Health Central
HKS Inc. of Dallas designed this bright, animated hospital-office complex (just up the road from Disney World in nearby Orlando, Fla.) to bridge the physical gap between doctors' offices and hospital patients. by Joel Warren Barna

Growing Room
The Joint Venture of The Bower Downing Partnership + Laurie Smith Design Associates, both of Austin, designed a clear, welcoming space for the expanded Emergency Center at Brackenridge Hospital in Austin. by Joel Warren Barna

Community Care
Brinkley Sargent Architects of Dallas designed the first of a series of community-based health-care centers for Dallas's Parkland Memorial Hospital. by Johanna Rowe

Cutting Edge
Watkins Carter Hamilton Architects of Houston designed the Hermann Nutrition and Human Performance Center, a new medical-facility type. by Joel Warren Barna
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Options for Health Care

I HAD HOPED in this issue to be able to publish part two of “Philip Johnson’s Texas Connections,” the conclusion of the profile of Texas’ favorite carpetbagger architect written by Frank Welch, FAIA. Unfortunately, lack of space intervened. For all those who have written or called to inquire: The next installment will run in our July/August issue, come hell or high water.

MY INTEREST in the cycles of public policy and private choice related to health care goes back 10 years, to when I was working as a researcher for an office in the Texas House of Representatives (it’s now known as the House Research Organization). I wrote about the Texas Health Facilities Commission, charged with issuing permits for the construction of new hospitals and clinics, which was undergoing Sunset review, and would soon be going out of existence. Clearly, the attempt to use governmental regulatory power to hold down health-care costs (then increasing at a rate almost twice the rate of general inflation) had failed. Since that time, free-market mechanisms are supposed to have been in place, so that competition among providers should have begun taming the spiral of health-care costs. Unfortunately, this has not been the case. Healthcare costs, for the past five years, have been increasing at a rate three times faster than the general rate of inflation—14 percent last year. It should be clear by now that the market cannot rely on patients to control costs, since patients cannot use price information to make rational judgments about health-care needs. Instead, it is providers who make the important choices, driven by the threat of lawsuits that stimulate a hunger for more and more expensive technology—with, these days, insurers as a countervailing force entering more and more intrusively into the process. Patients, in the current economic and regulatory climate, in which they were supposed to be empowered, have less choice than ever. Unfortunately, again, the options available to federal and private health-care reformers promise only to limit those choices. Nevertheless, if the American economy is to keep from being gobbled up by its health-care system, those options must be found and acted on.

Joel Warren Barna
"No house should ever be on any hill," Frank Lloyd Wright once wrote. "It should be of the hill, belonging to it, so hill and house could live together, each the happier for the other."

The Apple Macintosh Quadra.

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Letters

Of Competitions and Brokers

THANKS for such cogent reporting on the important issue of competitions and brokers (TA Jan/Feb 1993). So often when I read an article on a subject of which I have detailed first-hand knowledge, I find that the author’s view of events, and issue differs from mine. Having participated in a number of architectural selections where the owner is guided by a third party, I felt you did an excellent job of focusing on the pros (having a first-time owner guided by those with more experience) as well as the cons of this emerging trend.

While my experience with formal competitions is limited, I again found your analysis to match my experience. While there may be pros and cons associated with brokers, I’m hard pressed to think of any benefits in selecting an architect via competition, given how most are run. As such, I applaud Texas Architect’s new policy in this area.

I find most owners are interested in using brokers and competitions to select architects because they lack any ability to differentiate firms. In that context, it’s not surprising that fees get a lot of attention—they can be differentiated. If our profession is going to advocate qualifications-based selection, and we should, then we need to be prepared to present our qualifications in ways that can be differentiated. Generally we don’t.

You concluded with the example of a firm who questioned having been asked to make presentations and proposals to a potential client. While I can share the architect’s disappointment at not having been selected (we too were unsuccessful in the case you cited), I cannot see any reason to resent being asked to present detailed qualifications early in the process rather than later. This is what qualifications-based selection is all about. Until those in the profession can do a better job of differentiating themselves to those outside the profession, then brokers and competitions will see it for us . . . and fees will be the preeminent selection criterion.

Duncan T. Fulton, AIA
Good Fulton & Farrell
Dallas

I READ with obvious interest your article “Competitions and Brokers” (TA Jan/Feb 1993). Inasmuch as The Staubach Company was mentioned prominently in the article, I find it curious that you neglected to contact our firm for comment on the process you were describing. Consequentially, I thought you might allow me to provide some additional information, which clarifies our role.

I am in agreement with the bulk of your article: More communication between owner and architect is better; architecture has allowed itself to become somewhat “commoditized” for some types of work; relationships are changing; there are new players in the process. Many of your points are well taken, and we all need to work together to find solutions.

However, while I cannot speak for our competitors in the real estate industry, I feel that additional facts are needed to paint a complete picture of how and why The Staubach Company is involved with our clients in the selection of architects and interior designers and in other project-management activities.

First, there seemed to be an unaddressed question in the article that begged for an answer: Why are third parties involved in helping clients select an architect and in otherwise managing their projects? Speaking for our organization, I can assure you that it is because our clients have asked for help. Many of them are relocating from another city or have not gone through the process in years. Often, if they ever had a project-management staff, it is now decimated or no longer exists. An administrative assistant or other person, already with full-time responsibilities, is asked to oversee the project. (This person), bombarded with service providers, needs help in going through an organized selection process.

Second, it is not our intent to interfere with communication between architects and clients. On the contrary, we encourage the client to make as much time available as possible in selecting a design firm, reminding them that they will be working with them for a long time and living with their solution for years. Unfortunately, despite our urging, many clients resist participating as fully as you or I might prefer. We work hard to help them and the architects come to an understanding of the client’s needs.

Third, real estate firms have gotten a lot of credit for driving architectural fees down during a construction-real estate-architecture depression, a national recessionary economy, and much corporate adversity. I can assure you that our fees have been driven down, and there is no intermediary in our selection process. Corporate America has simply gotten tighter, tougher, and smarter, and it affects us all. We encourage a client to look for qualifications and value. Our clients are generally much more fee-conscious in negotiating architectural agreements than we are.

We agree that unpaid competitions are an in-

Welch on Johnson, Part I

THE Philip Johnson piece (TA Jan/Feb 1993) is a fascinating weave of observations and anecdotes made valuable to us because they’re filtered through the sensibilities of Frank Welch, FAIA, one of Texas’ finest architects. I know many colleagues share my belief that his occasional articles in Texas Architect are among the fringe benefits of being a Texas architect.

Max Levy, AIA
Max Levy, Architect
Dallas
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“Marvin’s line of window and door components is very flexible, too. And the staff will even work with me to make special windows, including some on the project shown here. Not all companies can say that.

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— William Van Reed Furbush, AIA, Houston

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39th Annual TSA Design Awards

Celebrating its 39th year, the newly expanded TSA Design Awards Program seeks to recognize outstanding architectural projects by architects who practice in Texas and to promote public interest in architectural excellence. In the past, winning projects have been selected from every region of the state, as well as from other countries and states. Winners have come from one-person offices and large firms and have ranged from simple one-room buildings to elaborate high-rise offices. This year all architects who are registered in Texas are invited to submit one or more entries for consideration by this year's jury. Out-of-state architects must enter Texas projects.

Judging will take place June 11–12 at the TSA Office in Austin. Winners and their clients will be honored by a special announcement party at the TSA Annual Meeting, September 16–18, in Fort Worth. Winning projects will be publicized statewide and featured in the September/October 1993 issue of Texas Architect magazine.

