

Winter 2012

# Oculus

A Publication of the American Institute of Architects New York Chapter Volume 74, Issue 4 | \$10

## Designs Fit for Life

**Design:** Where One Small Shift = One Big Change

**The Big Picture:** Designing for Health/Solving for Pattern

**Active Design:** Urban Bones, Human Muscles

**Aging In Place:** There's No Place Like Home

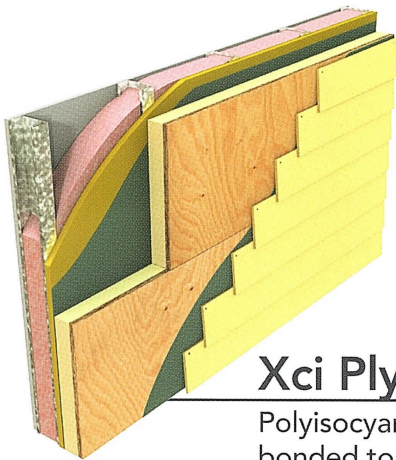
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and the Iconic O'Toole Retooled

**New Work/New Approaches:**  
Models of Medical Care

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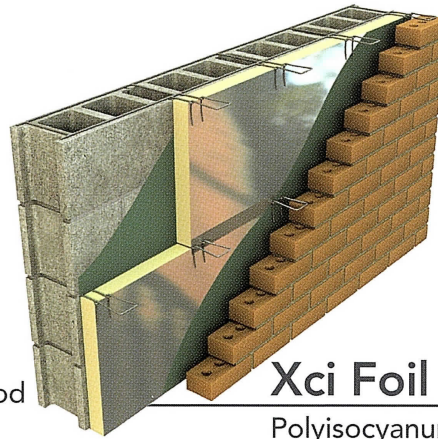


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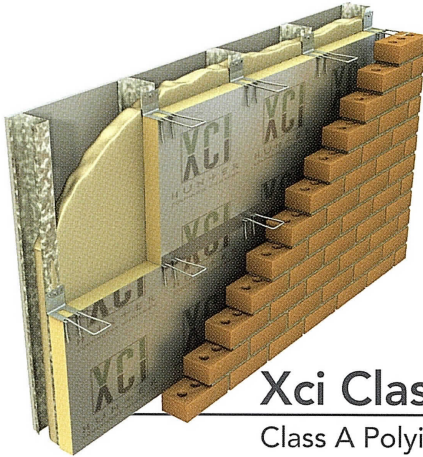
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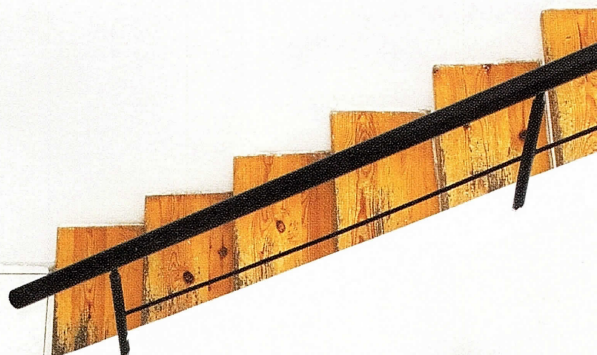
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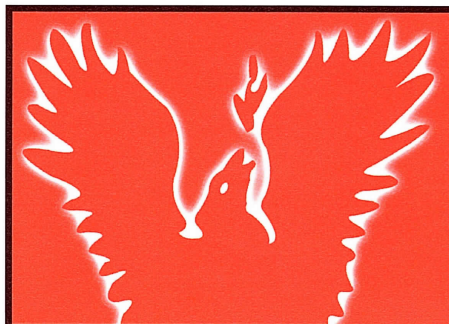


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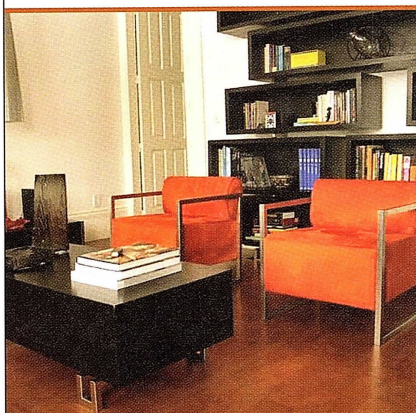
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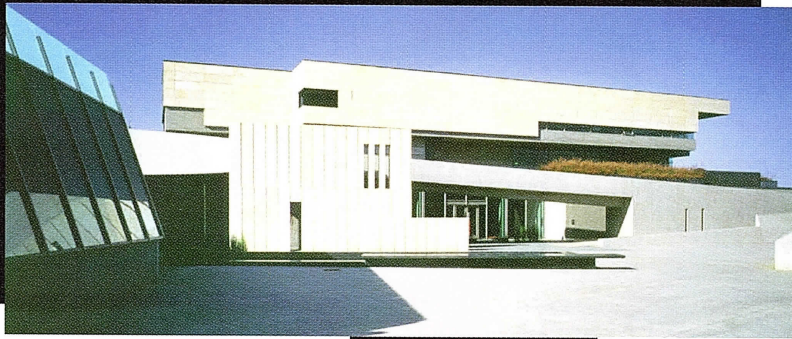


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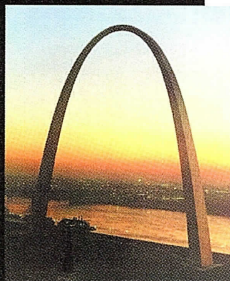
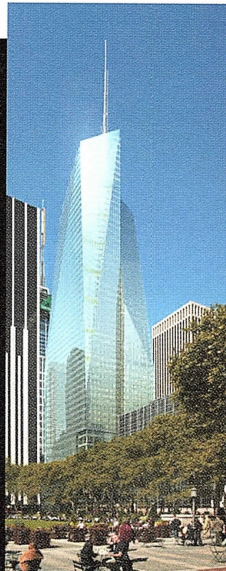
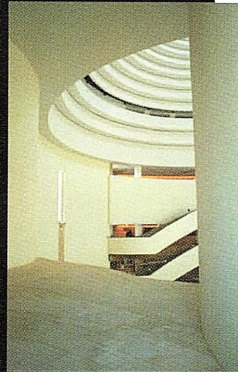
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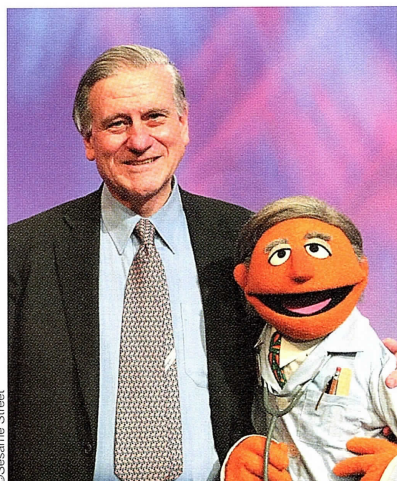
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Valentin Fuster, M.D., Ph.D., whose Foundation for Science, Health, and Education is spearheading the VAMOS Architects project in Spain, was honored by the Spanish-language version of *Sesame Street* with a Muppet counterpart, "Dr. Valentin Ruster." pg. 24

Cover: "Unire/Unite," Urban Movement Design, pg. 24

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## LETTERS FROM TWO PRESIDENTS

# The Future is Bright and Global

This year the AIA New York Chapter and Center for Architecture have been filled with unprecedented activity. We are especially proud of the explosive growth of the Design for Aging and Design for Risk and Reconstruction (DfRR) Committees, and their immediate impact in advocating for a better and safer built environment with city agencies. In the aftermath of super-storm Sandy, the DfRR Committee is at the forefront of working on the response to this disaster and assisting public agencies in the planning for recovery and reconstruction.

With the energy and enthusiasm of AIANY members for our 2012 “Future Now!” theme, this year has been extremely gratifying, and the focus on young professionals has spread to other AIA chapters across the country. We were invigorated by the all-day, interactive ENYA FutureNow! Summit attended by 120 young professionals, including a number of AIA Fellows with the keynote address from the noted futurist, David Zach. This discussion concerning the role we have as citizen-architects and stewards of the profession tells me that our future is in good hands. Despite the still sluggish economy, the future is brighter than ever with our young professionals leading the way, and our advocacy efforts preparing for the citywide 2013 elections.

Advocacy efforts have brought a growing number of public officials to the Center for numerous programs. This year’s Fit City conference brought Deputy Mayor Linda Gibbs and eight agency commissioners to the Center. Mayor Michael Bloomberg came to the Center to announce the adAPT NYC Pilot Program, aimed at providing small, affordable micro-apartments for young singles living in the city. (Let’s not forget that micro-apartments will work for seniors, too!)

Through our public outreach, we were excited to see the Center for Architecture and the Architectural Boat Tours in the pages of the *New York Times*, and “Archtober” on *Eyewitness News*! And we are proud to close out the year with this issue highlighting health and well-being, including Fit City, active design, and aging in place.

I wish to thank the incredible and dedicated AIANY staff led by Rick Bell, FAIA, and Cynthia Kracauer, AIA, LEED AP, who deal with a frenetic pace of activity, and my good friend and colleague, Jill N. Lerner, FAIA, whose support and counsel went well beyond the role of president-elect to advance all the advocacy, public outreach, design excellence, and professional development efforts that animate everything we do at the Center and Chapter.

Joseph J. Aliotta, AIA, LEED AP  
2012 President, AIA New York Chapter



Aliotta and Lerner

Joe Aliotta, AIA, LEED AP, has been a dedicated and effective leader for AIANY over the past year, and it has been truly a pleasure to work with him on “Future Now!” and so many other positive initiatives.

The professional world for the next generation of architects will be one in which architecture and urban design are a global force, and one in which New York architects will continue to play a significant role. With the 2013 theme “Global City/Global Practice,” we will celebrate New York as an important and diverse center for design talent, and the contribution of New York architects abroad, bringing back lessons learned and expertise to bear on the vision and future of our own city.

Throughout 2013 we will continue to advance our advocacy efforts, building on our initiatives to address the critical issues that were highlighted during Hurricane Sandy. The year will include a changing mayoral season for which we are developing a platform of key issues, as well as a celebration of two important milestones for AIANY: the 10th anniversary of the Center for Architecture and the 75th anniversary of *Oculus* magazine. I look forward to working with Executive Director Rick Bell, FAIA, Managing Director Cynthia Kracauer, AIA, LEED AP, and the superb staff of AIANY as we broaden our focus with an international theme.

Jill N. Lerner, FAIA  
2013 President, AIA New York Chapter



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## LETTER FROM THE EDITOR



Editor rescuing a favorite but ailing plant on a pre-Sandy day; it will be nursed through the winter indoors.

## Shelter from the Storm

As I write this, large swaths of New York and New Jersey are still reeling from the aftermath of Hurricane Sandy. The destruction was – and in many places still is – devastating and heartbreaking. Sitting in the cold and dark for days on end and hearing tinny voices on a transistor radio describing the storm’s toll was like learning that a dear family member or friend had been in a terrible accident and being unable to do anything about it. The “patient,” in this case the city and region, will recover; as previous natural (and political) calamities have proved, we are a resilient lot.

Politics and public discourse are playing important roles in deciding – and designing – how, where, and even if we rebuild. Once back in a world with lights, hot water, and Internet access, I was heartened, though not surprised, to receive numerous e-mails from the AIA New York Chapter, its Design for Risk and Reconstruction Committee (DfRR) and Committee on the Environment, and the Center for Architecture Foundation reaching out with both support and call-to-arms strategies in moving forward. Let this also be a wake-up call to New York State legislators of the urgent and practical need to amend the state’s “Good Samaritan” law to “extend liability protection to registered architects and professional engineers when volunteering professional help,” as AIANY President Joseph J. Aliotta, AIA, LEED AP, and DfRR Co-chairs Lance Jay Brown, FAIA, and Illya Azaroff, AIA, explained in their post-Sandy update letter. The AIANY Chapter and its members are more than willing and able to demonstrate how valuable their skills can be in healing this old city’s bones.

It is nothing new to compare a city to a living organism; pundits and poets, philosophers and planners as far back as Plato have done so. Buildings and infrastructure function much the same as our own biological systems and, as Sandy proved, are no less vulnerable to outside and internal forces. A healthy city maintains a healthy population. It was this concept that informed the content

of this issue of *Oculus* well before Sandy threatened our shores. Robin Guenther, FAIA, LEED AP, and Jason Harper, AIA, LEED AP, of Perkins+Will offer the big-picture view that how we build and what we build with have “a dramatic impact on individuals and the larger community.” This is followed by reports on smaller elements that make up a healthy city, such as active design strategies and designing in the ability to age in place. The importance of place and community is not lost on healthcare providers or educators, either. An adaptive reuse of a close-to-being-demolished Greenwich Village landmark will soon be – and a Brooklyn storefront already is – a good neighbor with amenities and programs for both their patients and communities. And two new projects put the spotlight on the latest approaches to palliative-care delivery, and innovative ways for medical students and researchers to collaborate.

In our regular departments, “One Block Over” finds fertile ground for urban farms that address health and well-being in underserved neighborhoods (not all fared well in Sandy). “180-Year Watch” visits the 83-acre Snug Harbor Cultural Center and Botanical Garden on Staten Island, replete with a collection of Greek Revival manses. “In Print” tackles tomes about architectural theory and materials, and the weighty *Phaidon Atlas* of 20th-century architecture, among others.

