide separate facilities for weight training, exercise physiology, sports medicine, and handicapped exercise. Existing locker rooms were remodeled to provide handicapped access, new toilet and shower rooms, towel distribution rooms, and faculty and gymnastics team locker rooms. Athletic department offices, classrooms, and labs were also included in the project. The ten existing levels of the facility were made handicapped accessible via ramps and an elevator.

Creating personal scale in the large volume of the arena was a challenge. Oversize (2-1/2 inch diameter, 48 inch high) railings were designed to provide a sense of security to users of the twenty-six foot high elevated track and to establish the railing as a dominant element in the space. A single-story wainscot at track level, shed-roof forms, oversized columns, and horizontal banding in playful colors were used to reduce the visual scale of the volume. The previously enclosed roof trusses were uncovered to recapture the richness of the original volume, providing visual activity absent in the large planar surfaces which enclose the space. ■





D. Bryan Shiffler

University Childrens Dentistry

High tech dental components are carefully coordinated and camouflaged in this evolution of an "open office" children's dental practice. The lasting impression is of a large, orderly room full of children undergoing a potentially stressful procedure without the expected signs of stress. Esthetic concerns have been able to coexist with fragile technical requirements and the latest medical gear.

University Childrens Dentistry was a unique opportunity for architecture and medicine to collaborate. Dr. Merle Bean, the clinic's founder, had been experimenting in "open office" children's dentistry for a long period of time. The concept was to treat patients in an open area next to other patients waiting for treatment. The proximity and convenience allowed better use of staff and equipment, and with no partitions or barriers, a dentist could work with several children at one time.

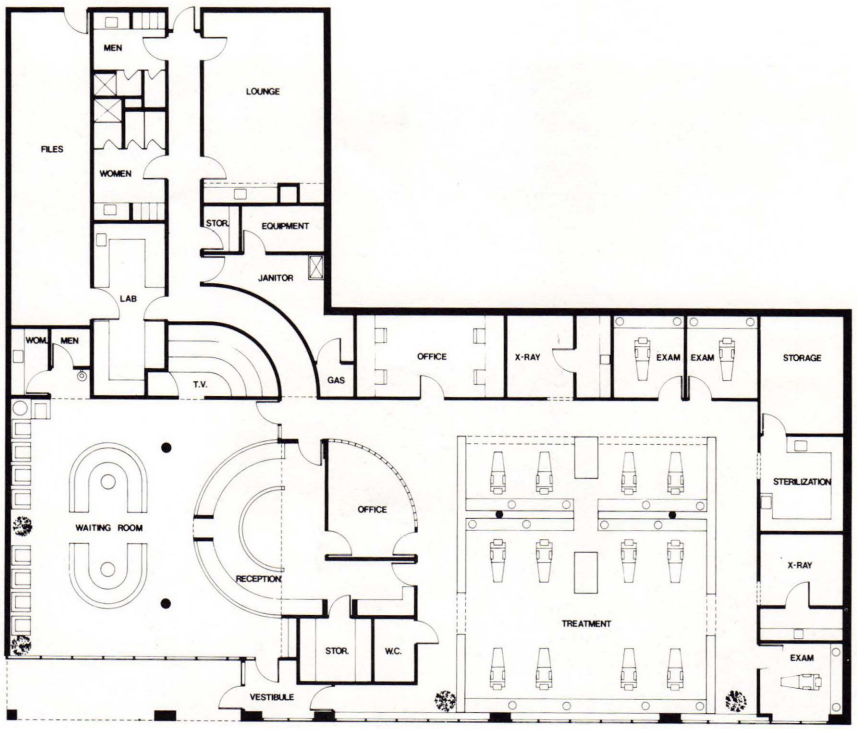
The other more illusive and obscure advantage was that children out in the open next to other children tended to exert a soothing and reassuring influence on each other, being surrounded by peers rather than isolated in a secluded examination room. Seeing that all the other children were obviously none the worse for wear after their dental treatment, the apprehension of treatment is lessened for those waiting to be treated.

The net effect is dramatic. The first impression is one of a large, orderly room full of children undergoing a sometimes stressful procedure while behaving quite well. Nurses and dentists move from one patient to the next with ease in an atmosphere of surprising calm.

As University Childrens Dentistry expanded, the need for more space became obvious. Their manner of treatment had not only brought them more patients but also a national following of dentists interested in their practice. A lease for 7,500 sq. ft. was signed and a dental consultant, John Branson with Patterson Dental Company, was hired to lay out the space. Branson's area of expertise was state of the art dental equipment. His task was to organize equipment for maximum operational effectiveness.