ELIGIBILITY

Any new project in General Design (including adaptive use and urban design), Interior Architecture, or Restoration may be entered. Construction must have been completed after January 1, 1987, to be eligible. Individuals or firms whose primary office is located in Texas may enter any number of projects anywhere in the world. Texas-registered architects located out of state may enter any number of Texas projects.

Entries must be submitted by an architect who was registered with the Texas Board of Architectural Examiners at the time the project was executed. Where responsibility for a project is shared, the design architect must be a registered Texas architect and all participants who substantially contributed to the work must be credited.

Projects must be submitted in the name of the firm that executed the commission. If that firm has been dissolved or its name has been changed, an individual or successor firm may enter projects in the name of the firm in effect at the time the project was executed. Multiple entries of the same project by successor individuals or firms will not be accepted. For multi-building projects, the architect submitting the project (or portion thereof) must designate authorship of each portion of the project.

JUDGING

A jury composed of Joseph Escherick of Escherick Homsey Dodge and Davis, San Francisco; Juan Palomar of Lopez Cotilla, Guadalajara, Mexico, and Andrea Leers of Leers, Weinzapfel Associates, Boston will pick the winners. Project authorship will remain concealed throughout jury deliberations. Awards may be given in three categories: General Design (including adaptive use and urban design), Interior Architecture, and Restoration. The list of project types on the entry form is only an aid to the jury and does not imply that a winner will be chosen from each project type. TSA reserves the right to disqualify entries not submitted in accordance with these rules.

DEADLINE

The fee, entry form, text, and slide submission must arrive at the Texas Society of Architects (Address: 114 W. 7th St., #1400, Austin, Texas 78701, 512/478-7386) in the same container and at the same time, BY 5:00 P.M., FRIDAY, MAY 21, 1993. LATE ENTRIES WILL NOT BE ACCEPTED.

AWARDS

Architects and clients of winning projects will be honored at the TSA Annual Meeting in Fort Worth, September 16–18.

For publicity purposes, architects of winning projects must submit six copies of an 8"x10" black-and-white glossy photograph of one view of the winning project. Publicity photographs must be received at the TSA offices by July 15.

For publication, Texas Architect magazine will require original images—not duplicates—of each winning project. The original slides and transparencies will be returned at the magazine has been printed. In addition, the entrant of each winning project will be required to pay a $250 publication fee to defray the cost of four-color separations.

RETURN OF ENTRIES

Entries will be mailed individually to all entrants by UPS Ground or U.S. Mail. If you wish to have your carousel returned by other means, please attach instructions and a check for additional cost.

ENTRY FORM

An entry form is on pp. 19–20. Copies of the form should be used for multiple entries. Place the entry form(s) in an envelope with the fee(s) and tape the envelope to the inside of the carousel box.

FEE. TSA MEMBERS: Include a registration check for $100 for the first project, $30 for the second, and $80 for the third and further projects submitted by a TSA member;

Non-TSA MEMBERS: Include a registration check for $180 for the first project, $160 for the second, and $140 for the third and further projects submitted by a non-TSA member. Place the check in an envelope with the entry form and tape it to the inside of the carousel box. Make checks or money orders payable to TSA. NO ENTRY FEES WILL BE REFUNDED.

ENTRY PACKAGE

CHECKLIST. Each entry package must contain the following items, which must all be mailed or delivered to the TSA office in the same container on or before May 21, 1993:

(1) a boxed slide carousel with slides,
(2) one-page data sheet,
(3) a completed and signed entry form, in an envelope taped to the inside of the carousel box,
(4) the appropriate registration fees in the envelope with the entry form or, for multiple entries, in any one of the envelopes.

SLIDES. Entrants must submit slides in a working 80-slot Kodak Carousel tray for each project, in which the slides are in proper order and position. Any number of slides may be entered, a total of 20, including the slides below, is a recommended maximum.

The first slide of each entry must be a title slide, with the following information: project type (see entry form); project size, in gross square feet; and project location.

Following the title slide, each entry must include:

(A) One slide of a site plan or aerial photograph with a graphic scale and compass points (interior architecture projects are exempt from this requirement).

(B) At least one slide showing the plan of the project. For a multi-story building, include only those slides necessary to describe the building arrangement and envelope. Sections and other drawings are optional. If included, section location must be marked on the appropriate plans.

(C) One text slide containing a brief description of the project, including the program requirements and solution.

(D) For restorations and adaptive-use projects, at least one slide describing conditions before the current work started.

DATA SHEET. Each entry must include an image and written text describing the project, with the program requirements and solution, on one side of a letter-size sheet of white paper. The image—a representative photograph or drawing—must be no larger than 8" x 7". The data sheet must be folded and placed inside the slide-carousel box.

DO NOT WRITE YOUR NAME OR THE FIRM'S NAME ON THIS TEXT SHEET.

MORE INFORMATION

For additional information on rules, fees, and other matters, call Ray Don Tilley at TSA, 512/478-7386, or fax 512/478-0528.

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News

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HOUSTON Zoning may soon be a reality in Houston, but not without controversy.

For Art's Sake 16
AUSTIN A bill before the state legislature would change the way the Texas Commission on the Arts is funded.

Downtown Performance 17
FORT WORTH Ed Buss and David Schwarz team up again, this time in the 1992 Ken Roberts Memorial Calendar 21 Architectural Art 18
DALLAS Eight winners were named in the 1992 Ken Roberts Memorial Delineation Competition.

Calendar 21

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Eight winners named 24
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LAWs, REGs, & RED TAPE 25
Lawyer Steve Stewart reminds architects about the duties of liability-insurance carriers.

A Zone of Their Own

HOUSTON A round of public hearings in March was the final step in the two-year process of bringing zoning to Houston. Only minor revisions are possible at this point and the Houston City Council is expected to approve the ordinance this summer.

Numerous attempts have been made in the last 75 years to implement zoning in Houston. All were defeated by coalitions of property owners and developers who believed that such regulation restricted their property rights and the ability of the real estate market to profitably respond to economic trends. A decade of recession has slowed development, however, and people have had time to realize that the laissez-faire past did not create the best of environments for the present.

Home owners and civic groups provided the political pressure to initiate the current process. Their objective was to control or prevent undesirable land uses near their neighborhoods. In January 1991, the City Council unanimously approved an ordinance to begin comprehensive planning and zoning, but the pressure from the neighborhood and civic groups was on and planning was delayed until some time after zoning could be installed.

The Planning and Development Department staffed up, hired consultants, and set up a citizen volunteer Planning and Zoning Commission to review the work in progress. Funding for the consultants was inadequate, however, so the final document and maps now under

For Art's Sake

AUSTIN State legislators introduced bills this spring that would change the way the Texas Commission on the Arts (TCA) is funded. Jim Tittle, TSA president and TCA vice-chairman, believes the legislation is something Texas architects should support. "Texas ranks next to last among the 55 states and territories in funding for the arts," Tittle says, explaining why he has encouraged TSA to support the funding legislation.

That legislation would, for a period of five years, dedicate 50 cents for every 1,000 cigarettes sold in the state—about 1 cent per pack—to the TCA. Those revenues are estimated to be about $11-$14 million per year. The money would be allocated to the Texas Cultural Trust Fund, also established by the proposed legislation. The long-term goal is to build a trust fund of $200 million including both revenue from the cigarette tax and matching contributions from corporations and private foundations, says George Cisneros of the TCA. Once such a fund is established, the commission would be supported by the interest it would generate.

Currently, the TCA is funded through appropriations made during each biennial legislative session. The appropriation for the current biennium was $7.6 million. "Every two years it's the same fight to keep the appropriations we need," Tittle says. Removing the agency's funding from the legislative battleground would ensure funding for the arts regardless of legislative or economic issues, he adds.