On a personal note, I would like to thank our tireless contributing editors, guest authors, and the firms and individuals highlighted in this issue. They, along with the steadfast AIANY and Center for Architecture team, made this issue weather the storm with flying colors! Now, careening through the holiday season, I hold high hopes for the New Year.

Kristen Richards, Hon. AIA, Hon. ASLA  
Kristen@ArchNewsNow.com



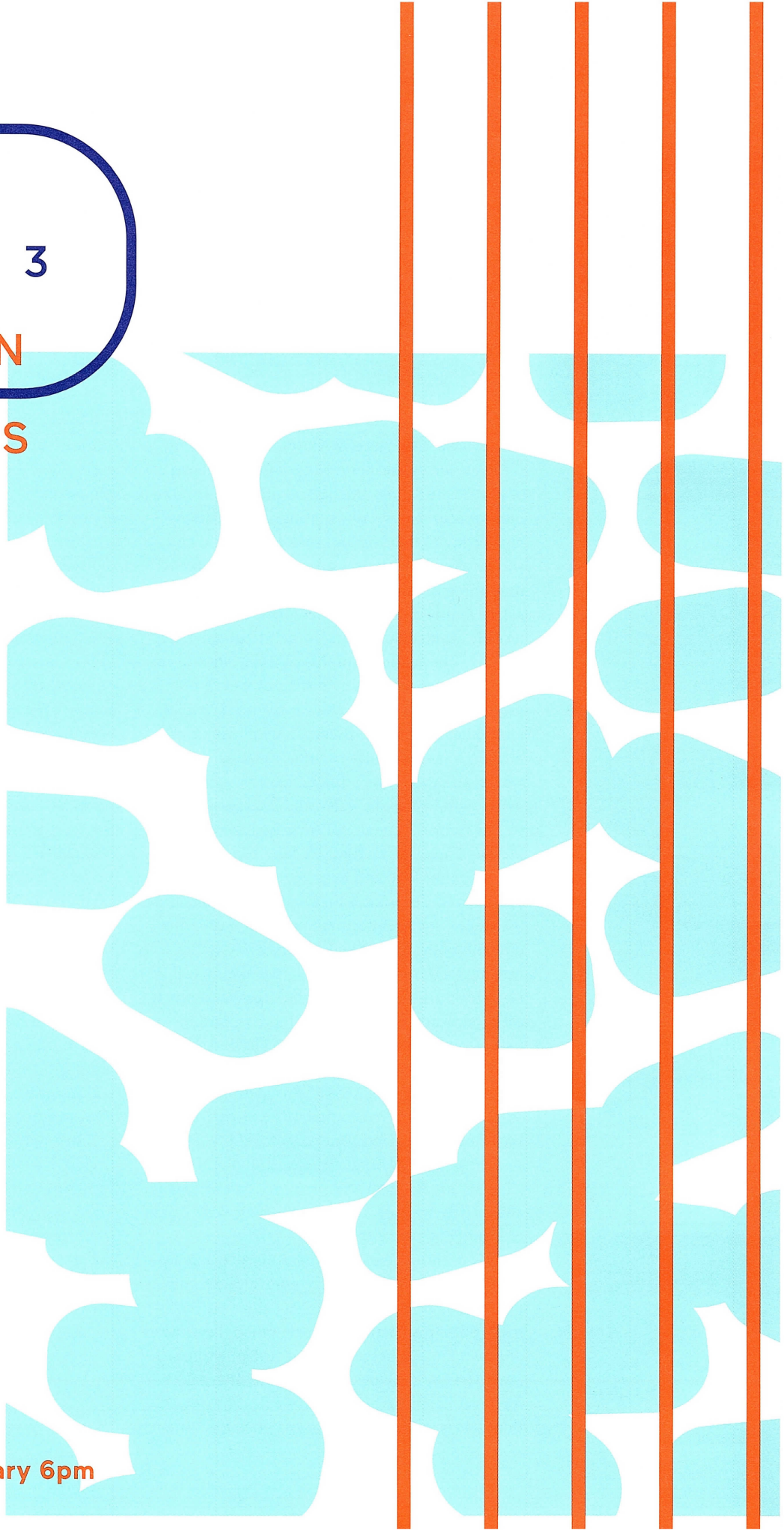
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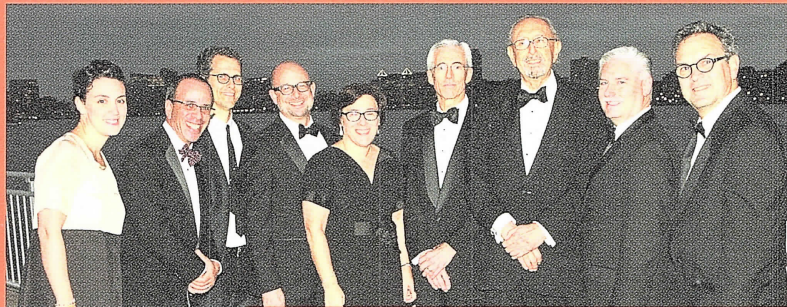
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# Center Highlights



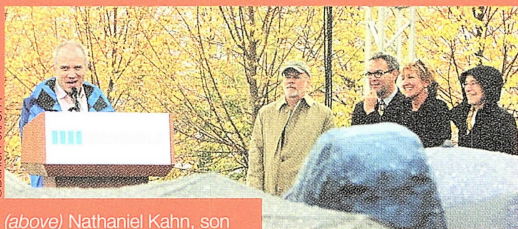
More than 1,200 gathered at Chelsea Piers Pier 60 for the 2013 Heritage Ball, our biggest party and largest fundraiser of the year. (l-r): **Jaime Endreny**, Executive Director, Center for Architecture Foundation; **Michael Strauss**, President, Center for Architecture Foundation; **Robert Hammond**, **Joshua David**, Co-Founders, Friends

of the High Line; **Iris Weinshall**, Vice Chancellor of Facilities Planning, Construction and Management, City University of New York; **Robert Selsam**, Senior Vice President, Boston Properties; **Cesar Pelli**, FAIA, Senior Principal, Pelli Clarke Pelli Architects; **Joseph Aliotta**, AIA, LEED AP, AIANY 2012 President; **Rick Bell**, FAIA, AIANY Executive Director.

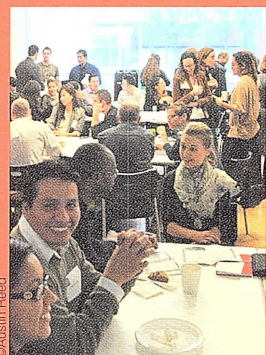


Experts in disaster resilience design gathered at the Center for Architecture for a discussion the City after Superstorm Sandy, a post-storm discussion and hurricane relief fundraiser supported by the AIANY Design for Risk and Reconstruction Committee (DfRR) and the AIANY Committee on the Environment (COTE). (l-r)

**Rob Rogers**, FAIA, Principal, Rogers Marvel Architects; **Dr. Klaus Jacob**, Geophysicist, Urban Environmental Disaster Expert, Columbia University; **Michael Kimmelman**, Chief Architecture Critic, *New York Times*; **Stephen Cassell**, AIA, LEED AP, Principal, Architecture Research Office; **Cynthia Barton**, Disaster Housing Recovery Plan Manager, NYC Office of Emergency Management; **Howard Slatkin**, Director of Sustainability, NYC Department of City Planning; **Donna Walcavage**, FASLA, LEED AP, Principal/Vice President AECOM; **Joseph Aliotta**, AIA, LEED AP, AIANY 2012 President; and **Lance Jay Brown**, FAIA, DPACSA, Co-chair, DfRR Committee.



(above) Nathaniel Kahn, son of Louis Kahn, spoke at a special Archtober preview of Kahn's FDR Four Freedoms Park on Roosevelt Island. After almost 40 years of design and planning, the park opened to the public on 10.24.12. (l-r) **Nathaniel Kahn**; **John Kurtz**, AIA, LEED AP, Mitchell | Giurgola Architects; **Rick Bell**, FAIA; **Gina Pollara**, AIA, Executive Director, FDR Four Freedoms Park; and **Sue Ann Kahn**, daughter of Louis Kahn.



(left) In September, a lively networking breakfast kicked off the day-long Future Now Summit, organized by the AIANY Emerging New York Architects Committee (ENYA), where young architects envisioned the future of architectural practice.



(above) Architecture met infrastructure in the West 4th Street subway station with AIANY's annual subway show, "Design by New York," featuring 188 projects by AIANY Chapter member architects and firms.

## Center for Architecture Foundation



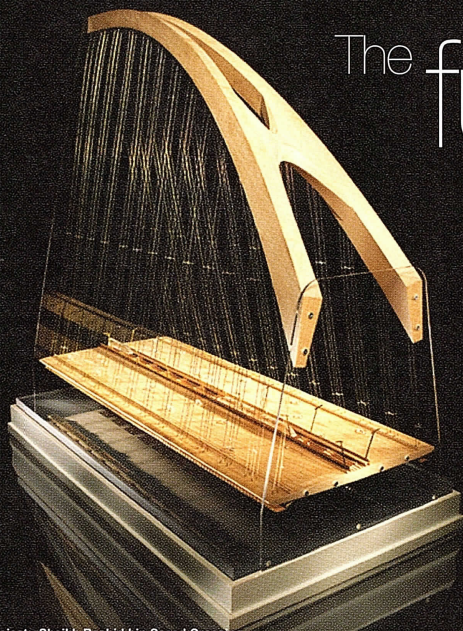
Emerging New York Architects Co-chair **Amanda Rivera**, Assoc. AIA, (left) and CFAF Lead Design Educator **Tim Hayduk** (center) led a number of tours of the Center's summer exhibitions "New Practices New York 2012" and "The Harlem Edge: Cultivating Connections."



Poltrona Frau's SoHo showroom hosted the Archtober and Architecture and Design Film Festival (ADFF) kick-off party, which honored **Leila** and **Massimo Vignelli**, who were the subjects of a documentary that premiered at

the festival. (l-r) **Kyle Bergman**, AIA, ADFF Founder and Festival Director; **Joseph Aliotta**, AIA, LEED AP, 2012 AIANY President; **Massimo Vignelli**; and **Rick Bell**, FAIA, AIANY Executive Director.





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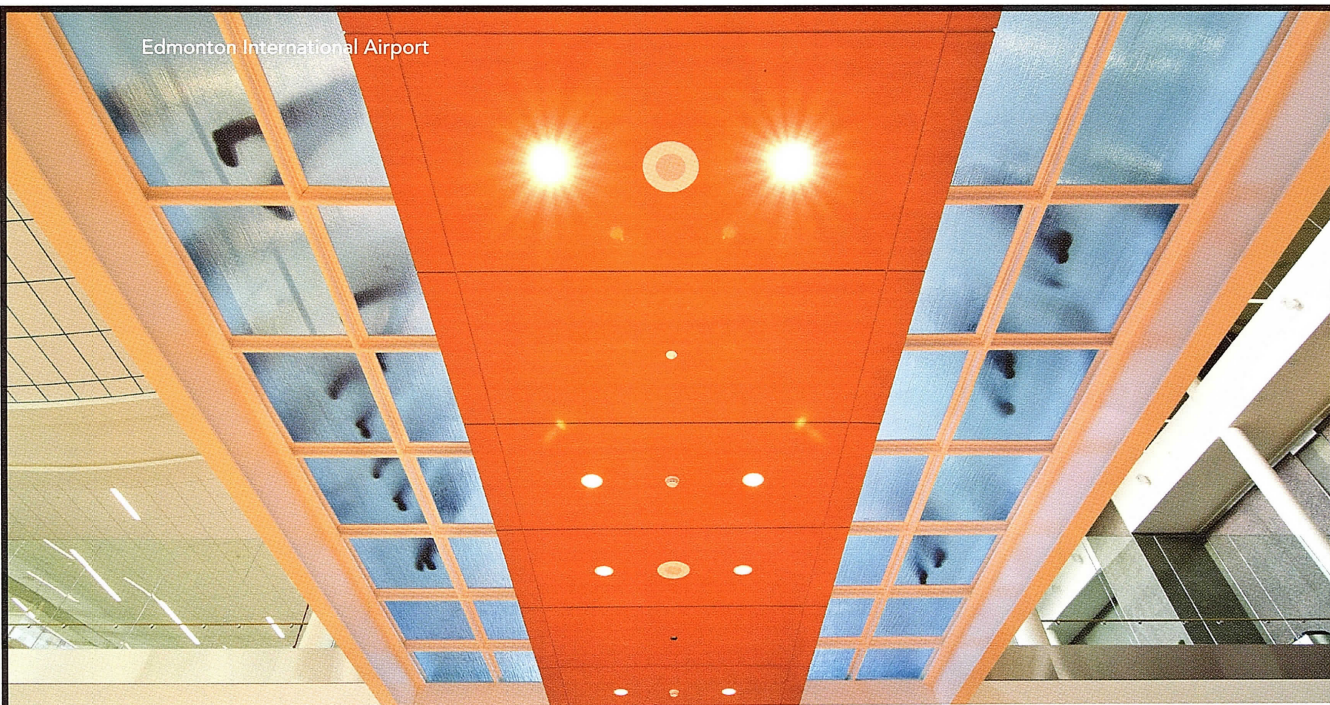
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Via Verde, a low- and moderate-income housing complex in the South Bronx designed by Dattner Architects and Grimshaw Architects, includes terraced roofscapes designed by Lee Weintraub Landscape Architecture for farming and gardening by residents.

# Urban Farming Takes Root

Planting a great idea in the city

BY CLAIRE WILSON

Don't let the acres of crops fool you, Dorothy – you're not in Kansas anymore. This is New York, and it is a burgeoning oasis of green.