At the time Shiffler Frey Baldwin Architects

Project
University Childrens Dentistry
Owner
University Childrens Dentistry
Architect
Shiffler Frey Baldwin Architects, P.C.
General Contractor
Neumann Bros.
Mechanical Contractor
Proctor Corp.
Electrical Contractor
Baker Electric
Square Feet
7,500
Project Cost
$315,000.00
Photographer
Farshid Assassi



joined the team, the facility had been master planned with all the technical concerns designed. What the project lacked was the esthetic glue to hold the interior together visually. Dr. Bean, along with his associates Dr. Dale Jansen and Dr. David Blaha, were very concerned with the interior treatment, since the space had to be extremely functional and easily interpreted by their many young users. The navigation of the layout by children mandated a simple circulation system. Also, surfaces had to be durable.

The most important criteria for the interior was to make the children comfortable in their surroundings. High tech equipment needed to be camouflaged. Sunlight and color were requirements.

As the design evolved, the dental consultants' overall layout remained intact. The main treatment area, surrounded with x-ray, sterilization, film processing and quiet rooms, was carefully conceived and functionally fragile. To change its work pattern was to damage it. However, the central administration pod did change and evolve in response to a specific program, and was rounded and softened to facilitate patient flow around it. The office space both figuratively and literally become the hub. Its central position allowed staff to oversee and control a room full of children while making contact with patients coming and going. An access way in the center of the counter permits the staff direct contact with the children should immediate attention be required.

A round companion form was created in the children's television area. Its round shape provides an amphitheater setting of carpeted steps. The carpet was taken up to the ceiling for acoustic and maintenance benefits.

The design of the main treatment room was the area of greatest concern. It was in this room where high technology would meet young patients and where dental equipment would meet architecture. The task was to enclose dental gear, create sanitary working conditions, and make the room visually comfortable for the children.

The solution came by working with the dental supply company to coordinate colors, details, and dimensions. Extra care went into concealing miscellaneous pipes and control wiring. When certain cabinets were not available, off-the-shelf custom cabinets were designed to match standard ones. All components that held dental equipment or possibly could touch water were made out of plastic laminate. All the hardware was then grouped together and wrapped with modular wood paneling. The oak paneled dividing walls were used to warm and soften the treatment area. They give the patients a visual "linus blanket" that hides and organizes the operatories. The concept was to cover the high tech with low tech.

The success of this project can be attributed largely to an all out attempt at coordinating medical gear. All too often medical equipment is excused visually because it is assumed there is no other choice. With a willing client and cooperative suppliers, careful selection can provide quality components for an attractive architectural solution. Harnessing technical requirements is an easy task. At University Childrens Dentistry, the doctors' desire to create a model office was the driving force. What was produced should serve as example that architectural design can enhance a medical practice, particularly as experienced by the patients. ■

Journal

Too Many Offices

The glut of skyscraper office space that has made Houston notorious – a vacancy rate of at least 30 percent – is spreading to the rest of the nation, says **Technology Review**. A new study by the M.I.T. Center for Real Estate Development forecasts a national office vacancy rate of nearly 19 percent by 1989. There are four reasons for this surplus, say Professors William C. Wheaton and Raymond G. Torto:

The total number of U.S. office workers will go down as technology displaces workers and as the population ages and people retire.

Today's "saturated market" means that office space per worker is very generous, and even where there is new demand it can be met by "internal absorption" – more people in less space – for at least the rest of this decade.

New office building has been especially vigorous in the past five years, stimulated by tax incentives, the demand for diversified investments from pension funds, and the strength of the economy.

The growth of high technology has put a premium on new offices with new features. However, in the final analysis, high technology means reduced demand for space – fewer files, small computers instead of big ones, word processors replacing typists, and people working at home.

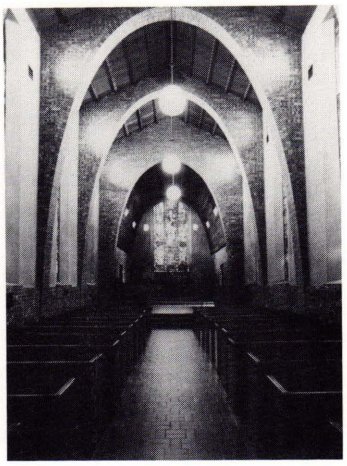
1985 Sullivan Awards

Two of America's leading architects – Benjamin Thompson of Cambridge, Mass., and the late O'Neil Ford of San Antonio, Texas – were honored by the International Union of Bricklayers & Allied Craftsmen.