The funding change would create a healthier environment for the arts in Texas, says TCA Executive Director John Paul Batiste, and would allow the commission to do more than react to crises as they develop. "We will be able to incubate innovative opportunities for the arts in this state," he says, in the process nurturing individual artists in a more profound way. Batiste believes the funding bill stands a good chance of being approved, and he looks forward to a changed climate for the arts in Texas.

Susan Williamson
consideration were prepared in-house at P&D.

At the time, then-Mayor Kathy Whitmire and zoning's proponents claimed they were looking for "Houston-style" zoning, a goal that was never clearly defined. The opportunity was certainly at hand to investigate a prime example of the millennial American city and to create a vision for its future. The problem, according to proponents of planning, is that zoning alone cannot imagine nor fashion that kind of vision. Zoning alone will not affect crime, traffic, pollution, or the other big picture problems that planning is designed to address, they say.

The zoning proposal that has been developed may indeed by "Houston-style," for its much-touted apparent simplicity is unique. Twelve types of zoning districts have been set up to categorize all 600 square miles of Houston. Opponents say that the mapping simply documents what is already in place, thus fossilizing the status quo. There are only three types of residential zones, for example, compared with Austin, which has 12, and Dallas with 17. What at first seems to be a refreshing change from the usual bureaucratic prolixity may actually invite problems, however. The regulations for a single-family house, the raison d'être for the whole exercise, require uniform setbacks—whether for a 30 x 70 lot in Denver Harbor, a 50 x 120 lot in Montrose, a 75 x 100 lot in Sharpstown, or a half-acre in River Oaks. These uniform rules disregard the complex mix that Houston has evolved in favor of a low-density suburban ideal.

Surprisingly, organized and informed criticism of the ordinance has not developed with enough voice to slow down the hurried process. Concern about the lack of planning, which proponents say would give some reason and direction to the zoning process, has been ignored, as has been the advice of Houston's architects who have experience with zoning in other cities. Supporters claim that zoning will make land use predictable and will foster development, because investors will be confident about surrounding land uses. But it is possible that restraints on land uses imposed by zoning may actually limit growth; those limitations and the increased bureaucracy may raise the cost of what does get built.

Proposals for zoning districts depend far more on professional advice than on public opinion. Petitions are now circulating that will likely force a referendum that could result in repeal of the zoning ordinance, perhaps by as early as this fall. In the meantime, the uncertainty will continue as the implications of the proposed regulations soak in. Gerald Moorhead, FAIA

Downtown Performance

FORT WORTH Ed Bass has moved again to reshape downtown Fort Worth, this time by providing the financial catalyst for construction of a performing arts center. The Sid W. Richardson Foundation will contribute $18 million to an arts-center fund, Bass announced in late March. In addition, Bass's father, Perry R. Bass, will donate the 40,000-square-foot downtown site, currently a parking lot, on which the multi-use center will be built. The Anne Burnett and Charles Tandy Foundation has pledged an additional $10 million. Current estimates, according to the Fort Worth Star-Telegram, call for the total cost to be $50 million, including a $5 million operating endowment; the remaining $22 million is to be raised through public donations, Bass said. No public money is to be used for the project.

The proposed 1,800-seat hall will be designed by David M. Schwarz Architectural Services of Washington, D.C., teamed with Calloway Johnson Moore of Winston-Salem, N.C. The architects will work from a program developed three years ago for a proposed arts center in the city's cultural district west of downtown. That plan, which involved extensive modifications to the historic Will Rogers Auditorium, was developed by Calloway Johnson Moore in conjunction with the arts groups that would use the facility; the plan was abandoned when voters defeated the $20-million bond proposal that would have funded the project.

"Downtown Performance," continued on page 18

OF NOTE

Contribution to Knowledge

TEXAS ARCHITECT editor Joel Warren Barna's book, THE SEE-THROUGH YEARS: CREATION AND DESTRUCTION IN TEXAS ARCHITECTURE 1981-1991 (1992, Rice University Press), in March received the Friends of the Dallas Public Library Award from the Texas Institute of Letters. The award is presented each year to the book by a Texan or about Texas that makes the most significant contribution to knowledge. In December, NEW YORK TIMES architecture critic Herbert Muschamp chose THE SEE-THROUGH YEARS as the architecture book of the year.

UH captures awards

A University of Houston architecture professor and four of his students took top honors in the international 1992 Auto desk Images Awards. The winners were, in the faculty/graduate student category, Assistant Professor Keith Sylvester; Christopher Helkkila; and David Larrew; and, in the undergraduate category, Larry Watkins and Abdul Ghaffar Muhamed Sharif.

Two UH assistant professors, Rafael Longoria and Patrick Peters, received one of two national design awards from the Association of Collegiate Schools of Architecture for their design of the Cliff Inn Tower, a 36,000-square-foot hotel addition in El Paso.

A Hopeful Trend

Housing inventories continue to fall across Texas, according to the Real Estate Center at Texas A&M. The number of existing homes for sale in November was down more than 7.5 percent from a year earlier and 21 of 26 Texas markets had fewer homes for sale in 1992 than in 1991. In November, Texas had a 9-month supply of unsold, existing homes, compared to a 9.2-month supply nationally.
Architectural Art

DALLAS Eight winners were named in the 18th annual Ken Roberts Memorial Delineation Competition, sponsored by the Dallas Chapter/AIA. The jurors for this year's delineation competition were Richard Clark, Deborah Natsios, and Bart Forbes.

The jurors selected a piece by Gregory George Hagmann of Good, Fulton & Farrell as winner of the Beaux Arts award and a work by Fred Ortiz of Brinkley Sargent as winner of the Wiley award. Ortiz also received a citation in the professional category.

In addition to the two top prizes, honor awards were presented in both professional and student categories. R.B. Ferrier, FAIA, received the professional honor award while Hoang Van Dang of the University of Texas at Arlington won in the student division.

A merit award in the professional category went to Barry Hughes of RTKL and a student merit award was presented to Mohd Kusa of the University of Texas at Arlington. A citation award in the professional category went to Rod L. Booze of Collins/Reisenbichler.

A total of 44 pieces, including the winners, were selected by the jurors to be exhibited, first at the Federal Reserve Bank of Dallas and later at the Dallas Chapter/AIA office.

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The new arts hall will be located in the block bounded by Fourth, Calhoun, Fifth, and Commerce streets, two blocks south of the Basses' City Center complex and three blocks west of Ed Bass's Sundance West development.

In recent years, Schwarz, who says he now lives in Fort Worth, has worked on a number of projects in the city, many coming either directly from the Basses or through their influence: the Cook–Fort Worth Children's Medical Center, Sundance West, the Fort Worth Public Library, and the Sanger Lofts conversion. Schwarz also designed the new Texas Rangers stadium.
To Enter the 39th Annual TSA Design Awards

Complete one form per entry. Incomplete forms or incorrect information may result in disqualification.

Write your firm’s name on the outside of an envelope. Place the completed entry form(s) inside the envelope along with a check in the amount of $100 for the first project entered by a TSA member, $90 for the second, and $80 for the third and further entries; or $100 for the first project entered by a non-TSA member, $160 for the second, and $140 for the third and further entries.

Tape the envelope to the outside of the carousel of slides entered and send the entire package to: Texas Society of Architects, 114 W. 7th St., #1400, Austin, Texas 78701. For information call Ray Don Tilley at 512/478-7386.