Throughout the five boroughs, large- and small-scale urban farming is growing exponentially at a rapid rate. Brooklyn Grange, which started with one acre atop an industrial building in Long Island City, added a second acre on a rooftop last year at the Brooklyn Navy Yard, where it grows crops for sale and raises bees. Red Hook Farm, with sites in Red Hook and Far Rockaway, added another site last fall at the Red Hook Houses, a public housing complex. At the behest of the Department of Parks and Recreation and under the guise of Added Value, his non-profit organization for promoting farming and working with at-risk youth, Red Hook Director Ian Marvy also started a three-acre farm on Governors Island – complete with goats and chickens. Brooklyn-based BK Farmyards raises and sells crops, but its true calling is to farm your backyard or empty lot for you and share the produce. It also gives classes in raising chickens.

According to Five Borough Farm, an initiative of the Design Trust for Public Space, the concept of urban farming is not limited to commercial or non-profit farms, but takes into account community gardens, community farms, and institutional farms and gardens like those at public housing projects and public schools. There are even gardens at Rikers Island and the Bowery Mission. Marvy attributes the trend in part to growing concern about the food supply. "There is new pressure and new oppor-

tunity for understanding where your food is coming from, who is growing it, and what it can do to your body," he says.

Anne Wiesen, a partner with Brooklyn-based Design by Plants and a landscape designer who advises gardeners, notes that concern for health is being fueled by multiple negative societal trends. "In the uncertain economic climate people have lost jobs, retired people with pensions have lost health insurance, and union members are losing benefits," she says. "People want more control over the quality of their food."

Mayor Michael Bloomberg gets kudos from the farming community for parallel greening initiatives incorporated into PlaNYC and One Million Trees NYC, which will have planted 650,000 by the end of 2013. These efforts, along with urban farms, will have a tremendous effect on quality of life in the city, including cleaner air, rainwater capture, and storm-water management. Locally grown food will be healthier for not having sat on a truck for weeks or months, and garden workers will be healthier for the exercise.

At Via Verde, a 222-unit, 20-story, low- and moderate-income housing complex in the once-blighted South Bronx, there are 40,000 square feet of terraced roofscapes designed by Lee Weintraub Landscape Architecture for farming and gardening by residents. The buildings were designed by Dattner Architects and Grimshaw Architects. The complex's layout fosters exercise, and the farm/garden component encourages civic involvement. Residents own the apple trees and blueberry bushes, and sold the crop of Christmas trees cultivated for that purpose. These fruits and vegetables will put a dent in the "food desert" of the South Bronx, says Weintraub, and perhaps pressure supermarkets and bodegas to sell fresh produce if they see a demand.

Weintraub hopes the garden in the sky will convince local people of the value of the green culture. "With a garden on the street or the roof where you can grow and harvest things, there is room for change," he says. "The sky is the limit."

Claire Wilson writes for the *New York Times*.





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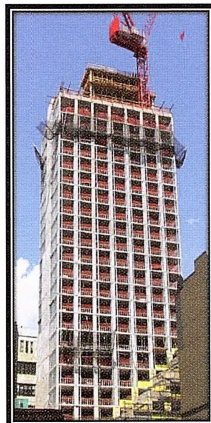
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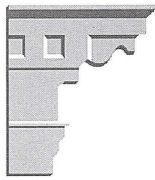
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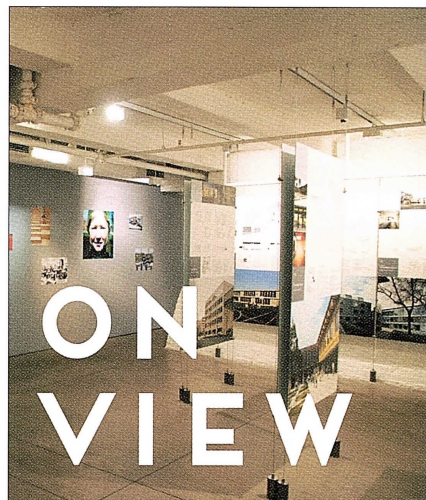


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# Design: Where One Small Shift = One Big Change

BY LINDA POLLAK, AIA, AFFIL. ASLA

The rise of obesity-related chronic disease has contributed to an increased understanding of how the physical environment relates to health. Soaring healthcare costs have helped health leaders recognize that design makes a difference.

New York City's "Active Design Guidelines" provide designers with strategies for creating healthier buildings and spaces, based on current research and best practices. One radical thing about the guidelines is the inclusion of qualitative, less easily measurable aspects of design. In U.S. public policy, the assumption has been that architecture and design are for those who can afford it – that they exist in the realm of desire rather than need. The shift of focus in public health from infectious to chronic disease reflects an evolving understanding of health, which exceeds a medical paradigm, engaging lifestyle issues that need to be addressed holistically.

The guidelines are a powerful agent of change that architects can use to incorporate principles of active design into their projects. They also suggest the potential for architecture to perform as integrator and instigator of relational approaches that can bring about radical transformation. And yet, while architecture is uniquely situated to address interdependencies between material, social, cultural, and natural systems, it is difficult to realize its potential, due to its resistance to quantitative metrics.

As we have learned in the context of climate change, best practices today are likely to be past practices tomorrow. It is not a stretch to say that climate change and the obesity epidemic are twin crises, birthed and nurtured by a progress-driven trajectory of advancing technology. The idea that there is a reciprocal relationship in the energy imbalance – with too much fossil fuel energy consumed and too little human energy expended – suggests the need for radical rethinking of the situation and our role as architects within it.

Recognizing the potential to promote physical activity and health through design is the beginning. Pursuing this potential means considering these goals in their intersection with human experience and all aspects of contemporary life, culture, and society. Altering environments to increase physical activity requires altering them to increase interactivity – between going places and having places to go, between movement and rest, between physical and social activities.

A robust collaboration is needed between health and design fields – like the Fit City conferences – to address interdependencies between health and environment and to find synergies between environmental, social, and economic sustainability. Increased understanding of how physical activity fits into bigger systemic questions of what cities are and how they work may suggest ways to transform these systems and use design to improve their interaction.

The approach of the guidelines – that simple moves have the potential to bring about significant change – is based on the idea of “leverage points.” These are identified by environmental scientist Donella Meadows as “places within a complex system (a corporation, an economy, a living body, a city, an ecosystem) where a small shift in one thing can produce big changes in everything.” Just as point-of-decision signage may dramatically increase stair climbing, design processes may identify spatial leverage points that dramatically increase the potential for positive transformation. Connecting the dots between different systems makes potential synergies visible, providing an opportunity to inflect design strategies to support previously unseen objectives. To explore and create synergies – to reinvent the ways in which systems interact – design strategies cut across categories, scales, and registers to fulfill multiple needs in the context of limited budgets, client priorities, governmental regulations, agency review processes, and frameworks of implementation. So design processes can spur innovation.

To bring diversity of experience and movement into everyone's everyday space requires engaging qualitative and quantitative aspects of design across a range of urban and natural systems. To enable transformation beyond the individual project, architects and others need to consider the potential of the design process itself. Case studies can do much more than help assess the value of individual projects: they can increase understanding of relational approaches and demonstrate how design processes can turn strategic insights into untapped opportunities. ■

Linda Pollak, AIA, Affil. ASLA, is a principal of Marpillero Pollak Architects, and is currently teaching in the Urban Design Program at the Harvard Graduate School of Design. She serves on the Board of Directors of the Design Trust for Public Space and Storefront for Art and Architecture.

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## THE BIG PICTURE

# Designing for Health / Solving for Pattern

How we build and the materials we use have a dramatic impact on individuals and the larger community

By Robin Guenther, FAIA, LEED AP,  
and Jason Harper, AIA, LEED AP

A German study published in *Nature Magazine* in 2011 focused on the impact of urbanization on stress levels and health. Recent studies of bisphenol-A, a ubiquitous endocrine-disrupting industrial chemical, have identified it as one of the possible causes of the obesity epidemic. How do these disparate events impact the design and construction industry? What is “health” in an increasingly urbanized society, and how can design influence and promote health?

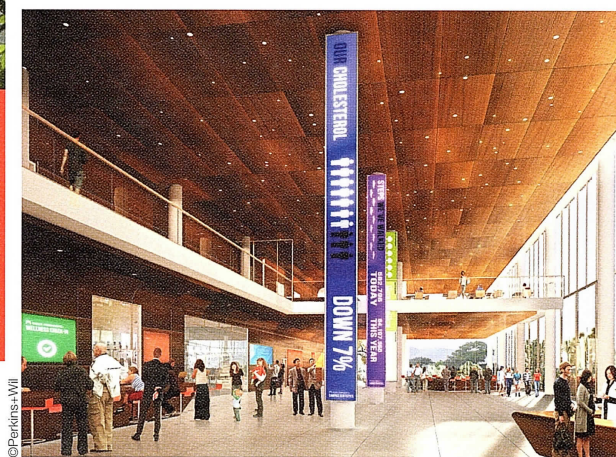
The World Health Organization defines health as the state of physical, mental, and spiritual well-being. Wendell Berry, agrarian essayist and philosopher, defines it as “membership” and reminds us that the word “health” comes from the Latin – “to heal or to make whole.” This larger definition of health creates a context in which design can be viewed as playing a vital part in creating the conditions for health. To paraphrase Berry in his essay, “Solving for Pattern,” a bad design solution acts within the larger pattern the way a disease or addiction acts within the body. A good design solution acts within the larger pattern the way a healthy organ acts within the body. Design solutions that impact health surround us at every scale – at individual and community levels. Even at the global scale, climate change, overconsumption of natural resources, and degraded ecosystems impact the health of all the earth’s inhabitants.

### Sick building materials?

Increasing evidence indicates that the design of the built environment impacts health. Sick building syndrome and building-related illness have arisen from

chemical exposures at significant concentrations in highly insulated or sealed buildings. Very small exposures to industrial chemicals have been linked to both adverse fetal development and ecosystem collapse. An Environmental Working Group study of newborn cord blood revealed as many as 258 industrial chemicals in newborns. These disturbing examples illustrate how little is understood about the impact of chemicals on human and ecological health.

In *Materials Matter: Toward a Sustainable Materials Policy*, Kenneth Geiser, Ph.D., reminds us that “depletion of the resources of the environment and impairment of human health are the symptoms of a poorly designed and functionally flawed industrial production and consumption economy, not of an unprotected environment.” In 2010, Environment and Human Health, Inc. released a report stating, “The underlying problem is that thousands of different chemicals, many of them well recognized to be hazardous, are allowed to become components of building materials.” Unlike food and pharmaceuticals, building materials have little requirement for chemical component disclosure – there is no “nutrition label” on a box of carpet tiles. To fill this void, the Healthy Building





(opposite page, top) Social space and nature infuse the healthcare environment at The Johns Hopkins Hospital Charlotte R. Bloomberg Children's Center and the Sheikh Zayed Tower, Baltimore, designed by Perkins+Will.

(opposite page, bottom) The winning entry by Perkins+Will in Kaiser Permanente's Small Hospital, Big Idea competition includes a Wellness Pavilion designed to be the center of community life.

(this page) At the Jaffe Food Allergy Institute at Mount Sinai Medical Center, Perkins+Will selected interior materials to illustrate the principle that "we are what we eat."

Network (HBN) is compiling the Pharos database ([www.pharosproject.org](http://www.pharosproject.org)) of building product contents; more recently, the International Living Building Institute (ILBI) produced the first ingredient label for building products ([www.ilbi.org](http://www.ilbi.org)). Perkins+Will created the first publicly accessible database of substances in building materials that are linked to health issues ([www.transparency.perkinswill.com](http://www.transparency.perkinswill.com)). HBN, ILBI, Building Green, and more than 38 leading design firms have collaborated to develop and launch the Health Product Declaration, the first open standard for reporting chemical composition of building products, at Greenbuild 2012.

### Benefits of walkable communities

There is growing awareness that the health of our communities depends on the way we design them, and that current development models are contributing negatively to community health. Degraded social space and alienating, car-centric sprawl environments have sapped the life out of many cities and town centers. Even in areas where population has long been decreasing, such as much of upstate New York, the developed land area, including roadways and other infrastructure, has grown at an alarming rate, making it increasingly difficult for governments to affordably deliver services – including health services to diffused, low-density communities.

How can we as designers contribute to a healthier built environment and more sustainable development patterns? The way we have designed our communities is killing us, says Dr. Richard Jackson in his book (and PBS series) *Designing Health Communities*. Suburban sprawl has increased social isolation and is a major contributor to the obesity epidemic, with two-thirds of adult Americans now either overweight or obese. Evidence is building that design factors such as walkability, access to transit, and integrated bikeways all contribute to increased physical activity and sociability compared to car-centric environments. Research by The Brookings Institution, published in its "Walk this Way" report, shows that walkable places perform better economically. While housing values in overbuilt, unwalkable suburban areas have tanked, the most valuable residential real estate is found in walkable urban environments.

At the same time, increasing evidence that links urbanization with increased stress poses new challenges for our dense urban environments. The recent German study suggests that access to nature and strong social-support infrastructure is necessary to reduce the stress associated with living at increased densities. Parks, community centers, and a walkable social realm that fosters community are as important as the latest medical technology for maintaining our health.

### Chemicals and community

Why are healthcare costs skyrocketing? Our healthcare system is overwhelmed with the cost of the chronic health conditions caused by the obesity epidemic, such as diabetes, heart disease, hypertension, etc. As medical care and technology improves, we are living longer with such conditions, multiplying the impacts and costs. To reduce costs, healthcare providers increasingly recognize the importance of prevention and the need to improve the health of the population as a whole. Reducing the burden of chronic disease requires solutions that are pervasive and systemic and address the entire population – that "solve for pattern."