Each received a Louis Sullivan Award for Architecture – an Award established by the International Union of Bricklayers and Allied Craftsmen in 1970. Thompson received the 1985 Sullivan Award. Ford received a special, posthumous Sullivan Award.

Ford, who died in 1982, was recognized for decades as one of the outstanding architects in the United States. Union President John T. Joyce cited three qualities which formed the basis for his special citation: Ford's individuality as a designer which separated him from architectural fashion; his regional approach to architecture and love for the Hispanic traditions of the Southwest; and his devotion to the "honest" use of materials such as brick, stone, tile and plaster, and to craftsmanship.

Thompson, whose firm is Benjamin Thompson & Associates, has been a leading building designer since 1945. In the last decade, he has been acclaimed for urban preservation and redevelopment projects such as Boston's Faneuil Hall/Quincy Marketplace; New York's South Street Seaport; and Baltimore's Inner Harbour.



▶ **Little Chapel in the Woods in Denton, Texas, designed by the late O'Neil Ford**

▼ **Faneuil Hall Marketplace designed by Benjamin Thompson**

Vintage Year for Design: ID Picks Best in American Design

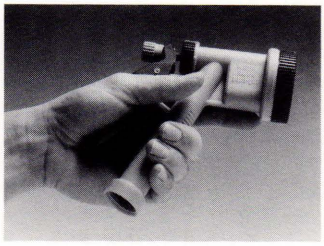
The DESIGNS OF THE YEAR exhibition at New York's Gallery 91 assembled nearly 100 award-winning product designs selected by jury for the 1985 ID Annual Design Review. It is at once an educational and surprising collection of American design excellence.

Products from some of the biggest names in corporate America are included: Apple Computer, Black & Decker, Corning Glass, Ford Motor, IBM, Knoll, Herman Miller, Hewlett Packard, RCA, Vivitar and Xerox. But many fine designs come from smaller companies, such as Artemide, Atelier International, Heller Designs, Sunar Houserman and V'Soske. The show includes everything from computers to sun glasses, from sophisticated furnishing to complex medical equipment, from lamps to witty conceptional designs.

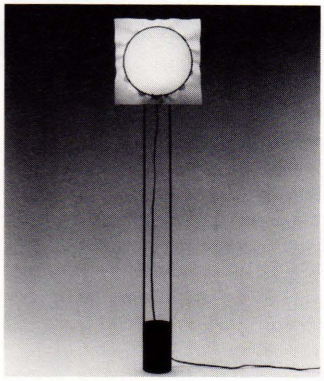
Until now, fashion and interior designers have upstaged industrial designers – even though the work they do has an awesome impact on the way we live our lives. What's more, from a technical point of view, product design is an extremely demanding discipline, one that combines a wide range of knowledge, skill and raw talent.

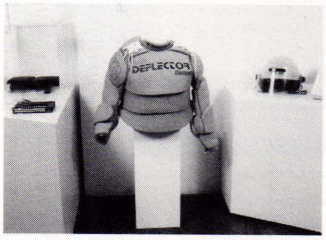
Industrial designers are, after all, the 'they' we refer to in our colloquial manner when we say, 'They really improved the way this stove works.' But who are 'they' and what do they do? The Designs of the Year exhibition will help the public understand the state of the art.

▼
Melnor Aqua-Gun
Design Tanako Kapec
Design Group



▼
Cornona Floor Lamp
Design by
V. Lorenzo Porcelli





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From left:
Black and Decker Heavy Duty Stapler, C751
Automotive Loudspeaker, Deflector
(Hocker) System, Brigade Firefighter
Helmet

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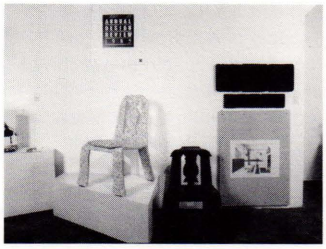
From left:
FLYMAN, The Venturi Collection, Vsoske
Task System



Construction Boom Sweeps Through Great Plains

The news in the four-state region of Kansas, Nebraska, Missouri and Iowa is remarkably good. Construction during the first four months of 1985 is 128% ahead of activity reported during the same period in '84, according to an examination of bid awards by *Mid-West Contractor*.