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CALENDAR

Total Quality Project Management
A two-day symposium in Chicago will focus on such concepts as partnering, project-management techniques, making effective project decisions, and new project management directions, and will feature a series of case studies. Association for Project Managers (312/472-1777), May 13-14

"Drawing Into The 90s"
A juried competition will survey the role of "drawing" in contemporary art, from the traditional pen and ink on paper to the new diversity of works conceived in this medium over the last two decades. Projects selected will be exhibited at Laguna Gloria Art Museum in Austin from Aug. 14 to Sept. 12. Open to all artists living in the U.S. Texas Fine Arts Association (512/453-5312), slide deadline: May 28

1994 SOUTHERN LIVING Home Awards
Six categories of residential design will be recognized, including remodeling, preservation/restoration, and new residential development. Work must have been completed since Jan. 1, 1990. Winners will be featured in SOUTHERN LIVING. The Southern Home Awards (800/566-4712, ext. 6359), deadline: May 31

World Congress of Architects
The 125th annual convention of the American Institute of Architects will coincide this year with the XVIII Congress of the International Union of Architects; the meeting, which will include AIA Expo93, will be held in Chicago. The international gathering will focus on the delicate balance between the natural and built environments. World Congress of Architects (202/626-7395), June 18-21

“A Second Look”
An exhibition of work by women photographers from the collections of the Harry Ransom Humanities Research Center will include work by Berenice Abbott, Julia Margaret Cameron, Louise Dahl-Wolfe, Gertrude Kasebier, Ida Kar, Joyce Neimanas, and Doris Ulmann. Harry Ransom Humanities Research Center, Austin (512/471-8944), through July 25

“Degas to Matisse”
The Wertheim collection of impressionist and post-impressionist art from the Harvard University Art Museums features 33 paintings, sculptures, and drawings by such artists as Cezanne, Degas, Gauguin, Monet, Matisse, Monet, Picasso, Renoir, and van Gogh. Kimball Art Museum, Fort Worth (817/332-8451), June 5-Aug. 22

“Max Ernst: Dada and Surrealism”
The exhibition will include 180 works dating from 1912 to 1927 focusing on Ernst’s avant-garde Dada activities in Cologne and Paris, whose cultural and psychological overtones foreshadowed the dream imagery of surrealism. The Menil Collection, Houston (713/525-9400), May 27-Aug. 29

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President

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Under Pressure

DALLAS A lawsuit brought by an inmate of the Harris County Jail led the Texas Department of Criminal Justice (TDCJ) to adopt an unusually accelerated schedule when it needed to build some new state prisons. TDCJ hired Hellmuth, Obata and Kassabaum of Dallas to design and produce construction documents for a prototype prison unit; the catch was that the work had to be completed within nine weeks.

In recent years, state-prison overcrowding has led to arrangements between the state and various counties to allow inmates convicted of state crimes to serve their time in county jails. However, a lawsuit filed by such an inmate housed in the Harris County Jail resulted in a ruling against the state. The state would have to provide more prison beds, and fast.

The HOK team—more than 100 architects, engineers, and support staff—started work on Dec. 14 of last year and worked straight through the holiday season. "We only took off two days, Christmas and Super Sunday," says project manager Jesse Williams. "And we wouldn't have taken off for the Super Bowl if Dallas hadn't been playing." The design was completed and production documents were delivered to TDCJ officials in mid-February.

The program for the prototype Alberti unit—named for the plaintiff in the court case—was for a 2,000-bed prison including administrative, educational, and support services. Costs were to be held to $14,000 per bed, and construction could not take more than eight months. HOK's design included ten major buildings, two small entrance buildings, and four guard towers.

In order to save time during construction, the buildings are arranged compactly to minimize the land involved. All of the buildings are pre-engineered metal structures of identical span and bay spacing. The prototype facility includes about 366,000 square feet of building area.

Five of the 2,000-bed Alberti units are to be built at a cost of approximately $125 million. HOK did the site adaptation work for the units in Abilene, Palestine, and Huntsville, while Phillip Swagger Associates of Dallas will do site adaptation for the two units to be located in Beeville.

Both Larry Fickel, TDCJ's assistant director of construction, and HOK's Williams say the project proceeded extremely smoothly despite the unusual schedule constraints. And both say the keys to that success were simple: cooperation and teamwork.

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Eight winners named

HOUSTON The eight winners in the 1993 AIA Houston design-awards competition ranged from single-family residential projects to a large-scale urban plan. The winning projects, including six honor award winners, were selected by jurors Amy Weinstein; Ralph Johnson; and Gary Cunningham, FAIA, from among 72 entries.


An honor award in interior architecture was presented to Gensler and Associates/Architects for its work on the offices of the Taylor Smith Advertising Agency in Houston.

An honor award in urban planning went to John Rogers Architects for its Buffalo Bayou East Sector Redevelopment Plan.

CRSS Architects, Inc., received two merit awards in interior architecture. The first was for the Volkswagen Retail Environment Design Installation and the second was for the CRSS corporate offices in Houston.

In addition, the Jesse H. Jones Hall for the Performing Arts in Houston, designed by Caudill Rowlett Scott (now CRSS Architects, Inc.) and completed in 1966, was selected as the winner of the chapter's 25-year award. To be eligible, a building must be at least 25 years old, be in good condition, and still be used for its original purposes.

Middle left: Taylor Smith offices, by Gensler and Associates

Above left: Federal Reserve Bank by Sikes Jennings Kelly & Brewer

Above right: Children's Museum by Jackson & Ryan Architects
ARCHITECTURAL PRACTICE

The Duties of Insurers

ARCHITECTS OFTEN seem to think that their relationship with a liability-insurance company is a one-way street, with obligations running only from architect to insurer. Professionals would be better served by learning more about the legally enforceable duties that insurers have to architects.

These duties begin when an architect properly notifies his insurance carrier of a claim. They include, in broad terms, the duty to defend the architect against the claim and the duty to indemnify— that is, to pay damages.

If any portion of a claim against an architect may be covered under the liability-insurance policy, the carrier has a duty to defend. This duty is broader than the duty to indemnify. The petition of the complaining party will be liberally construed and if there is any potentially covered claim, the carrier has a duty to provide a defense. If a carrier wrongfully refuses to defend, the insured is free to proceed as he chooses in handling of the claim. The carrier is bound by any settlement or judgment which may be rendered. Typically, once notice of a claim is received, a carrier will send to its insured a “reservation of rights” letter stating that the carrier will provide a defense but reserve questions of coverage until a later time. If a carrier provides a defense without reserving its rights regarding coverage, it may be deemed to have waived its ability to later assert policy exclusions or to deny coverage.

Once a carrier assumes defense of its insured, it has a duty to exercise ordinary care. It must conduct reasonable settlement negotiations and accept reasonable settlement offers within policy limits. The carrier owes the insured a duty of good faith and fair dealing in both the investigation and settlement of the claim.

An insured has a variety of remedies in the event its carrier breaches either the duty to defend or indemnify. These include: (a) breach of contract; (b) breach of the Texas Deceptive Trade Practices—Consumer Protection Act (DTPA); (c) breach of the common-law duty of good faith and fair dealing. Damages recoverable for breach of an insurance contract are limited to the face value of the contract plus the legal rate of interest. Under a breach of contract action, punitive damages are not recoverable. Nor are damages for inconvenience, annoyance, mental anguish, or loss of job, business, or home.

However, under the DTPA, such damages may be recoverable. The law makes a carrier liable for any deceptive act, breach of warranty, unconscionable action, or violation of Article 21.21 of the Texas Insurance Code. Article 21.21 §16 (a) prohibits a variety of activities including: a) misrepresentation of facts or provisions relating to coverage; b) failing to acknowledge with reasonable promptness communications with respect to claims; c) failing to adopt and implement reasonable standards for prompt investigation of claims; d) not attempting in good faith to effectuate prompt and fair settlement of claims in which liability has become reasonably clear; e) failing to affirm or deny coverage; and f) refusing to pay claims without a reasonable investigation based on all available information.