©Duke Rogers

Healthcare organizations are advocating for reduction of toxic chemicals in their supply chains – from PVC avoidance to elimination of halogenated flame retardants. They are increasingly arguing for elimination of antibiotics and pesticides in food production, and demanding that built projects meet sustainability and health criteria. By doing so, they are bravely articulating interconnectedness: that people will not be healthy without clean air and water, good food, and healthy soil.

When it comes to hospitals and healthcare buildings, however, the impact of design on community health is just beginning to be recognized. The traditional development patterns of hospitals are a throwback to an era of infectious disease – when hospitals were "isolated" from the healthy population to prevent the spread of disease. Today, the driver is largely chronic disease, for which treatment requires close interaction between patients, families, and caregivers. At the same time, hospitals have become vital economic engines for the communities they serve; they are often the largest employer in a community. Together these factors suggest a very different future for healthcare buildings – one in which healthcare is the new civic architecture, integrated with and at the center of community life.

Overlaying this new hospital design criteria with that of healthy community design can exemplify designing for health. Efforts to connect neighborhoods with health systems, such as the Health Districts initiative within the Congress for the New Urbanism ([www.cnu.org/healthdistricts](http://www.cnu.org/healthdistricts)), are seeking to establish this new paradigm, to ensure that the design of a hospital "first does no harm" to the community it serves. To quote Gary Cohen, founder, president, and executive director of Health Care Without Harm: "The hospital can situate itself within the ecology of its community and act as a force for healing." ■

Robin Guenther, FAIA, LEED AP, is a principal and sustainable healthcare design leader at Perkins+Will New York, and author of *Sustainable Healthcare Architecture*. Jason Harper, AIA, LEED AP, is an associate principal in the New York office of Perkins+Will. He is an expert in the design and planning of hospitals and healthcare facilities with more than 20 years of experience.



# Active Design

## Urban Bones, Human Muscles

In Spain, Italy, NYC, and elsewhere, architects and their multidisciplinary partners are reshaping the built environment to improve health using research, outreach, and site-specific, scale-specific creativity

By Bill Millard

“Dr. Valentin Ruster” doesn’t really look like a rooster. But this Muppet is delivering a well-timed wake-up call for both children and adults. Dr. Ruster bears a stronger resemblance to his real-life inspiration, Valentin Fuster, M.D., Ph.D., professor of cardiology at Mt. Sinai Hospital, recipient of countless awards for clinical research, patient care, and public health advocacy, and medical advisor to TV’s *Sesame Street*. Earlier this year, the Spanish-language version of the show surprised Fuster with the silver-haired, white-coated Muppet designed in his honor.

Moving from rigorous research to convincing Cookie Monster to work out and vary his diet, Dr. Fuster explains, isn’t that big a stretch. In an effort “to change the nomenclature from prevention of disease to promoting health, because prevention is really negative,” it’s critical to reach kids at ages three to six, when behavior/environment interactions that determine their later habits are particularly malleable. “We have a problem of behavior in this epidemic: obesity, tobacco, lack of exercise,” he notes. Combating cardiovascular disorders, diabetes, and the other “diseases of design” recognized by the “Active Design Guidelines” (explored in the “Architecture Gets Fit” issue of *Oculus*, Winter 2009–2010) requires both personal motivation and appropriate settings. A new endeavor to reshape a Spanish town as a center for activity and research, spearheaded by Dr. Fuster and the Brooklyn-based architecture firm VAMOS Architects (led by his daughter Silvia and her husband, Evan Bennett, AIA, LEED AP), is one of many projects translating active design principles into healthier buildings, spaces, and practices.

Evidence indicates that our surroundings make physical well-being harder to attain by replacing exercise, fresh air, and access to healthy nutrients with movement by car or elevator, air conditioning, and processed food. In planning architectural interventions to advance health, cautions Zohn Rosen, Ph.D., associate research scientist in the Department of Health Policy and Management at Columbia’s Mailman School of Public Health, it’s important to avoid getting ahead of the epidemiologic research base. “There’s a lot going on in this area right now,” he says, “but there’s a lot more talk than there is science.”

We know that physical activity lowers morbidity. We know that Complete Streets, high Walk Scores, and other active design features correlate with activity. We are regularly reminded – by

the Centers for Disease Control’s increasingly alarming obesity statistics, and the report by the Trust for America’s Health, “F as in Fat: How Obesity Threatens America’s Future” – that inactivity has socially expensive consequences. What we don’t know, Rosen suggests, is the benefit/cost ratios: how much health improvement is obtained for a given investment in design interventions. “There’s this almost dogmatic belief that ‘if you build it, they will come,’” Rosen continues, “so if I put in a bike lane, everyone will jump on a bike and start riding. The evidence is much more shaky.”

To get results, the bike lanes, hiking trails, walkable neighborhoods, and other active design features need to be appropriately placed, attractive, safe, and publicized. Since some interventions may appear beneficial but backfire in practice (for example, if moving to higher-quality housing places people near health hazards, net health outcomes may suffer), Rosen recommends incorporating analytic components into projects from the outset, since they can clarify features’ benefits while adding little cost. As active design becomes a widespread movement, research and design are converging to bring more accountability to the craft of harmonizing spaces and their inhabitants. To get projects approved, it’s important to express their advantages in medical, environmental, and financial terms that policymakers find persuasive.

### Z-A in New York: the simple sophistication of play

Guy Zucker, AIA, principal of Z-A Architects, believes that fitness-enhancing interventions can be inexpensive. Describing three core principles guiding his work – social sustainability, awareness of adjacencies, and design excellence – he pays close attention to literal and metaphoric border conditions, particularly a “boundary between our need for flexibility in contemporary urban life and our need for specificity.” Open Modernist spaces, he says, are “very flexible, but so generic that no one actually wants to use them. Whereas if you’re making things that are very restrictive and specific and didactic in use, they’re good for a moment, but then they’re over because they just don’t fit our pace of life and change and flux.”

His 2009 proposal, “Times Square Streams,” a collaboration with Brett Snyder, AIA, of Cheng + Snyder, would replace the

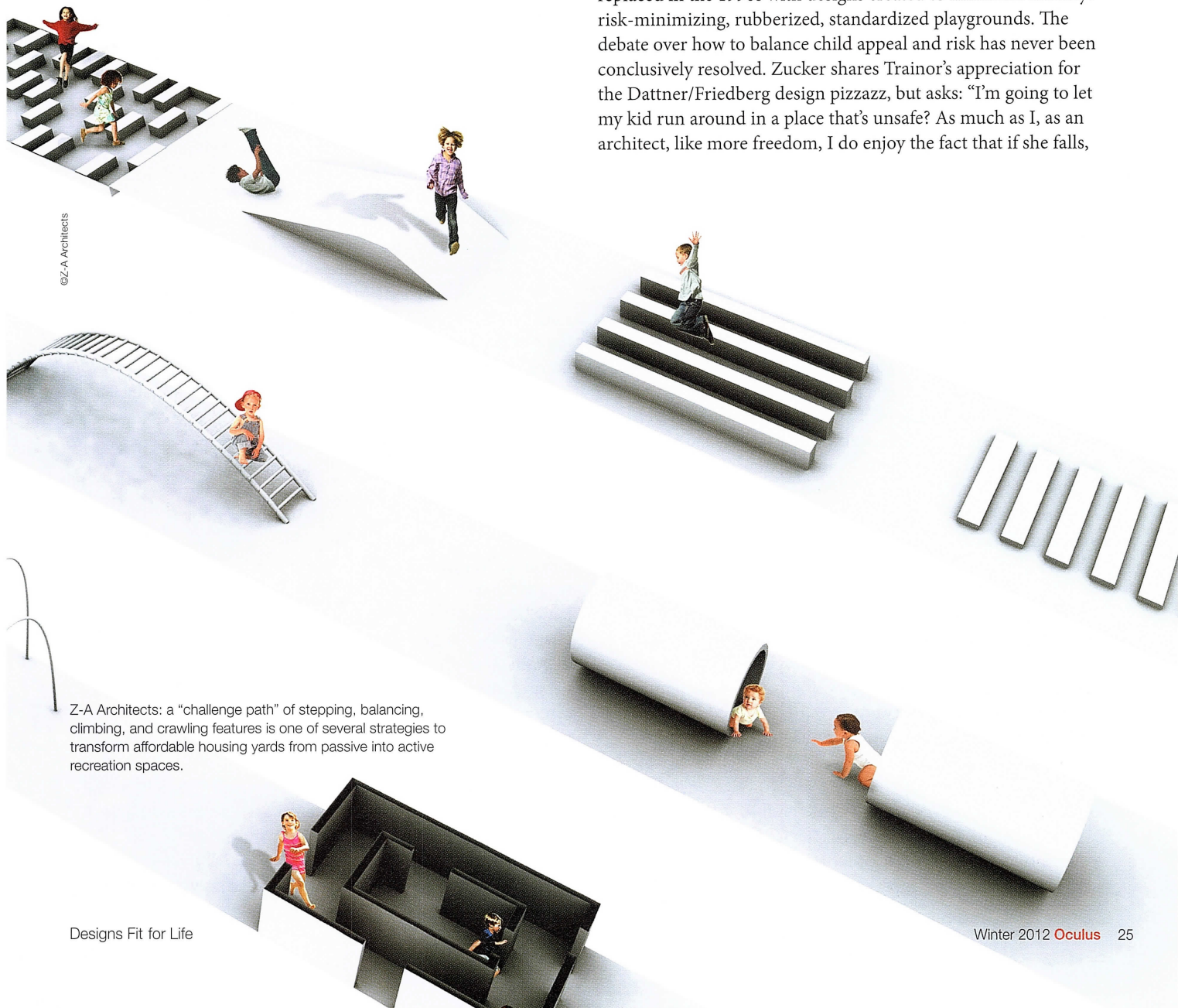


area's wayfinding signage with textural interventions: smooth and rough rubber, recycled tires, sanded concrete, grass-and-concrete tiles, and existing pavement. These guide different populations into appropriate zones for activities like walking and biking. "Flat textures and different types of surfaces," Zucker comments, "can generate different types of program without being restrictive or heavy-handed, top-down." You don't want to say, he adds, "This is where you sit, this is where you play, this is where you're not supposed to be."

In an initiative spearheaded by Karen Lee, M.D., MHSc, FR-CPC, director of Built Environment + Active Design at the NYC Department of Health and Mental Hygiene, and Gayle Nicoll, MArch, Ph.D., OAA, professor and dean, Faculty of Design, of OCAD University, along with the NYC Department of Design + Construction and City Planning, Zucker's firm has developed

case studies applying active design to affordable housing in six buildings in East Harlem and the Bronx, adding little or no cost. "We've dealt a lot with lobbies, stairs, orientation, public amenities of the building like laundry rooms and fitness areas inside, and, of course, the backyard." He reprogrammed one long, narrow yard from passive to active recreation by adding a "challenge path" of sequential stepping, balancing, climbing, and crawling features. Dividing yard and roof areas by age group, with appropriate play spaces and clear sightlines for parents and caregivers, addresses the interests of toddlers, older children, teens, and adults.

Zucker cites an article by his friend, James Trainor ("Reimagining Recreation," *Cabinet Magazine*, Spring 2012) documenting the appeal of trends in playground design. Architecturally daring, risk-tolerant "adventure playgrounds" designed in the 1960s by Richard Dattner, FAIA, and M. Paul Friedberg, FASLA, were replaced in the 1990s with designs created to minimize liability: risk-minimizing, rubberized, standardized playgrounds. The debate over how to balance child appeal and risk has never been conclusively resolved. Zucker shares Trainor's appreciation for the Dattner/Friedberg design pizzazz, but asks: "I'm going to let my kid run around in a place that's unsafe? As much as I, as an architect, like more freedom, I do enjoy the fact that if she falls,



©Z-A Architects

Z-A Architects: a "challenge path" of stepping, balancing, climbing, and crawling features is one of several strategies to transform affordable housing yards from passive into active recreation spaces.





©Tim Knox Photography and Urban Movement Design, courtesy of MAXXI Museum

there is a rubber surface. But rubber surfaces can be beautiful, and they can be part of the landscape. It can be simple and safe and still challenging.”

Activity-promoting design for adults, Zucker says, is most effective when it’s “a part of everyday use, so you don’t have to carve out an hour to go to the gym.” He envisions active design, like earlier innovations, evolving from an amenity to a norm. “When you talk about how environmental hygiene, like sewer systems and clean streets, was integrated into the built environment at the beginning of the 20th century, we now say, ‘Oh, yes; it’s obvious.’ But it wasn’t obvious then, and it was definitely the work of designers and engineers that created these environments.”

#### Urban Movement in Rome: healing the body-as-architecture

The principals of Urban Movement Design (UMD) link design features to physiological principles that modernity has “programmed out of our lives,” says Sarah Gluck. ‘Unire/Unite,’ an installation by Gluck and Robyne Kassen, won the 2012 Young Architects Program at Rome’s National Museum of 21st Century Arts (MAXXI) and was constructed on a nearby piazza last summer. It is both harmonious with Zaha Hadid’s museum building and capable of redefining what public art can accomplish.