The most dramatic increases are in the booming greater Kansas City, Kansas, area, where construction activity for the month of April alone was 405% greater than last year. The $750 million General Motors plant in Kansas City, slated to be operational by 1987, should boost these figures even more.

Iowa, with its strong ties to the hard-pressed farm economy seems to be the slowest state to recover. Des Moines appears to be the only exception, aided by several major projects, including the $13 million state historical building.

Nebraska, Kansas and Missouri are reaping the benefits of a fat military budget. Kansas military personnel estimate that more than $100 million in construction will be going up this summer at Fort Riley. Offutt Air Force Base in Omaha will see about $50 million in construction this year alone.

Journal

Midwestern Trends In Architecture

Is there such a thing as a Midwest style of architecture? Should there be? A panel of prestigious Midwest architects was assembled recently to discuss that question in the three-day "Prairie Visions" contract market and design conference in Minneapolis sponsored by International Market Square. The theme that resonated was that Midwest architects need not apologize for doing good design that happens not currently to be on the "cutting edge."

"So often in the past, I think we got inspiration by picking up the latest issue of 'Progressive Architecture' and seeing what the other guy was doing," commented Richard Moorhead, AIA, of Clark, Holman and Moorhead, Ltd., of Fargo, North Dakota. Moorhead called this "disturbing" because when you copy something, it weakens the original idea. "The Michael Graves copies of tomorrow will be as bad as the suburban tract houses of today," Moorhead said.

Bill Wenzler, of Wenzler and Associates in Milwaukee, argued that the strength of Midwest architects is contextualism. "We've got more roots," he explained.

Cal Lewis, AIA, of Charles Herbert and Associates, Des Moines, Iowa, participated in the Prairie Visions Architectural Panel.

"We've got more belief in where we come from." Wenzler bemoaned the recent tendency to think of architectural design as "style". "It sounds like we're talking more about dress design than architecture."

Cal Lewis, AIA, of Charles Herbert and Associates of Des Moines, Iowa noted that Midwest architects are learning that a sense of history is not provincial, but progressive. He said that mode of thinking was what made one of his firm's Des Moines clients, Meredith Co., which publishes "*Better Homes and Gardens*," decide to retain a historic terra cotta facade and tower for its world headquarters instead of going for something sleek enough to impress its New York associates.

Lewis also cited his firm's resurrection of Exposition Hall imagery – "masonry buildings with industrial interior volumes reminiscent of state fair buildings" – as making meaningful use of the past.

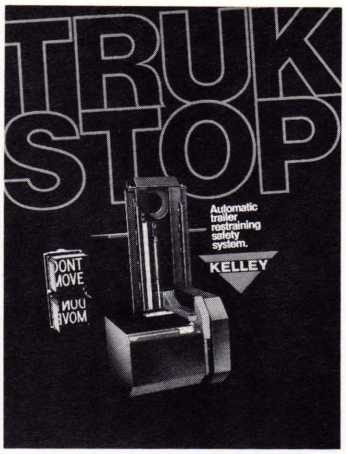
Joseph G. Durrant, FAIA

Joseph G. Durrant, member of the Durrant Group Inc., a leader in national AIA committee work and former president of the Wisconsin Society of Architects, died October 19, 1985, at the age of 78. Durrant opened his initial office in Boscobel, Wisconsin in 1933 and moved the headquarters to Dubuque, Iowa in 1946. His practice in hospital work, university campuses, law enforcement, commercial and industrial work led to the opening of offices in Madison, Wisconsin, Galena, Illinois and Colorado Springs, Colorado and practice throughout the Upper Midwest.

The AIA recognized him for his outstanding work in the profession and elected him to the College of Fellows in 1972. The Iowa Chapter, AIA, bestowed a Lifetime Achievement Award on Durrant in 1982, and in 1983 he received a Distinguished Service Citation from the Wisconsin Chapter, AIA.

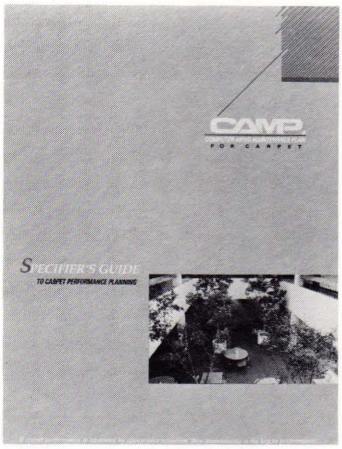
Durrant received his education at Armour Institute of Technology in Chicago and the University of Chicago as well as the University of Wisconsin. Marks of his achievements can be seen at Iowa State University, the University of Iowa, Clarke College, Loras College, University of Dubuque, University of Northern Iowa and many other university and vocational-technical schools. Many of the Durrant designed structures have received state, regional and national design awards.