Damages available under the DTPA include all elements of compensatory damages recognized under common law. Under the DTPA, the first $1,000 of actual damages is doubled by the court and any actual damages above $1,000 may be trebled by the trier of fact if it finds that the violation was committed “knowingly.” In a DTPA action based on Article 21.21 of the Insurance Code, actual damages may be trebled. Additionally, the insured can be awarded court costs and reasonable attorney’s fees.

A carrier breaches its common-law duty of good faith and fair dealing if it (a) has no reasonable basis for denial of any claim; or (b) has no reasonable basis for delay in payment of the claim; and (c) fails to investigate in order to determine whether there is any reasonable basis for denial or delay in payment of a claim. If an insured establishes a breach of such duty, he is entitled to all damages that can be proven to have been caused by the breach, including mental anguish. Punitive damages are sometimes also recoverable. In the event alternative measures of damages are submitted to the jury, the insured may elect a measure which permits recovery of the greatest amounts of damages.

Any architect against whom a claim has been made should promptly notify his carrier and be aware of the carrier’s duties. In the event of breach of these duties, the law provides a remedy for the architect against its insurance carrier.

Steve Stewart

Attorney Steve Stewart of the firm of Jenkins & Gilchrist, P.C., is a member of the Texas State Bar Construction Law Section and a member of its subcommittee on architect-engineer liability.
Suppliers present ideas for kitchen and bath

FOR THE FOURTH YEAR in a row, *Texas Architect* presents its Kitchens and Baths Special Advertising Focus section. We have given kitchen-and-bath-industry suppliers and manufacturers this opportunity to introduce their new products and services to Texas architects, designers, and specifiers.

After reading this section, if you have any questions or if you want more information, just note the "circle number" for the particular company or product that interests you and circle that number on one of the reader inquiry cards on page 19. Add your name and address and drop the the card into the mail. We'll pay for the postage and, as soon as we receive it, we'll forward your request.

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Kroin Incorporated

Kroin Incorporated announces the development of the world’s smallest single-control ceramic disk. Virtually all Kroin single-control faucets and fixtures feature the new technology while maintaining the standards of quality, workmanship, and design that have distinguished Kroin Sanitary Fittings since their creation in 1968.

Special features include double swivel spouts, integral pop-ups, energy-saving valves, as well as a full range of wall-mounted accessories.

The classic Kroin design has been enhanced by the new ceramic series that provides ease of use, optional long-lever handles, and years of maintenance-free operation. Kroin continues to offer a full range of compatible faucets, fixtures, and accessories for kitchen, lavatory, and bath.

Kroin Sanitary Fittings are available in 12 epoxy colors, polished brass, and chrome. All are compatible with American Plumbing Standards and include all necessary hardware.

Kroin Lavatory Model EWC is ideally suited for residential installations. The large basin with sloped front and vertical back provides washing convenience without spashing. It is teamed here with Kroin Model HV3C Lavatory Faucet, a single-control mixer with pop-up. The 45-degree angled spout directs water flow to the basin center for improved access.

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Technology and Access:
Health Care Architecture for the 1990s

American health care, envied around the world for its ceaseless technological innovation, has become the victim of its own success. Ever more sophisticated diagnostic equipment and treatment regimens have made it possible to save more lives than ever before, but at a cost that threatens to choke off access to the system for millions and to bankrupt local, state, and federal governments and private industry. Solving the crisis in health-care costs, now the focus of a major initiative in the federal government, will mean major changes for every health-care provider, insurer, employer, and patient. Those changes will also shape the way hospitals and other health-care facilities are planned, constructed, and utilized.

From a new hospital complex in Florida to a community-based treatment-and-education clinic in Dallas and a high-tech performance center in Houston, health-care architecture by Texas architects is anticipating some of the changes that the future will bring.
Health Central

By Joel Warren Barna

A former orange grove on the north side of metropolitan Orlando, Fla., has been transformed into Health Central, a new, high-visibility permutation of the hospital-medical office complex.

Traditionally, say the architects, HKS Inc. of Dallas, patients have gone from doctor to hospital to pharmacy to eye-care clinic, each in a different place. Health Central is designed to serve as a one-stop center. It combines a 141-bed, six-level acute-care hospital with 50,000 square feet of office space for physicians, health services, and related retail shops. The hospital's emphasis is on the latest in technology and computer connections.

Hospital and physician offices blend together on each of the center's six floors; in some areas, there are doctors' offices on one side of the hallway and hospital departments on the other. The architects say that such exceptional proximity means that, for example, obstetricians can monitor expectant mothers in the labor-and-delivery area (using computerized communications equipment) while conducting regular consultations in their offices down

Facing page and above right: Health Central, a new complex joining a hospital and medical-office building, stands in an orange grove north of Orlando, Fla.

Top: A wedge, covered in red aluminum panels, forms the metaphorical heart of the hospital.

Above: The hospital atrium is lit with neon.
the hall. When a delivery is due, the doctor can walk down the hall instead of driving. Pediatricians are next to pediatric-care areas, surgeons next to surgery. In all the departments, orders can be updated and tests reviewed faster, affording better care and getting the patient back on his or her feet as soon as possible.

Perhaps even more important is the center's emphasis on updating technology (while holding down the costs of accommodating new equipment). Computer links play an important role throughout the hospital. In addition, the hospital was designed with a "mobile technology port," a special airport-like docking zone in which new diagnostic and treatment devices (lithotripsy machines, for example) can be trucked to the site and linked to the hospital. This permits efficient utilization of specialized equipment, along with evaluation before the hospital commits to a permanent investment in the equipment or in the building space to house it.

With its bright colors and multifaceted projections in glass, brick, and metal cladding, the hospital expresses the varied functions skewed around its central 9,000-square-foot, retail-lined atrium. Designer Jonathan D. Bailey says it is deliberately anthropomorphic, with the red projection as a heart, and the patient wings as arms and legs. The glass-and-brick medical building is more sedate. Health Central looks to the future by bringing physicians, hospital care, and related services together.
Site Plan

GARDEN LEVEL
1 BIOMEDICAL
2 HOUSEKEEPING
3 PHARMACY
4 DATA PROCESSING
5 COURTYARD
6 MECHANICAL
7 MAGNETIC RESONANCE IMAGING
8 RETAIL
9 CONFERENCE
10 WINNING
11 DIETARY
12 GENERAL STORES
13 PURCHASING
14 MORGUE

LEVEL ONE
15 MECHANICAL
16 EMERGENCY
17 GIFT SHOP
18 ATRIUM
19 RETAIL
20 WAITING
21 MEDICAL RECORDS
22 HUMAN RESOURCES
23 ELECTRICAL
24 RADIOLOGY
25 ADMITTING

LEVEL TWO
26 INTENSIVE CARE
27 PATIENT CARE
28 RESPIRATORY THERAPY
29 WARDING
30 LOCKERS
31 CENTRAL STERILE SUPPLY
32 SURGERY
33 RECOVERY
34 ARTERIAL SURGERY
35 AMBULATORY RECOVERY
36 OPERATIVE HOLDING
37 ANESTHESIOLOGY
38 CARDIOLOGY
39 LEASE

LEVEL THREE
40 LEASE
41 LABOR DELIVERY
42 NURSERY
43 WAITING
44 PEDIATRICS
45 OBSTETRICS

KEY TO PLANS

Health-Care Design

PROJEC† Health Central, 
Osceola, Fla.

CLIENT West Orange Health 
Care Systems, Ocoee, Fla.

ARCHITECT HKS Inc., Dallas 
(Ralph Hensley, partner-in-
charge; Noel Barrick, project 
manager; Jonathan D. 
Bailey, project designer; Bob 
Martinick, project architect)

INTERIOR DESIGN HKS 
Designcare/Mitchell 
(Deborah A. Larsen, Direc-
tor Interior Design)

CONTRACTOR The Robins & 
Morton Group, Birmingham, 
Ala.