“Unire/Unite” is grounded in Gluck and Kassen’s understanding of yoga, gyrotonics, kinesiology, Pilates, and related disciplines. “We view the body as architecture,” says Gluck. “We’re looking at the structure of the body and how it’s built to allow for the full range of health to occur. Just like a building or bridge, it has its structural component and tensile structure, which supports the, let’s say, beams or columns.”

Having worked with people of all abilities, including athletes, the aging population, wheelchair users, and dancers, they saw in the MAXXI competition an opportunity to put sculptural forms to work. The sinuous bench of marine plywood, concrete, and canvas supports a range of yogic positions. Misters mounted on overhead ribs provide moisture, jasmine vines add their scent, and signage guides users in movements that align the spine. “When you sit in it for up to three minutes in the passive form,” says Gluck, “it takes away stress. Just being in that one passive position immediately changes people’s bodies.”

The positioning and exercises of “Unire/Unite,” the principals continue, can redress functional imbalances between the sympathetic and parasympathetic nervous systems (responsible,

respectively, for fight-or-flight and rest-and-digest responses) caused by stressful environments. “If you look around at our country, you’ll see people who are sleepless, overweight, stressed out,” Gluck says. “What does that tell you? The sympathetic nervous system is going crazy, and the parasympathetic nervous system is completely dead. So when something awakens the parasympathetic nervous system, you immediately go into a place of harmony.”

As veterans of the Fit City conference series, Gluck and Kassen believe that urban space – “the city as playground,” extending the improvisations of the running/climbing/gymnastic practice of parkour to a broader population – can help connect daily activities with physical activity. “As yoga teachers,” Kassen comments, “we have contact only with people who come to class – people who can afford it and have time for it. ‘Unire/Unite’ removes the need for a teacher or class. It’s just a surface; when you see someone sitting on it, you’re inspired to try sitting on it.” Earlier UMD projects like the Monkeybar Bike Rack (combining bicycle storage and the stretching that cyclists need before and after riding) took a similar approach, breaking down barriers between design and healthcare. Their project’s run in Rome has ended, but NYC Parks & Recreation officials have suggested a site for a possible local installation. “New York,” lifelong resident Gluck notes, “is, more than anywhere, someplace where people need this type of thing.”

#### VAMOS in Spain: mining a town’s hidden strengths

A project by VAMOS, Dr. Fuster’s Foundation for Science, Health, and Education (SHE), and the local government aims to turn around the economy and profile of a 2,000-year-old Catalan village northwest of Barcelona. The ancient Romans, Silvia Fuster recounts, came to the town for its mountainous rock salt deposits, minable from the surface without excavation. With few flat areas, the town thrived through medieval times; its ninth-century castle, now a *parador* (luxury hotel), remains a tourist attraction. But it fell on hard times after the salt mine closed in the 1990s, losing almost half its population (from about 8,000 to less than 5,000). Yet its strong old bones, the VAMOS principals believe, create conditions for a rebirth as a center for athletics, health research, and progressive urbanism.

The Fuster family has roots in the town: Dr. Fuster’s wife was born there, and Evan Bennett and Silvia Fuster were married



(opposite page) Urban Movement Design: "Unire/Unite," winner of the 2012 Young Architects Program at Zaha Hadid's MAXXI Museum in Rome, supports a range of yogic positions that align the spine.

there. Having also taught a Cornell summer studio there, the couple views the town "as a laboratory for thinking about urbanism, social activation, various different types of programs," Bennett says. "The medieval core is a really rich place because of the nature of the public spaces. Cornell students loved it; they thought it was super-weird and super-interesting." Some 60,000 people a year visit the former salt mine, and 40,000 see the castle. "For a small town, it's got two very strong attractors," Bennett comments. "But they don't feed the town center," Ms. Fuster adds. Visitors sleep in the town and leave in the morning on buses that can't turn on the tight radius of its roads. "To avoid a three-point turn, they go to the next town," Bennett says. "How do you integrate the circulation of this place and the perception of where things are," asks Ms. Fuster, "so you understand that when you come to the castle or the mine, you're coming to this town?"

A year ago a new mayor proposed a health-oriented agenda, promising citizens a new soccer field and other facilities. The SHE foundation already conducts pilot projects in 64 Spanish schools, building on efforts initiated in Bogotá and Grenada. These organizations collaborated on a master plan that creates leverage among goals that might not be achievable in isolation. (The soccer field, Bennett points out, would have trouble attracting funding in Spain's economic climate, but in the wider health-promotion context, the case becomes stronger.)

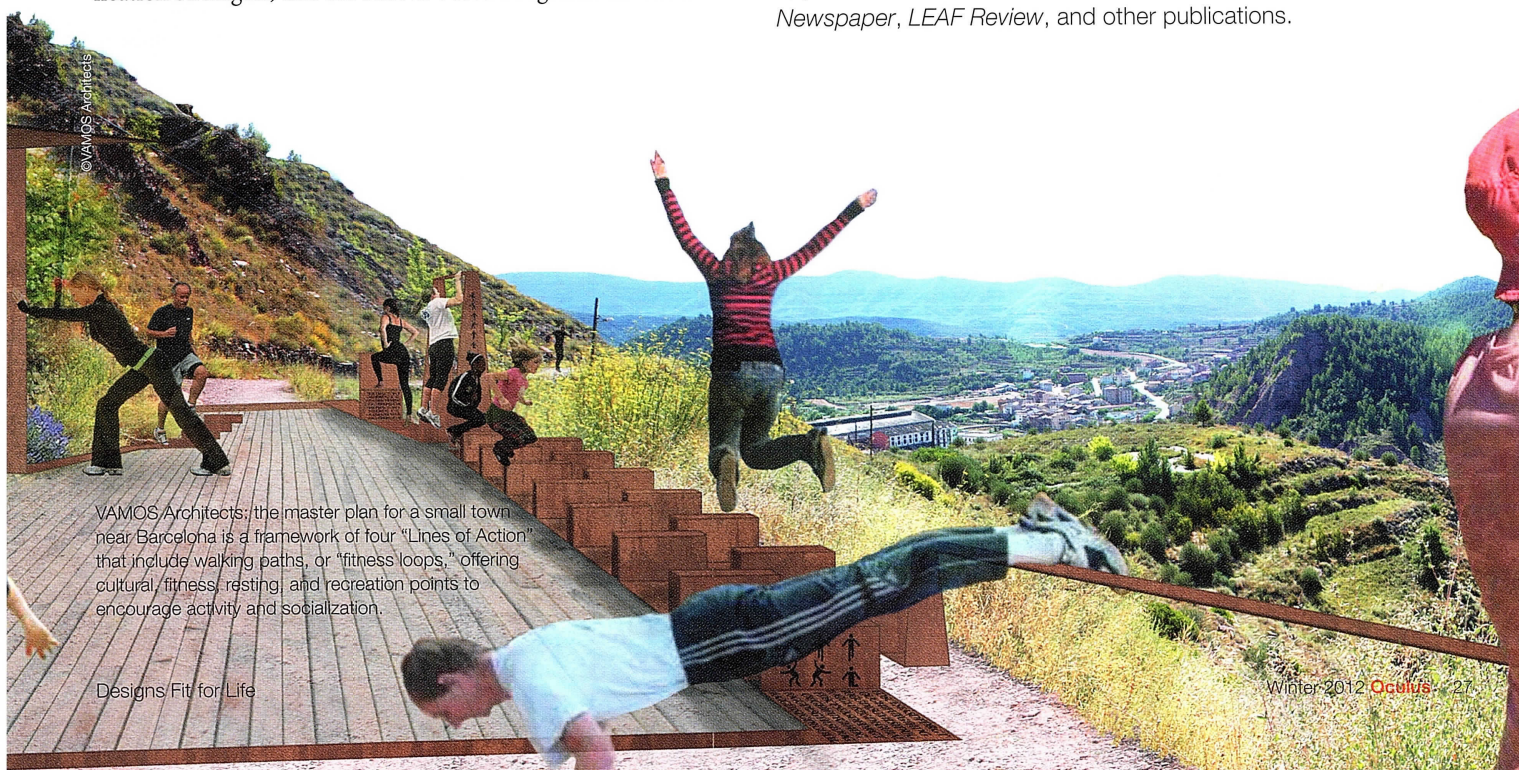
The project uses four categories of interventions: upgraded walking paths ("fitness loops") converging in the town center, fostering activity and socialization; a program of events (e.g., a cycling Gran Fondo, a mine-to-castle uphill running race, a yoga festival, and parkour workshops); scientific initiatives such as Programa Fifty-Fifty, studying peer-based risk-factor modification strategies, and the school-based Programa de Salud

Integral; and the construction of a central sports/health/education center, replacing an early-1980s-vintage prefabricated civic center. A busy road that cuts off sports facilities from the town center will need modifications including excavation, terracing, and a new pedestrian bridge. Building the new soccer field atop pilings, not at grade, will create more than 200 parking spaces underneath, relieving chronic congestion.

With more prominent activity spaces and more of community life organized around movement, SHE's research includes "fitness mapping" using smartphones and GPS devices to gather data on usage patterns. Announcements regarding research results, funding, and other indicators of progress are imminent, making the town a potential global example of civic vigor. "I've reached the conclusion," says Dr. Fuster, "that we have to move into towns in time to make them a paradigm of health, and this could spread, town after town."

The VAMOS proposal, Ms. Fuster suggests, stitches together familiar elements, connective tissue, and new construction. In some respects, the patterns of urban decline and revival may resemble the circular process Dr. Fuster has identified in human motivation: "you are motivated, then you get fulfilled; then if you think you are successful, you get into passivity and then frustration." Understanding how to move from frustration back to a vigorous state, he believes, is a critical step in improving personal health. A community can reach a comparable point, reflected in economic stagnation, a deconditioned populace, or other ills. What Dr. Fuster and his colleagues do to revitalize individuals, active design is doing to reinvigorate the forms and processes of the civic organism. ■

Bill Millard is a freelance writer and editor whose work has appeared in *Oculus*, *Architect*, *Icon*, *Content*, *The Architect's Newspaper*, *LEAF Review*, and other publications.





# Aging In Place There's No Place Like Home

Designing residences and communities where aging New Yorkers love to hang out

By Jerry Maltz, AIA, and  
Christine Hunter, AIA, LEED AP

An American turns 65 roughly every eight seconds, creating a growing “silver tsunami” as Baby Boomers age during the next two decades. Within the next half century the population above age 65 will increase more rapidly than any other age group, reversing the traditional pattern in which younger age groups outnumber seniors.

About 930,000 seniors now live in New York City, and more than 1.4 million are projected to live here by 2030. At 80.6 years, life expectancy in the city is higher than in the rest of the country, and in 2010 New York became the first American city in the World Health Organization's Global Network of Age-Friendly Cities.

Most seniors want to age in place – that is, not to be forced to move from their home and community because of disability. Urban environments accommodate this preference more easily than less densely populated areas because of the proximity of services, availability of public transportation, and pedestrian-friendly surroundings. But there are challenges as well, and numerous modifications must be made to allow people with limited physical capabilities to lead productive, independent lives. This is the aim of the Age-Friendly NYC Commission, composed of City Council members, Mayor's Office representatives, and leaders of various non-profit and private-sector organizations (including Ed Mills, FAIA, from AIANY's Design for Aging Committee).

## Communities for all ages

Neighborhoods with few architectural barriers, numerous places to sit, and conveniently-located restrooms help people remain independent and engaged. Ruth Finkelstein, senior vice president of the NY Academy of Medicine, who is directing this Age-Friendly Initiative, said in a talk at the Center for Architecture that “the more deeply we get into this work, the more design, architecture,

and urban planning become central. Architects can be the standard-bearers for an ‘age-in-everything’ approach to design, where we do not wait to develop age-friendly design for ‘old age’ dwellings, gathering places, and communities, but use age-friendly design for all our work – truly creating cities and communities for all ages.”

The commission has established three Age-Friendly Districts: East Harlem, the Upper West Side, and Bedford-Stuyvesant, Brooklyn. Staff members work with local groups and businesses to raise awareness and implement specific practices for seniors: stores provide seating areas, allow use of their restrooms, and utilize large-font signage; libraries and museums develop programs; pools establish special hours and are adapted for disabilities with disabled changing areas and pool lifts; gyms organize exercise classes; the Apple Store offers technology classes; food markets sponsor cooking classes; and hospitals hold lectures about healthful eating. Existing resources are used in new ways: school buses in their idle hours drive older adults to shopping areas; vouchers are provided for taxis; traffic lights are rescheduled to increase crossing times at intersections. Capital investments, such as new taxis and bus shelters, are designed with aging in mind. Council Member Jessica Lappin, chair of the NYC Council Committee on Aging and member of the Age-Friendly Commission, said at the Center, “How we help those in need will determine how we are judged as a society.”

A primary factor in determining the quality of seniors' lives is their home environment. The high cost of housing in New York is particularly problematic for seniors with fixed or reduced incomes. Since the late 1970s the Federal HUD 202 program has allowed non-profit organizations to create and manage affordable rental apartments for low-income seniors. As federal funding for new housing has diminished, architects for these developments try to integrate spaces that foster social interaction without exceeding budget limitations.

## Gathering spaces

The evolution of HUD 202 buildings was examined in a presentation at the Center last January by Judy Edelman, FAIA, and Andrew Knox, AIA, of Edelman Sultan Knox Wood Architects. They discussed building upgrades and modifications they have designed for older 202 projects undertaking capital improvements. As residents age, many require more assistance and companionship, making it desirable to have social and medical services available within their buildings. To draw people out of their apartments, lobbies can be designed as social “hangouts” with comfortable seating, daylighting, artificial light for reading, and plants. Security guards in conveniently located stations can become social lubricants. If the lobby is small, other gathering spaces can be provided. At La Casa de Felicidad in the South Bronx, designed by Magnusson Architecture & Planning, corner elevator lobbies were enlarged to create common “day rooms” on each floor, where tenants can easily enjoy each others' company with ample daylighting and views of the street below.