He was a true leader in architecture and the AIA for over 50 years.



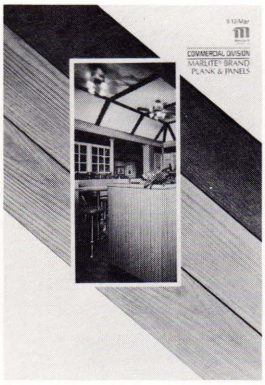
Truck Stop Trailer Restaurant

Kelley Company, Inc. has produced a new 4-page, 4-color brochure on the Kelley Truck Stop automatic trailer restraining device. Fully illustrated, the brochure describes in detail the dock safety system. Included in the system are an outside flashing light display to tell the truck driver "Don't Move" and an inside control box to signal "Hitched" or "Not Hitched" to the dock attendant. For a free copy, write or call Kelley Company, Inc., 6720 N. Teutonia Ave., P.O. Box 09903, Milwaukee, WI 53209-0903, 414/352-1000 or 1-800-558-6960.



Carpet Performance Planning

A *Specificer's Guide to Carpet Performance Planning* introduces architects, designers and specifiers to CAMP, the Computer Aided Maintenance Plan® for carpet. It is available from Racine Industries, manufacturer of the HOST Dry Extraction Carpet Cleaning System. CAMP develops color-coded computer-generated floor plans which indicate where and when to clean and what the estimated costs will be. The free, color guide is available from Geoffrey Greeley, director HOST School, Racine Industries, Inc., P.O. Box 1648, Racine, Wisconsin 53401.



Marlite FireTest Plank

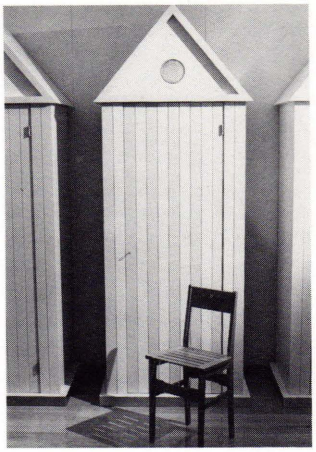
New product literature on Marlite Brand Class A-rated FireTest plank, which offers the same beauty, durability and ease of handling as traditional Marlite brand plank, can be obtained by writing to the Commercial Division, Masonite Corporation, P.O. Box 250, Dover, Ohio 44622.

Blueprint for Excellence

San Francisco based Schlag Lock Company has introducted the company's new residential product catalog. The twenty-page brochure showcases Schlag's wide selection of residential security hardware, serving as an excellent buying guide for homebuyers and homebuilders. To request a copy of this brochure, contact Schlag/IHS Division, 15540 Roxford Street, Sylmar, California, 91342.

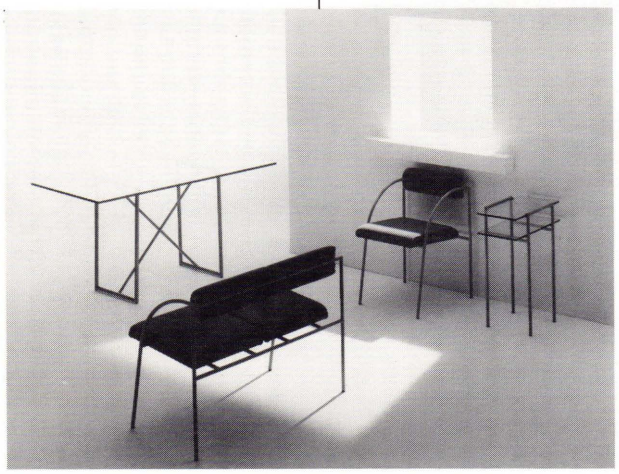
Aldo Rossi

Introduced at the Milan Furniture fair, Aldo Rossi's collection of finely detailed furniture combines materials such as marble, onyx, brass, and stainless steel with beechwood finished in matte lacquer or aniline wood stain. Shown here is the Elba Cabin, a freestanding cupboard/closet featuring a brass-covered baseboard, available with 2 drawers and adjustable shelves or hangers. The side chair is highlighted by a brass or stainless steel disk inlaid backrest. Like his buildings, the furniture is evocative of the past, and is concerned with the relationship between architecture, design and history. ■