CONSULTANTS Smith 
Seckman Reid, Inc., Nash-
ville, Tenn. (mechanical); 
Herbert-Holbrook, Inc., Or-
lando, Fla. (landscape archi-
tects); Mullhauer/McCleary 
Associates, Inc., Dallas (food 
service); HKS/Structural 
(structural; Richard Zimmer, 
structural engineer)

Texas Architect 5/6 1993 33
Growing Room

by Joel Warren Barna

THE EMERGENCY CENTER at Brackenridge Hospital, the 304-bed city-funded hospital in Austin, has long been the central Texas region’s principal center for trauma and emergency care. Overwhelmed by the area’s growing population, hospital officials needed to double the size of the 11,726-square-foot emergency center, update it technologically, and solve its circulation problems. But the site, hemmed in by a road and a rehabilitation hospital, was too small for a complete new facility. To solve the problem, the joint venture of The Bower Downing Partnership, Inc. + Laurie Smith Design Associates designed a composite solution of renovation and additions. In the first phase, an 11,850-square-foot addition was added to the south of the emergency center, to house a new trauma- and adult-care area, along with a 1,603-square-foot addition to the north (for expanded pediatric-care) and a mechanical penthouse. Disruption from construction of the additions was minimized, to interfere as little as possible with the 24-hour-per-day operations of the emergency center. In the second and third phases, the center’s functions were moved...
Above: The expanded emergency center now wraps around the southwest corner of the hospital’s surgery and radiology departments.

Left: Adult registration area

Facing page, top left and bottom: Pediatric-care waiting area
into the additions, and the existing facilities were renovated to form a 24,179-square-foot L-shaped emergency center wrapped around the corner of the hospital's surgery and radiology departments.

The expanded center is divided into non-critical pediatric- and adult-care areas, with a third area for trauma and critical care. Each of the three areas centers on a staff-work area. Materials and colors were selected to identify different areas and to guide circulation patterns. In public areas, materials were chosen for durability as well as welcoming appearance (the earlier center's much abused surfaces gave the center an image problem). Built without skipping a beat, the expanded Brackenridge emergency center is an important addition to this growing regional hospital.

PROJECT The Brackenridge Hospital Complex Emergency Center Expansion and Renovation, Austin

CLIENT The Brackenridge Hospital Complex (Mark Wilson, Director of Emergency Services) and the City of Austin (Robert Holland, Architectural Management Division of the Department of Public Works and Transportation)

ARCHITECT The joint venture of The Bower Design Partnership, Inc. + Laurie Smith Design Associates (Project team: Jack W. Bower, project director; Thomas Hayne Upchurch and Laurie Reams Smith, project managers and lead designers; Stewart Davis and Torri Tatro, project architects; William Peeples, Kelly M. Aker, and Michael Rupe)

CONTRACTOR SAE Spaces, Inc., San Antonio

CONSULTANTS Tom Green and Company Engineers, Austin (mechanical, electrical, and plumbing); Jose I. Guerra, Inc., Austin (structural); Martinez & Wright Engineers, Inc., Austin (civil); Archillume Lighting Design, Austin (lighting)

PHOTOGRAPHER R. Greg Hursley, Austin
EXPERTS SAY that important changes are going to be required if the U.S. health-care system is ever going to break out of the upward spiral of costs that have plagued both government and the private sector in recent decades. Many of those changes, according to the experts, will affect the large publicly funded urban teaching hospitals that are the backbone of the country's medical system, treating a majority of the patients and training a majority of the medical professionals. Such hospitals provide the bulk of health care for poor and working-class people, many of whom are without health insurance, and many of whom have no other source of primary health care. As a result, such patients often come to hospital emergency rooms for basic treatment, or, alternatively, are often in a medical crisis before they seek any care. The result is that, too often, expensive high-tech interventions are then needed, when less-expensive preventive care might have worked better. The problem has been that, swamped by a growing population and rising costs, urban hospitals have been unable to provide such preventive care.
The Dallas County Hospital District, parent organization of Parkland Memorial Hospital, one of the country's largest public hospitals, has been working on a plan to deal with this problem, by creating a new system of community-based clinics to serve its clients. The first such clinic is the new $3.5-million, 39,000-square-foot Bluitt-Flowers Health Center in Dallas, designed by Brinkley Sargent Architects of Dallas. The first off-campus facility built by Parkland Hospital, Bluitt-Flowers is intended to reduce the cost to the community of indigent patient care by emphasizing health education and disease prevention and by providing crucially needed prenatal care to its clients.

Programmatically, Bluitt-Flowers consists of three main components: medical treatment and support (including radiology, a pharmacy, and a laboratory), education and social services, and dental services. Brinkley Sargent Architects organized this program into a triangular plan form, with each of the departments arranged around a central courtyard. The classroom component, inside the entry, is the focus of the courtyard, while the medi-
Below: The waiting room for the maternity area (bottom right on plan, facing page) focuses on the semicircular carpet-lined children's play zone.

Right: The entry area features glass block and colorful laminate paneling.

Facing page top: The waiting area for the medical-treatment clinic gets daylight from the central courtyard.

The clinic is in one of the city's highest-crime neighborhoods, so security, both actual and perceptual, was an important part of the program for both staff and clients. The architects designed the project with a minimum of windows below the eight-foot ceiling line, utilizing colorful split-faced block and glass block on the exteriors; light from the glass-lined central courtyard brightens the circulation and public areas. Interior finishes had to withstand heavy public abuse yet look inviting and require minimal maintenance. For this reason, exterior masonry elements were carried inside, changing from rough to ground-faced units in the public areas.

TA

PROJECT Blount-Flowers Health Center, Dallas
CLIENT Dallas County Hospital District, Dallas (Bill DeMuth, Senior Vice President for Facilities Development of Parkland Memorial Hospital)
ARCHITECT Brinkley Sargent Architects, Dallas
CONTRACTOR Rhode Construction Company, Arlington
CONSULTANTS Brockett/Davis/Drake (structural); Campos Engineering (mechanical, electrical, and plumbing); Slaney Serna Group (landscape architecture); ZBS Studio, Inc. (interiors)
KEY TO PLAN
1 ENTRY
2 INFORMATION
3 SECURITY
4 ELIGIBILITY
5 WAITING
6 CHILD WAITING
7 SOCIAL SERVICES
8 CLASSROOMS
9 MATERNAL WAITING
10 RECEPTION
11 EXAMINATION
12 RECORDS
13 ADMINISTRATION
14 BREAK ROOM
15 X-RAY
16 LABORATORY
17 PHARMACY
18 DENTAL CARE
19 COURTYARD
Cutting Edge

by Joel Warren Barna

EVEN IN the fast-changing world of contemporary health-care design, architects only rarely get called on to design space for a function that promises to extend the boundaries of medicine. But that's what the architects and interior designers at Watkins Carter Hamilton Architects were asked to do, starting with 5,000 square feet of lease space on the ground floor of the parking-garage annex of the '50s-era Hermann Professional Building in Houston. The clients wanted to create a new "nutrition and human performance center" intended for purposes that at first glance don't seem medical. According to Kirk Hamilton of Watkins Carter Hamilton, the clientele for the center would be athletes, FBI agents, airline pilots, and others who rely on the performance of their bodies for their livelihoods. The center would be a health-care alternative for such clients, providing diagnostic and assessment services under the supervision of physicians, and raising awareness of current health status among clients.

The program for the center called for spaces for medical examinations and annual physicals (includ-
Above right: An underwater weighing tank, set in a specially constructed room, is used for measuring lean body weight and percentage body fat.