©Edelman Sultan Knox Wood Architects

Edelman Sultan Knox Wood Architects: The recently renovated lobby of ECHO Apartments, a supportive housing facility for the elderly in Morningside Heights, places seating opposite the security desk to encourage conversation between seniors and the security guard.





© Interboro Partners

Other possibilities include using roofs as recreational spaces, and color to aid wayfinding. Patterns in corridors can indicate directions and minimize the perception of distance. Edelman has found that seniors prefer swing-out awning windows, as they are much easier to operate than conventional double-hungs and allow good views of the street – “where the action is!”

Providing services that allow seniors to maintain contact with their families and healthcare providers is also critical, as isolation is a major contributor to deteriorating health. Selfhelp Community Services, based in Flushing, Queens, has pioneered the creation of the Virtual Senior Center, engaging seniors through computer technology that allows them to interact with friends and healthcare providers, participate in learning-center classes, and maintain contact with their families. Motion sensors monitor movements and alert caregivers to irregularities that might indicate health or safety problems.

### Typology for an aging population

Many NYC seniors live in Naturally Occurring Retirement Communities (NORCs), buildings or groups of buildings with a high proportion of long-term residents, many of whom have become senior citizens. Legislation exists in many states, including New York, that enables qualifying buildings to apply for official designation, making them eligible for public funding for supportive services programs. NORCs aim to provide a comprehensive array of services to meet the needs of seniors in close proximity to their homes. They tend to maintain generational diversity in urban neighborhoods, since many residents use amenities outside the NORC.

There are now 47 official NORCs in the city, in every borough except Staten Island. Their histories, physical characteristics, urban contexts, and social life are described in the report, “The NORCs of NY,” a project by Interboro Partners, an architecture and planning research office. A number of NORCs are subsidized towers-in-the-park complexes, since this was the reigning architectural orthodoxy of the 1960s and ’70s, when federal, state, and municipal subsidy programs were used to build affordable housing in this configuration. Authors Tobias Armbrorst, Daniel D’Oca, and Georgeen Theodore, AIA, of Interboro Partners explain that many of these were built as limited-equity cooperatives, which enabled people to buy apart-



© Magnusson Architecture & Planning

(above, top) Interboro Partners: An outdoor gathering place for seniors on the grounds of the 13-building Penn South NORC in Manhattan.  
(above, bottom) Magnusson Architecture & Planning: La Casa de Felicidad, a 202-unit senior residence in the South Bronx, has communal day rooms at the corner of each floor, offering ample daylighting and views of the street below.

ments at low, subsidized prices, but then required owners to sell at below-market prices. With little economic incentive to leave, many residents have stayed put, aging in place. “The architectural characteristics of this typology – wide hallways, elevators, and generous community spaces – work very well to meet the needs of an aging population,” says Theodore. Nowadays, with subsidy programs still limited, developing affordable housing models with spatial organization and financial models that support aging in place remains challenging. Advocates look for low-rise, high-density structures well-integrated into their surrounding and incorporating mixed uses.

To help meet this challenge, the AIANY Design for Aging Committee has produced two documents, “Top 10 Ways Architects Can Become Age-Friendly” and “Urban Design and Architectural Guidelines for an Age-Friendly New York City.” Both are available at <http://www.aiany.org/committees>. ■

Jerry Maltz, AIA, is co-chair of the AIANY Design for Aging Committee and a member of the Board of Trustees of the Center for Architecture Foundation, where he helps to oversee its Learning By Design:NY program. Christine Hunter, AIA, LEED AP, a principal at Magnusson Architecture & Planning, has led the design and construction of multiple senior, mixed-use, and supportive housing developments.



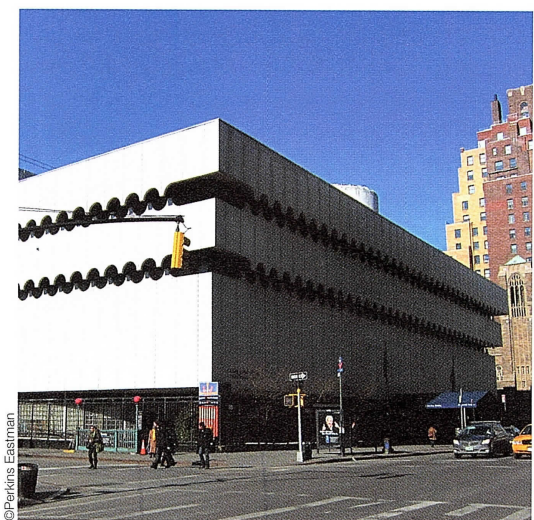


©John Bartelstone Photography

# Good Neighbors

Two projects, one whose Brooklyn location enlists the community to support its patients, another saved from the wrecking ball to aid its Greenwich Village neighborhood

By Claire Wilson



©Perkins Eastman

(top) The large windows of the ZGF Architects-designed Brooklyn Infusion Center's storefront façade look into a gallery and gathering space that makes it part of the community. (bottom) Perkins Eastman is transforming the distinctive – and once-threatened – 1964 O'Toole Building into the NSLIJ Lenox Hill Hospital Center for Comprehensive Care.

## Retreat for Healing

The Brooklyn Infusion Center by ZGF Architects offers cancer patients comfort, choices, and a sense of control

The Memorial Sloan-Kettering Cancer Center's Brooklyn Infusion Center gives multitasking a whole new dimension. Scheduled for a chemotherapy treatment? Bring the bridge club; it is welcome for the duration of the treatment or as long as the game lasts. Haven't spoken to your son in Poland for a while? Spend the chemo session chatting with him on Skype via the chair-mounted, touch-screen monitor. Absent far-flung family members, there's always e-mail, eBay, and Facebook at your disposal.

If cancer is the most democratic of diseases, the Brooklyn Infusion Center has something for everybody. Designed by the New York office of ZGF Architects, the 7,745-square-foot storefront facility was created to give patients as much control as possible in a situation that often allows them little control, according to Jan Willemse, AIA, LEED AP, design partner and partner-in-charge of the project. "The idea was to create a variable degree of physical and psychological connectivity in the space," he says. "Patients can retreat into the pods or extend themselves into the garden area."

One important feature is the raised beds of greenery that run down the center of the space that was modeled on New York City's pocket parks. This is the center of activity for patients who wish to socialize or simply observe the surroundings from areas geared to different-sized groups and arranged to allow some degree of privacy. A floor-to-ceiling water feature provides a calming effect, and there are tables for other activities. Staff and administrative areas are tucked out of sight in order not to detract from the spa-like feel. The 12 treatment pods run along the sides.

Arriving patients sign in either with the receptionist or a touch screen, then choose which pod they want according to location on the floor. Some are busier than others, with those closest to the rear of the facility the most private. Each is chemo-ready, which means the patients' treatments are pre-prepared and ready to be administered with no waiting time, according to Suzanne Stamile, the center's patient experience specialist. Each pod has a closet for personal effects, gowns, blankets, and a pillow. There is a flex room at the rear for yoga, acupuncture, massage, and other activities.

Behind sliding, pale-green glass doors etched with tall ornamental grasses, each pod has a different color scheme. Patients choose from teal, gold, blue, or red (the latter being least popular with breast cancer patients for some reason). The jewel-like mid-tones are a subtle foil to the white walls, raised plant beds, and light-brown woods and flooring throughout. There are no pediments so patients with I.V. poles can move about freely.

The Brooklyn Infusion Center is not far from the new Barclays Center, near a busy traffic hub, so it is accessible to patients living outside of Manhattan. Its façade is a glass storefront, and its entrance has a gallery space whose art rotates regularly. Natural light streams in through the windows, as does the feeling that the center is part of a community and as far from "institutional" as possible.



## Iconic O'Toole Retooled

Restoration and redesign by Perkins Eastman turn a symbol of maritime history into a model for healthcare's high-tech future

One good thing you can say about taking St. Vincent's Hospital off life support is that it got a reprieve for the O'Toole Building – the quirky former National Maritime Union headquarters across from it on 7th Avenue in the Greenwich Village Historic District. Designed by Albert Ledner & Associates and completed in 1964, the unusual five-story, double-dentured structure is being transformed into New York City's first free-standing emergency department. Perkins Eastman is restoring the façade with minimal changes to adapt the structure to its new use.

Inside, the two grand two-story circular halls where seamen once gathered to get work on ships will be transformed into a state-of-the-art healthcare delivery center. It will be complete with surgical facilities, imaging services, modern ambulance bay, offices for outpatient services, and an emergency department. "It is challenging to take an iconic, mid-20th-century building designed as an innovative maritime labor hall, preserve it, and repurpose it as a 21st-century healthcare facility," says Maurice LaBonne, senior vice president, facilities services, for North Shore-Long Island Jewish Health System, the hospital conglomerate behind the project. It will be called the NSLIJ Lenox Hill Hospital Center for Comprehensive Care.

The first order of business on the exterior is to remove the white ceramic tiles installed during a 1977 renovation and put back the original cement finish – like the one on the Solomon R. Guggenheim Museum. Original 12-by-12-inch transparent glass blocks will be replaced by translucent ones to improve patient privacy, according to Perkins Eastman's Frank Gunther, AIA, principal-in-charge. The concrete plinth with granite curbing will also be restored. New rooftop mechanical equipment will be shielded to preserve views from surrounding structures.

Three separate entrances will serve different parts of the patient population and ensure privacy. The main entrance, on 7th Avenue, is for ambulatory patients; it features a canopy that makes it easily identifiable and a new glass box ("like an Apple Store," Gunther says) that allows nurses and reception staff to see patients entering. The ambulance bay on the building's south side, requiring a cutout in the building's shell, will provide a sheltered area for ambulances. The third entrance, on 13th Street, is for outpatients of doctors on the fourth and fifth floors.

The interior respects the building's circular theme and horizontality, while materials take their cues from the sea. Terrazzo, rubber flooring, upholstery, and resin panels are in blues and greens. Wood paneling and furnishings are in dark tones of teak. Bright glass balls hanging from the ceiling in the waiting areas add a hint of whimsy.

Perkins Eastman partially removed the second story (added by St. Vincent's) to accommodate high-tech equipment for emergency services on the main floor. There are separate waiting areas for children and adults, and 24 enclosed areas for patients, expected to number 30,000 annually once the facility opens in 2014.

The team's original assignment, according to Gunther, was to preserve the building's architecture but have it focused on providing quality healthcare. They later added a third element: retain the spirit of the circle, the most democratic form there is. Duncan Reid, AIA, Perkins Eastman design principal for the project, explains, "We wanted to communicate that the doors are open for everyone in the Village." ■

## Memorial Sloan-Kettering Cancer Center, Brooklyn Infusion Center

CLIENT: Memorial Sloan-Kettering Cancer Center  
ARCHITECTURE & INTERIOR DESIGN: ZGF Architects  
DESIGN TEAM: Jan Willemse, AIA, LEED AP, Sharron van der Meulen, Matthew Fleck, Michael O'Meara, NCARB, LEED AP, Bethany Clouse, IIDA, LEED AP, John Breshears, AIA, PE, LEED AP, Barbara Kubasti, AIA, Andre Covington, Robert Petty, David Feydyk, Brian Stevens, Steph Wilson

STRUCTURAL ENGINEER: Silman Associates

MEP ENGINEER: AKF Engineers

PROJECT MANAGER: Stantec

FURNITURE DEALER: Areson

GENERAL CONTRACTOR: JGN Construction Corporation

FURNISHINGS: DuPont Corian; Evonik Industries; Davis;

Pollack; Designtex; Maharam;

Arc Com; Brentano; Knoll;

Sina Pearson; IOA; Moroso;

Modus; HBF; Hightower;

Object Interiors; Maharam;

Designtex; NY Custom

Interior Woodcraft

LIGHTING: Edison Price;

Daybrite; Electric Mirror;

Amerlux; Kirlin; Invue;

Celestial Lighting; Philips

Color Kinetics; Jesco; Lutron

DOORS: LCN Pioneer

Mohawk; Skyline; Tice

Industries; Cookson

HARDWARE: Marks; LCN; Von

Duprin; Doug Mockett

INTERIOR FINISHES:

Armstrong; Mythic; Formica;

Colorcore; DuPont Corian;

3Form; Forbo; Marmoleum;

Armstrong; Rulon

PLUMBING: Aqua Design

Group; Duravit; Hansgrohe;

Kohler; Kingston Brass;

Sloan; Elkay; Toto

## Lenox Hill Hospital Comprehensive Care Center

CLIENT: North Shore-Long Island Jewish Health System  
ARCHITECT: Perkins Eastman  
DESIGN TEAM: Francis Gunther, AIA, Duncan Reid, AIA, Reinaldo Gutierrez, AIA, Jeffrey Brand, AIA, Kathleen Byrne, AIA, Maureen Carley, IIDA, Diane Goldsmith, IIDA, Nestor Baldivia, Robert Herrera, AIA, Nicholas DiLeo, Tania Gonzalez, Lala Rakhamim, Linton Stables, Assoc. AIA, CSI, CCS, LEED AP

MEP ENGINEER: Bard, Rao + Athanas Consulting Engineers

STRUCTURAL ENGINEER: Robert Silman Associates

CIVIL ENGINEER: Langan Engineering and Environmental Services

VERTICAL TRANSPORTATION CONSULTANT:

Van Deusen Associates

SIGNAGE/WAYFINDING: Russell Graphic Design

CODE CONSULTANT: Code Consultants

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EXPEDITOR: Milrose Consultants

AIR ENTRAINMENT: Rowan Williams Davies & Irwin

EQUIPMENT PLANNER: Louis Sgroe Equipment Planning

TRANSPORTATION CONSULTANT: Sam Schwartz

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PRESERVATION SPECIALIST: Kaese & Lynch Architecture and Engineering



(above) The central public space of the Brooklyn Infusion Center is enlivened by raised planting beds and niche seating.