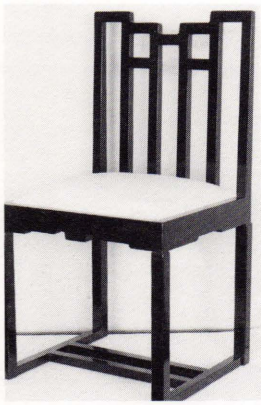
Vienna

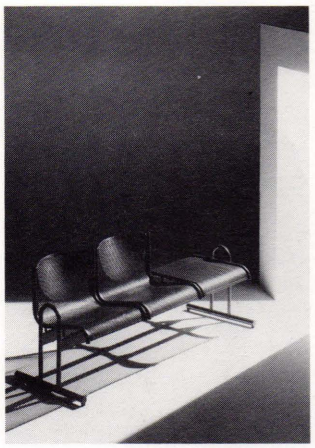
In a rare display of elegance, British designer Rodney Kinsman, from his OMK showroom in London, introduces the Vienna series, creating a delicacy of line and a refinement of proportion that is almost feminine. Each piece is framed with epoxy finished tubular steel. Tables feature a glass top; seats are upholstered in cotton or fireproof moquette. Available through Gullans Henley International (GHI), New York ■



Mariano Fortuny
From Furniture of the Twentieth Century comes the return of a 1902 desk lamp, designed by Spaniard Mariano Fortuny. The 23" high lamp of black lacquered brass and nickel-plated steel, reflects Fortuny's varied talents as an engraver, sculptor, stage set and fashion designer. Manufactured by Ecart International. ■

Ingram Street Chair
Another vintage piece from the Furniture of the Twentieth Century Collection. The "Ingram Street Chair" was originally designed by Charles Rennie Mackintosh in 1911 for the Chinese Room at the Ingram Street Tea Rooms in Glasgow. Relying for effect on the use of geometric motifs and subtle structural details, this chair shows his own interpretation of Chinese furniture. The seat is upholstered in linen, and rests on a black stained and varnished sycamore frame. ■





Transit + Fast Food
Transit, a steel seating system by designers Rodney Kinsman and Peter Glynn Smith, was originally designed for the British Airports Authority. Transit may be used free-standing, wall mounted or floor fixed. Accessories include arm rests, tables, back-to-back coupling fixtures and upholstered seat shells. Recipient of the Industrial Design Award at Hanover Fair, and the Design Council Award, 1984. Labeled a success at London's Gatwick Airport, Transit has since evolved into the Fast Food series, a range of cafeteria seating and tables. Both are suited for indoor and outdoor use. ■

Martin Smith

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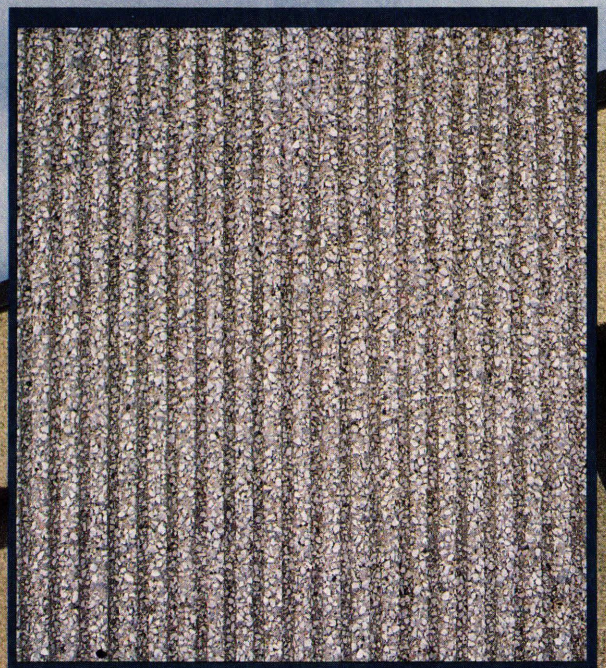

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Project: Westport Professional Center Des Moines, Iowa Architect: Woodburn & O'Neil, Inc. Engineer: Rietz Engineering Consultants Contractor: Vawter & Walter, Inc.

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