Right: Part of the center is devoted to activities related to exercise prescriptions.
ing an underwater weighing room for measuring percentage of body fat and lean body weight, for nutritional counseling, and for sports and fitness activities related to exercise prescriptions. These areas, ranging from the fitness-test rooms to the wood-paneled reception area, with its Le Corbusier cube chairs and fitness-video screen, are detailed like an upscale gymnasium. A symmetrical dot rhythm introduced in the reception area becomes a pattern recalling a computer printout on the vinyl, metal, and ceramic walls, ceilings, and floors of the evaluation areas. Computer screens and high-tech lighting, set against the background of dark surfaces and gleaming chrome and glass, bolster the image.

The center features a retail area for what the architects describe as “hard-to-find nutritional and exercise products”; the store’s window display onto the street draws the attention of passersby to the center. Glass shelves suspended on ceiling-to-countertop cables, black granite countertops, and pale wood cabinetry emphasize the sleek image of performance and health the center conveys.  

Top: Suspended glass shelves and black granite countertops are used in the retail area.

Left: Locker-room lavatories

PROJECT Hermann Nutrition and Human Performance Center, Houston
CLIENT Hermann Hospital, Houston
ARCHITECT Watkins Carter Hamilton Architects, Inc., Houston (Belinda Bennett, project designer and senior interior designer; Yi-Shih Kao and Michelle A. Sweeney, interior designers; and Noel R. Gatiloff, project architect)
CONTRACTOR Brookstone Corporation, Houston
CONSULTANTS Michael John Smith, Houston (Lighting)
PHOTOGRAPHER Joel Haggard, Houston
Footprint of Change

IN PROGRESS At first glance, the most remarkable thing about the floor plan below is its ’60s-era diamond shape, unusual for a patient-care unit of a hospital, particularly in this age of efficiently organized triangular plans centered on large nurses’ stations.

At second glance, it is the lack of such a central nurses’ station that stands out. The plan and the accompanying perspective and elevation drawings on these pages, by Watkins Carter Hamilton Architects of Houston, come from the design for a renovated 8,400-square-foot unit of Trinity Medical Center in Moline, Ill., which represents a significant new direc-

Above: In the United Medical Center Plantree ward, the nurse’s station plays a less prominent spatial role than in a conventional ward.

Left: The library/resource center puts many functions of the nurses’ station in a new, residential-style context.

Patient room, foot-wall view

Patient room, head-wall view
tion in the philosophy underlying medical services and hospital design, patient-centered care.

In patient-centered care, the efficiency of the contemporary hospital is recognized as necessary but insufficient. The theory is that patients who are “empowered” partners with their physicians and other care-givers do better than those who (as in the traditional model of medical care) are passive recipients of technological interventions. Patients (and members of their families) in such a unit have access to all their records and charts and are expected to educate themselves about their illnesses and their treatment. Physical and organizational barriers to the privacy, security, and dignity of the patient and family are minimized.

Planetree, a health-care cooperative based in San Jose, Calif., has been at the forefront of development of patient-centered care since the early 1980s. Planetree consulted on the programming and design of the Trinity Medical Center project, making it one of the first Planetree demonstration units outside California; it will serve as a training ground for hospital staff throughout the Trinity system.

Gone are the spatially dominant nurses’ station and the typical clutter of carts and equipment. In its place are a Resource Library (with a symbolic fireplace) which in the Trinity demonstration project is located opposite the elevator landing, and a smaller-scale nurses’ station that becomes more of a meeting center. There is also a “great room” and a dining room for family and patients, and a “quiet room” for consultations and private moments. The furnishings and lighting were chosen for domestic scale and ambiance.

The success of patient-centered care remains to be measured, but its effect on hospital planning should be important.

Joel Warren Barna

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**Halting Hospital Noise**

**PRACTICE** Hospitals provide year-around, around-the-clock residential and sleeping accommodations for patients. But they also generate and are surrounded by noise that creates unacceptable intrusions. The architect planning and designing hospitals needs to be aware of the potential problems that noise can create. Noise can come from nearby highways and roadways, airplane and helicopter overflights, building cooling towers, emergency generators, and construction equipment used for hospital additions or adjacent buildings. Architects of a new facility need to evaluate potential noise levels, durations, and the time of day of acoustic events, and respond with appropriate siting, orientation, choice of shell materials, and other building-planning parameters.

Patients lose rest and are distressed by noise intrusions from noisy corridors, nurses’ stations, and adjacent patient rooms. Evaluation of existing facilities for renovation should include investigation of wall construction, interior-partition to exterior-wall intersections (at window mullions, knee walls, wall-mounted heating/air conditioning units, etc.), above-ceiling constructions (open-ceiling plenum or head-wall closures, ducts, pipes, and conduits), and other elements. Even though corridor and room configurations may be replications of previously successful designs, careful examination of the corridor, toilet, entry, room, and furniture layouts can lead to acoustical privacy improvements. Similar concerns should guide planning for doctors’ offices and examination rooms.

Not only patient areas but sensitive diagnostic equipment within hospital buildings must be protected from noise and mechanical vibration. Scanning electron microscopes, magnetic resonance imagers, CAT scanners, laser devices, and other crucially needed equipment can be badly compromised by structure-borne vibration or low-frequency airborne sound—at levels of vibration one to three orders of magnitude below what human tactile sense can detect. Structures therefore must be planned for stiffness, low deflection, and relatively high natural frequencies. In many cases, provision of suitable structural systems in high-technology and clean-room spaces, such as laboratories and surgical suites, can increase size and depth of structural members, affecting clear-span or floor-to-floor dimensions. Imaging systems and other such equipment are often used with or near clean rooms, in which air is purified by moving large volumes through filtration systems. Clean-room fans are powerful sources of compromising low-frequency noise. Planners must expect to provide generous mechanical support spaces for clean-room areas, and oversized duct layouts to accommodate sound attenuation devices. In the early phases of architectural and financial planning the additional costs and complications of this additional space should be considered in the building layout and spatial relationships between functional areas. In addition, worker- and patient-occupied spaces should be considered when locating and orienting large openings, including overhead doors, and exhaust mechanical louvers, and rooftop stack exhausts. Adequate space should be programmed in early planning for the additional ceiling plenum and mechanical chase volumes consumed by vibration isolation, and, in some areas, seismic-restraint systems.

Hospitals, laboratory and medical research facilities often require support shops for fabrication of prosthetic devices and experimental apparatus, or for maintenance of research, diagnostic, and patient-care equipment—places where sawing, grinding, metal-impact, and fastening procedures are performed. These must be separated from all other hospital spaces, particularly administrative and patient areas, to keep noise intrusion to a minimum. In addition, the hospital planner needs to consider the long-term effects of noise in central plant and machine-shop areas on the employees. In the early planning process, selection of equipment, arrangement of primary noise sources, and provision of quiet spaces within high-noise areas can prevent worker-hearing damage, create long-term working efficiencies beyond simple hearing protection, and avoid future expensive modifications and retrofits.

In the practice of engineering noise- and vibration-control solutions for health-care and medical-research facilities, our acoustical consulting firm has encountered each of these problems. Early recognition by the architectural planner of the demands of integrating new technology into the medical facility will allow innovative and well-conceived design solutions to replace the band-aid approach (par don the pun) of the past.