Claire Wilson writes for the *New York Times*.





## NEW WORK / NEW APPROACHES

### Models of Medical Care

Visionary approaches to healthcare inspire innovative design of two new Manhattan medical facilities

By Richard Staub

Two healthcare buildings planned to rise at opposite ends of Manhattan couldn't be more different in their use – or more exciting. Columbia University Medical Center's Medical and Graduate Education Building (MGEb), designed by Diller Scofidio + Renfro with Gensler as the executive architect, is a cutting-edge educational and training facility for student physicians and graduate researchers, many of whom are at the start of their careers. The National Center for Palliative Care Innovation (CPC), designed by FXFOWLE with MHG Architects and Clodagh Design, is for the HealthCare Chaplaincy. It is a first-of-its-kind facility for those facing the end of their lives. What the buildings share are visionary leaders who are promoting vital, new approaches in their respective fields.

### MGEb: team-based learning

MGEb is a quicksilver, 14-story glass tower rising in the up-town medical center's dense urban campus with an ambitious program that belies its size. Stacked on the building's north side are technologically advanced classrooms and a medical simulation center that lets students hone their clinical skills on robotic dummies in replications of clinics, operating rooms, and other medical environments.

On the south side is the "Study Cascade," a nine-floor linkage of stairways, outdoor rooms, and study and meeting spaces. Both sides of the building underscore the center's commitment to new styles of learning. Passersby can read this separation in the building's skin. A clear glass curtain wall surrounds the cascade and seemingly emerges out of the fritted glass skin covering the northern part of the structure.

The slender tower – its footprint is about 6,000 square feet – rises out of an inward sloping base that will provide a central gathering place. "With most classrooms dispersed among several buildings, the school was lacking a heart," says Gerard Sullivan, LEED AP, Diller Scofidio + Renfro's project leader. "This building delivers it." Gathering spaces and stairways unite an open lobby and cafeteria on the ground floor with an auditorium and two floors of classrooms and labs.

"The building also connects to the natural world to provide a welcome break from what can be an intense environment," says Maddy Burke-Vigeland, AIA, LEED AP, Gensler's principal-in-charge of cultural and educational projects. "There is a dramatic terrace on the second floor with views of the Hudson River, and several outdoor rooms are sequenced into the cascade."

The person who championed the 100,000-square-foot facility's emphasis on team-based learning is P. Roy Vagelos, M.D., an alumnus who, with his wife, gave \$50 million towards the facility. The former president and CEO of Merck and Co. says the building reflects the growing trend of doctors to work as teams to address a patient's condition. And according to Sullivan, that approach is supported by the medical center's chief information officer, Robert V. Sideli, M.D., whose goal is to foster new learning environments. Connectivity is key.



(opposite page) Diller Scofidio + Renfro/Gensler: The transparent "Study Cascade" in Columbia University Medical Center's Medical and Graduate Education Building.

(right) FXFOWLE: The National Center for Palliative Care Innovation is sited next to the FDR Drive; its curved "butterfly" form takes advantage of the river views and natural light.

### HealthCare Chaplaincy: prototype for palliative care

Downtown, the HealthCare Chaplaincy is developing the National Center for Palliative Care Innovation on a long, narrow site next to the FDR Drive, overlooking the East River. The 52-year-old institution is devoted to "research, education and practice of multi-faith spiritual care within palliative care," according to its website. This is its first stand-alone facility and the first in the U.S. devoted to extended palliative care for the terminally ill. It is staffed by healthcare and mental health workers and chaplains, whose goal is to maintain and enhance the quality of patients' lives.

While standard hospice care usually lasts about six months, this center will welcome patients a year to a year-and-a-half before their anticipated death. The HealthCare Chaplaincy has developed a financial model that will allow it to rely entirely on Medicare and Medicaid patients, but it intends to serve patients of all ages and from all income brackets. "Hospice care often happens within a hospital setting," says HealthCare Chaplaincy's head, Rev. Dr. Walter J. Smith, S.J., "and that always entails much higher costs than a palliative care center."

"This facility adapts the model for an assisted living facility to focus on those at the end of life," says Michael Gelfand, AIA, of MHG Architects and an expert in assisted living facilities. The 16-story building rests on a rectilinear, four-story base that houses the HealthCare Chaplaincy's headquarters, medical offices, training facility for chaplains, community center, and parking garage. A three-story grand portal divides the base and opens onto a lawn; a roof garden and terrace top the base. "All aspects of the design are intended to support the patient's spiritual, physical, and emotional well-being," says FXFOWLE Senior Partner Daniel J. Kaplan, FAIA, LEED AP. "We were going for the opposite of a hospital environment."

The curved "extended butterfly" form of the residential tower is expressive of the center's priorities. "We chose the site because it allowed a strong connection to nature, which is very important at this stage of life," says Rev. Smith. "The shape takes optimum advantage of the river, sunlight, and plant life, and every apartment has a river view."

"Patients facing the end of life can go from wanting absolute privacy to being very social," says Gelfand. "The layouts of the residential floors allow them to go from the absolute privacy of their apartments, to a semi-private area just outside, to semi-public, completely public, and fully social areas such as the event space on the top floor. They can choose the environment that suits their state of mind."

When it comes to furnishing the interiors, simplicity is key. "We are putting an emphasis on natural materials and basic forms," says Clodagh, "to create a calm, clear environment. The place is about letting go." One symbol of that detachment is the single shelf in each apartment for items from the patient's previous home. Every floor has a commons area for shared dining and an enclosed porch that also acts as a solarium. Found on different floors are a library, exercise room, spa, multigenerational room, and rooms for meetings, group process, and art.

What isn't immediately apparent is that this building is also a living laboratory and prototype for future palliative care centers. Says Rev. Smith, "We see this as a demonstration model for holistic care that will help people approach death with a sense of calm and resolution." ■

Richard Staub is a marketing consultant and writer who focuses on issues important to the design and building community.



#### Columbia University Medical Center Medical and Graduate Education Building

CLIENT: Columbia University  
Medical Center  
DESIGN LEAD: Diller Scofidio  
+ Renfro  
DESIGN TEAM: Elizabeth  
Diller, Ricardo Scofidio, AIA,  
Charles Renfro, AIA, Benjamin  
Gilmartin, AIA, Gerard  
Sullivan, AIA, LEED AP, Barak  
Pliskin, AIA, LEED AP, Jesse  
Saylor, Elizabeth Wisecarver,  
Chris Hillyard, Josh Jow, JD  
Messick, Thomas Carruthers,  
AIA, Yoon-Young Hur  
EXECUTIVE ARCHITECT: Gensler  
DESIGN TEAM: Madeline  
Burke-Vigeland, AIA, LEED  
AP, Kristian Gregerson,  
Ambrose Kelly, Joanne  
Fernando, AIA, Michelle  
Neary, AIA, Mariano Ortiz,  
Scott Wilson, Henry Hong,  
RA, Jinho Kim, AIA, Ana  
Espejo, Bill DuBois  
STRUCTURAL ENGINEER: Leslie  
E. Robertson Associates  
MEP ENGINEER/TEL/DATA  
CONSULTANT:  
Jaros Baum & Bolles  
CURTAINWALL CONSULTANT:  
Buro Happold Consulting  
Engineers  
LANDSCAPE: SCAPE  
Landscape Architecture  
LIGHTING CONSULTANT:  
Tillotson Design Associates  
ACOUSTIC/AUDIO/VISUAL  
CONSULTANT:  
Cerami & Associates  
BUILDING CODE CONSULTANT:  
Milrose Consultants  
ELEVATOR CONSULTANT:  
Jenkins & Huntington  
GRAPHIC DESIGN: 2x4

GEOTECHNICAL ENGINEER:  
Weidinger Associates  
SUSTAINABILITY CONSULTANT:  
Viridian Energy &  
Environmental  
FOODSERVICE CONSULTANT:  
Cini-Little International  
CONSTRUCTION MANAGER:  
FJ Sciamme Construction Co.

#### National Center for Palliative Care Innovation

ARCHITECT: FXFOWLE  
Design Team: Daniel Kaplan,  
FAIA, LEED AP, Sylvia Smith,  
FAIA, LEED AP, Stephan  
Dallendorfer, RIBA, LEED  
AP, Stephen Kim, LEED  
AP, Elizabeth Finkelshteyn,  
Alfreda Radzicki, AIA, LEED  
AP, Ilana Judah, Int'l. Assoc.  
AIA, LEED AP, Krishna Rao,  
Bill Chalkley  
INTERIOR DESIGN:  
Clodagh Design  
ASSISTED LIVING SPECIALIST:  
MHG Architects  
MEP ENGINEER:  
Dagher Engineering  
STRUCTURAL ENGINEER:  
DeSimone Consulting  
Engineers  
SITE/CIVIL ENGINEER:  
Langan Engineering  
VERTICAL TRANSPORTATION:  
VDA  
ACOUSTICS:  
Cerami & Associates  
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Horton Lees  
Brogden Lighting Design  
PARKING: Walker Parking  
Consultants  
LEED: Veridian  
LANDSCAPE: Lee Weintraub  
Landscape Architecture

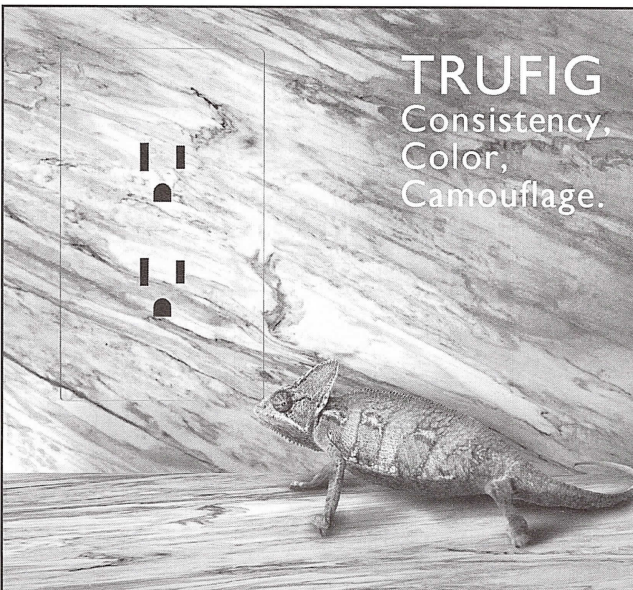




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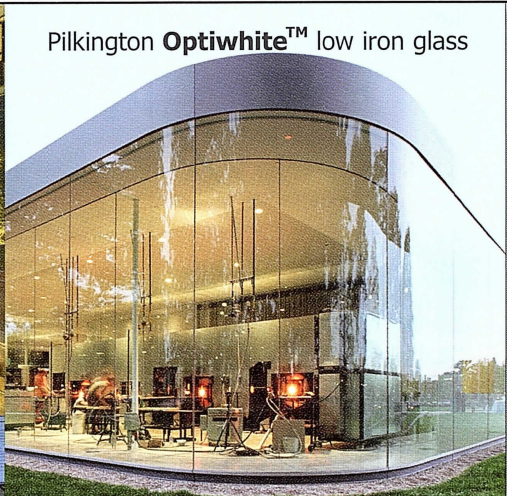
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# Raves + Reviews

REVIEWS BY STANLEY STARK, FAIA

## Thinking About Architecture: An Introduction to Architectural Theory

By Colin Davies

Before the 1960s, architectural theory was a pastiche of older ideas about composition, newer ideas about function, and initiatives from research to make design more rationalist. Theory was closely aligned with practice, but it was something of a stepchild intellectually. During the 1960s, as the modern came under attack, new philosophical strands emerged, including the phenomenological – that is, how we experience space and form – and the idea of architecture as a language. Architectural theory rapidly became an independent academic discipline increasingly divorced from the practice of architecture. While many streams of thought could benefit practitioners, the theorists were speaking a remote and abstract language and addressing different audiences.

The objective of Davies' book is to reestablish a line of communication between theory and practice, and to reground theory around the ideas that drive architectural design and practice. Representation (and the way architecture speaks and signifies), form (and the ways it appears in the world), space, truth, nature, history, and the city are the broad thematic areas around which he organizes his discussions.

This book can be enormously helpful to architects and related professionals. It retrieves the many relevant ways our work presents itself and how it conveys meaning in understandable yet intellectually respectable terms.

## 20th-Century World Architecture: The Phaidon Atlas

Edited by The Phaidon Editors

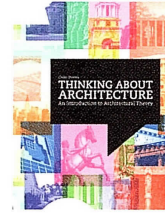
This ambitious reference is meant to provide a comprehensive survey of the best and most influential 20th-century architecture by type on a global basis. The 750 projects covered are organized geographically by six regions – Oceania, Asia, Europe, Africa, and North and South America – and more than 80 countries. Projects are represented by a short analytical description, photographs, site plans, and elevations and/or sections. The book's scope is matched by its dimensions – 18 inches tall by 12 1/2 inches wide. Some books are doorstops; this one is the size of a small door and weighs as much – 18.2 pounds to be exact. But it is a door that opens to the wide range of remarkable designs created in the 20th century. It illustrates how Modernism, tempered by local cultures and norms, became the internationally prevailing language of design.

## Material Strategies: Innovative Applications in Architecture

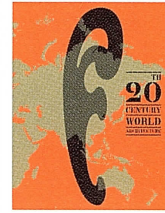
By Blaine Brownell

This is a primer on the fundamental material categories – mineral, wood, concrete, glass, metal, and plastic. Chapters focus on the materials' composition and properties, historical use, current and emerging technological opportunities, and environmental consequences. Case studies from projects by leading architects (from Adjaye to Zumthor) illustrate the materials' different applications in current use. As a recent entry into Princeton Architectural Press's Architectural Briefs series, this volume should be invaluable to both architects and engineers.

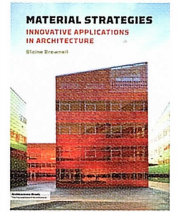
Stanley Stark, FAIA, served as chair of the Oculus Committee from 2005 to 2007.



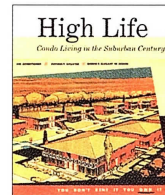
London: Laurence King Publishing, 2011. 160 pp. \$29.95



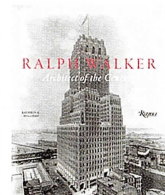
London: Phaidon Press, 2012. 832 pp. \$200



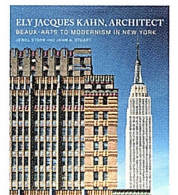
New York: Princeton Architectural Press, 2012. 160 pp. \$24.95



New Haven: Yale University Press, 2012. 336 pp. \$40



New York: Rizzoli, 2012. 160 pp. \$40



New York: W.W. Norton, 2006. 336 pp. \$60

## Noted but Not Reviewed

### High Life: Condo Living in the Suburban Century

By Matthew Gordon Lasner

The evolution of cooperative and multifamily dwellings during the 20th century, emerging as the dominant American housing type in the 21st century. This study examines the many aspects and consequences of this phenomenon.

### Ralph Walker: Architect of the Century

By Kathryn E. Holliday

A study of a prolific and successful major architect who was both an influential designer and a transitional figure between the Beaux Arts and Modernism, which he adapted but never fully embraced.

### Ely Jacques Kahn, Architect: Beaux Arts to Modernism in New York

By Jewel Stern and John A. Stuart

Kahn, another talented and influential early 20th-century New York architect who made a journey similar to colleague and friend Walker, but who more willingly adopted post-war Modernism.

### A Visual Inventory

By John Pawson

Hundreds of photographic images by the noted architect, which he uses as a visual diary and sourcebook. Sumptuous. (Not pictured.)





## The health and welfare

of retired sailors was the objective of Snug Harbor, which opened its first Greek Revival building in 1833

BY JOHN MORRIS DIXON, FAIA

The unique collection of historic architecture at Staten Island's Snug Harbor Cultural Center and Botanical Garden has survived through a series of creative adaptations. Founded as Sailor's Snug Harbor, a "haven for aged and decrepit and worn out sailors," the site is now a public sanctuary that calls itself "the largest ongoing adaptive reuse project in America," with 28 buildings and a dozen distinct gardens dispersed across 83 acres.

The history of Snug Harbor began in 1801, when Robert Randall, a merchant shipping magnate, bequeathed his estate to the establishment of what was possibly America's first home for the aged. Randall had envisioned the institution on his family's Manhattan acreage, but his bequest was subject to decades of legal challenges, the final suit settled by the Supreme Court in 1830. By that time the value of Randall's land – 21 acres adjoining Washington Square – had skyrocketed. The trustees decided to lease that property and apply the income from it to a facility on a far less expensive Staten Island tract.

Snug Harbor's initial main building was the first substantial work by the noted architect Minard Lafever, who won the \$50 prize for his design of an "asylum" for 200 men. Completed in 1833, this porticoed building was joined by two relatively subdued buildings by Lafever (1840, 1841), then two more porticoed ones by Richard Smyth (1879, 1880) to form a phalanx of five imposing structures facing the harbor. The population of old sailors rose to a peak of 950 in the 1890s, and additional buildings included a chapel, a music hall, nurses' quarters, staff housing, and an infirmary.

Up through the 1920s, Snug Harbor's real-estate holdings yielded huge surpluses. But by the 1940s, its economic underpinnings were weakening and its resident population was dropping. A 1965 modernization plan called for razing of all but two buildings. By then, however, the preservation movement had gained momentum. One of the first acts of the city's newly formed Landmarks Preservation Commission was to designate the five prominent Greek Revival structures, plus the chapel. Subjected to legal challenges, the designation was supported by 19 organizations, including the AIA New York Chapter. The arguments became moot in 1971, when the Snug Harbor trustees decided to transfer their operation to North Carolina, and by 1973 the city had acquired the entire property.

(above, left) The 83-acre Snug Harbor Cultural Center and Botanical Garden includes a collection of Greek Revival buildings built between 1833 and 1880. (above) The interior of Minard Lafever's 1833 Main Hall, Building C.

Over the years since, numerous institutions have adapted spaces at Snug Harbor. Among current facilities are the Staten Island Museum & Archive, a children's museum, a theater/concert hall, a maritime museum, a center for contemporary art, and resident artists' quarters in former staff houses. Botanical features developed in recent years include an authentic Chinese Scholar's Garden.

Numerous architects have undertaken preservation and adaptive reuse projects here. Among commissions carried out by DF Gibson Architects is the 2009 adaptation of the former nurses' quarters – a hollow shell before restoration – for administrative offices. Françoise Bollack Architects and Frederic Schwartz Architects have recently performed preservation work on the landmarked Greek Revival row. An environmental demonstration project for the site's Children's Museum by Marpillero Pollak Architects includes a freestanding tensile structure using photovoltaic fabric to generate power.

While the Snug Harbor Cultural Center & Botanical Garden's calendar includes a wide variety of programs and events, it retains its historic character as a place to relax and leave the burdens of the world behind.

John Morris Dixon, FAIA, left the drafting board for journalism in 1960 and was editor of *Progressive Architecture* from 1972 to 1996. He continues to write for a number of publications, and he received AIANY's 2011 Stephen A. Kliment Oculus Award for Excellence in Journalism.



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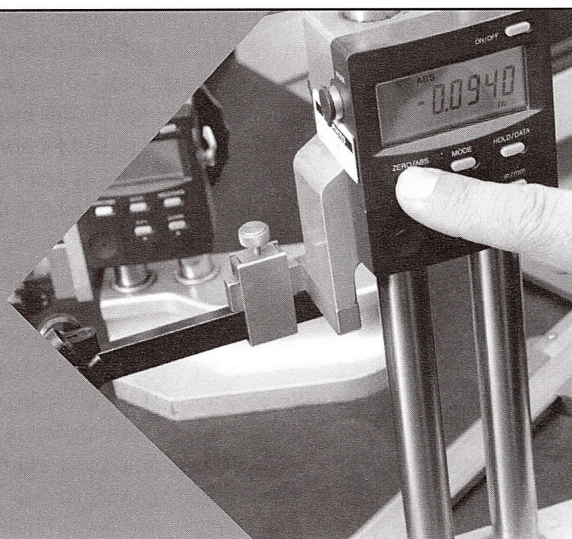
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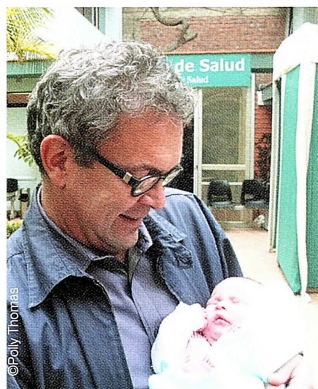
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## LETTER FROM THE EXECUTIVE DIRECTOR

## Hospital Hopes



Bell and grandson Andrés at the Clínica Good Hope Miraflores in Lima.

Last evening we went dancing and I broke your leg.  
Forgive me. I was clumsy, and I wanted you here in the wards, where I am the doctor!

—from “Variations on a Theme by William Carlos Williams,” Kevin Koch, 1962

Grace was silent, wondering if Alex would stay for dinner, if Lucy would give birth to her baby tonight, if the three of them would race off to the hospital, a family on an extraordinary midnight expedition; the three of them holding tight to each other in the hospital corridors.

—from *Floating*, Marian Thurm, 1988

And what goes on within us will be inscribed by the dancing needle on our chart, for others to consult and be derived from.

—from “Yes, Dr. Grenzmer. How May I Be of Assistance to You? What! You Say the Patient Has Escaped?,” John Ashbery, 1995

Hospitals are witness to momentous events in our lives. Each year in the United States, nearly 99% of newborns first see the light of day in a hospital, according to the Centers for Disease Control and Prevention. The *Health Affairs* journal database notes that more than 70% of Americans leave this orb in a patient-care facility, including hospitals and nursing homes. Some, like Dylan Thomas, may have drunk themselves to near-death at the White Horse Tavern. But Thomas died at St. Vincent’s Hospital, with the poet John Berryman his only attendant. Hospitals are where we say and hear first and last utterances.

The first hospital in New York was Bellevue, built in 1736 as part of a prison in what is now City Hall Park. The 1939 *WPA Guide to New York City* notes that its “infirmary activities were confined to a single room with six beds. To accommodate ever-increasing numbers of the needy, new buildings were erected, until by 1811 the hospital section of the workhouse had become its largest department.” Not coincidentally, the hospital moved north to Bellevue Farm when our present City Hall, designed by architect Joseph-François Mangin, opened in 1812.

In Greenwich Village, the recently closed St. Vincent’s Hospital was established in 1849 as the first charity hospital in New York, relying on voluntary contributions instead of public subsidies. Georges Clemenceau, then in exile, was among the young physicians practicing there in the late 1860s. He went back to Paris and published Émile Zola’s *J’accuse* in *L’Aurore* in 1898 before becoming prime minister in 1906. St. Vincent’s cared for many of the earliest HIV-infected patients. “Infinite Forest,” an AIDS memorial designed by Studio a+i, will be built across the street.

Hospital social space has been improving in cities around the world. *Sustainable Healthcare Architecture* (Wiley, 2007), by Robin Guenther, FAIA, LEED AP, and Gail Vittori, LEED AP, contrasts older deep-plan structures with the four-story interior street of the Rikshospitalet-Radiumhospitalet Medical Centre in Oslo, Norway, by Medplan Arkitekt. And a new building for the Clínica

Good Hope is under construction in the Miraflores neighborhood of Lima. It features ground-floor social space with large windows framing views of the Pacific and promenade, providing social space similar to the exterior courtyard in the adjacent hospital building. It has been described as a work that will serve the community well into the future.

The person who wrote most vividly about how people relate to the stress of health problems was “Doc Williams,” a pediatrician better known as William Carlos Williams. He had been an intern at Nursery and Child’s Hospital in New York in the early 1900s before establishing a practice in Ruth-erford, NJ. In *The Doctor Stories* he describes the interaction between patients and physicians partly influenced by the spaces both occupy. He notes in his essay about a Paterson, NJ, hospital: “It’s the Depression, they say, nobody has any money so they stay home nights. But one bad result of this is that in the children’s ward, another floor up, you see a lot of unwanted children.”

With healthcare increasingly the source of polarized debate, perhaps architects need to step up and take a form of the Hippocratic Oath, known to physicians around the world and reformulated as the Declaration of Geneva:

- I solemnly pledge to consecrate my life to the service of humanity;
- I will give to my teachers the respect and gratitude that is their due;
- I will practice my profession with conscience and dignity;
- I will respect the secrets that are confided in me;
- My colleagues will be my sisters and brothers;
- I will maintain the utmost respect for human life;
- I will not use my knowledge to violate human rights and civil liberties....

Architect, heal thyself: whatsoever thou hast heard done from Norway to the shores of Peru, also do here in thy country.

Rick Bell, FAIA  
Executive Director, AIA New York Chapter



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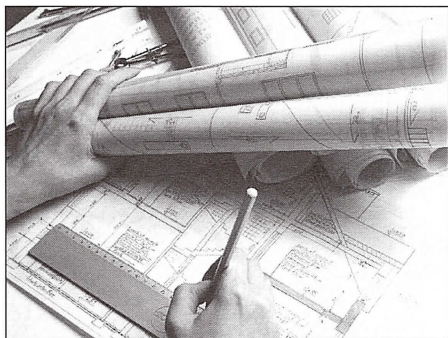
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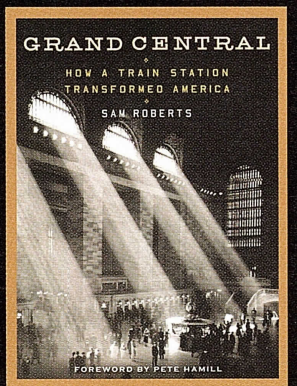
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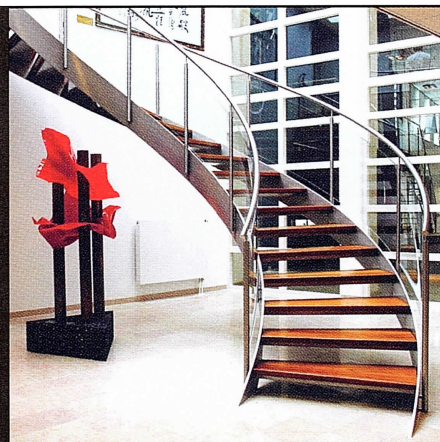
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