Jack B. Evans, PE


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Patient room, window-wall view
New colors from US Brick were created to fit naturally into environments in Texas. They are made from clays, shale, and limestone from different areas around the state. Circle 162 on the reader inquiry card

James Hardie Building Products manufactures Hardishake, a new fiber-cement roofing shake. The Hardishake, which carries up to a Class-A fire rating, is installed like a wood shake and does not split, break, rot, or attract termites and other vermin. Circle 163 on the reader inquiry card

Wm. Zinsser & Co., Inc., has introduced Semi-Gloss Perma-White Mildew-Proof Bathroom Wall and Ceiling Paint. It is blister-proof, washable, and scrubbable. A water-based paint, Perma-White is tintable with universal color systems, and is also self-priming. Circle 164 on the reader inquiry card

The new F39 and F39C series from Lighting Services Inc. are designed for compact fluorescent fixtures. Both of the 18-inch, 39-watt fixtures utilize 12,000-hour twin-tube compact fluorescent lamps. Circle 165 on the reader inquiry card

A new spring device from Giacomel Design Group allows blinds to be opened and closed without a motor. The spring is made of a shape-memory alloy that, when heated with a small current, expands or contracts, thus opening or closing the blinds. The mechanism fits inside the headrails of existing blinds and is hidden from view. Headrails may be fitted with timers that respond to heat, light, time, or command without interfering with manual movement of the blinds. Circle 166 on the reader inquiry card

WK Heating Systems has introduced WarmTouch™, a floor-warming system installed in the adhesive layer directly under the floor covering. WarmTouch can add the comfort of a warm floor to any tile or stone installation. Temperature-variable and timer-activated controls are available. The system features a 10-year warranty and is U/L approved. Circle 167 on the reader inquiry card

The Structural Glazed Tile Detailing Handbook, a guide for the use of Elgin-Butler glazed tile, is now available from Acme Brick Company. The handbook includes a complete listing of the standard tile shapes, as well as three-dimensional drawings of their use in standard wall configurations. Elgin-Butler glazed tile is non-porous, fire-resistant, and provides sound deadening and insulation. Circle 168 on the reader inquiry card

Kohler has introduced a new collection of vanities, plumbing fixtures, and faucets called the Trocadero Suite. Created by Kohler's sister company, Jacob Delafon of France, the Trocadero Suite is defined by simple styling with graceful arcs and straight lines crafted in high-quality materials. The variety of offerings in the Trocadero line, including the single-basin vanity shown above, makes it possible to incorporate individual pieces into a wide range of bath configurations. Circle 169 on the reader inquiry card

Computers in the Office

MASTERSPELL, from AIA MASTER SYSTEMS, is a supplemental spelling dictionary for use with word-processing programs to spell-check MASTERSPEC and other specifications and technical documents. MASTERSPELL includes specific terms used in architecture, engineering, construction, and related fields. Circle 170 on the reader inquiry card

AUTODESK, INC., has introduced Release 2 of its three-dimensional conceptual modeling software, Generic 3D. The software has the same interface as Generic CADD 6.0, Autodesk's two-dimensional design and drafting package. Generic 3D includes cursor alignment/ tracking, a sculpt mode, AutoCAD compatibility, linear dimensioning and text lines, and nested commands. Circle 171 on the reader inquiry card

RxEasyView is the latest AutoCAD utility product from RASTEREX. RxEasyView is accessible from the AutoCAD command line. A full directory structure is displayed and any drawing or slide file can be viewed instantly in a window within the dialogue box. Circle 172 on the reader inquiry card

CalComp has introduced three new connectivity solutions for its line of plotters and printers: an Ethernet network interface; a Versatech Greensheet conversion unit; and a Microsoft Windows device driver. The new interfaces are designed to increase the versatility and performance of CalComp output devices including pen, electrostatic, and direct imaging plotters and color-thermal-transfer printers. Circle 173 on the reader inquiry card
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And you will be proud...

and want to build another one.
LEADING INDICATORS:

Texas Index of Leading Economic Indicators
(Jan. 1981 = 100)

<table>
<thead>
<tr>
<th>January 1993</th>
<th>January 1992</th>
<th>Percent Change</th>
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<tbody>
<tr>
<td>120.50</td>
<td>116.08</td>
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COMPONENTS

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<th>Component</th>
<th>January 1993</th>
<th>January 1992</th>
<th>Percent Change</th>
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<tbody>
<tr>
<td>Initial Claims for Unemployment</td>
<td>61,814.0</td>
<td>82,930.0</td>
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<td>Average Manufacturing Hours/Week</td>
<td>43.04</td>
<td>42.20</td>
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<tr>
<td>Help Wanted Index (1979=100)</td>
<td>122.2</td>
<td>109.4</td>
<td>11.7</td>
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<tr>
<td>Retail Sales (Million $)</td>
<td>11,523.0</td>
<td>11,006.0</td>
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<tr>
<td>Oil Price ($/Barrel)</td>
<td>17.07</td>
<td>16.50</td>
<td>3.5</td>
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<tr>
<td>Stock Index (1980=100)</td>
<td>160.1</td>
<td>120.5</td>
<td>32.9</td>
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<tr>
<td>Housing Permits (3-month moving avg.)</td>
<td>5,773.0</td>
<td>4,546.0</td>
<td>27.0</td>
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<tr>
<td>New Business Incorporations (3-month moving avg.)</td>
<td>3,163.0</td>
<td>2,828.0</td>
<td>11.9</td>
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<td>Consumer Confidence Index (1985=100)</td>
<td>90.6</td>
<td>53.1</td>
<td>70.6</td>
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<td>U. S. Leading Economic Indicator Index (1982=100)</td>
<td>152.9</td>
<td>146.3</td>
<td>4.5</td>
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NEW BUILDING PERMITS ISSUED IN TEXAS (number of units):

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<tr>
<th>Period</th>
<th>Residential Total</th>
<th>Single Family</th>
<th>2-4 Family</th>
<th>Apartments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>96,763</td>
<td>59,143</td>
<td>3,763</td>
<td>33,857</td>
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<tr>
<td>1987</td>
<td>50,459</td>
<td>43,953</td>
<td>1,255</td>
<td>5,251</td>
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<tr>
<td>1988</td>
<td>40,504</td>
<td>35,906</td>
<td>853</td>
<td>3,745</td>
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<tr>
<td>1989</td>
<td>41,298</td>
<td>36,642</td>
<td>806</td>
<td>3,850</td>
</tr>
<tr>
<td>1990</td>
<td>47,195</td>
<td>38,233</td>
<td>689</td>
<td>8,273</td>
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<tr>
<td>1991</td>
<td>56,507</td>
<td>46,209</td>
<td>994</td>
<td>9,304</td>
</tr>
<tr>
<td>1992**</td>
<td>59,169</td>
<td>51,144</td>
<td>545</td>
<td>7,480</td>
</tr>
</tbody>
</table>

* Other includes amusement and recreational structures, churches, parking garages, service stations, hospitals, public works and utilities, schools, other nonresidential structures, and structures other than buildings.

** 1992 numbers may be adjusted later.

The State Comptroller's "Index of Leading Texas Economic Indicators" (see left) posted a 3.8-percent increase from January 1992 to January 1993. Of the 10 components that make up the index, the regional Consumer Confidence Index made the most progress, with a 70.6 percent gain. The Texas Stock Index, which measure investor confidence in 75 Texas-based companies, increased 32.9 percent. Housing permits also registered a strong gain while initial unemployment claims fell more than 25 percent. The positive performance registered by all of the index components indicates the likelihood of continued growth for the Texas economy into the second half of 1993.

An examination of new building permits issued in Texas from 1986 through 1992 (see below) provides one picture of the state's economic health. Total residential permits slumped dramatically from 1986 to 1988, but have rebounded in each subsequent year. Most of the gain has been in the single-family category, which has improved steadily since 1988. The non-residential categories have not fared as well. The number of permits issued in all four non-residential categories has fallen each year since 1986, taking a sharp drop in 1992 after apparently leveling off in 1990 and 1991.

Compiled by Mark Denton

Source for Leading Indicators: John Sharp, Comptroller of Public Accounts
Source for Building Permits: U.S. Department of Commerce, Bureau of the Census
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