HEALING ARCHITECTURE

GENERAL INFORMATION
Course number: ARCH 677
Credits: 6 credits
Time: May 2nd – June 22nd 2012 / Mondays, Wednesdays, Fridays 9.00am-5.00pm
Place: Macdonald-Harrington Building, 5th floor studio
Prerequisites:
Instructor: Francisca Insulza
e-mail: francisca.insulza@mcgill.ca
phone: tba

COURSE DESCRIPTION
The studio will address issues linked to architecture for contemporary medicine aiming to establish new models for the conceptualization and organization of health facilities. Course work will be organized around three projects, each one focusing on specific concerns and the need for particular architectural solutions. The sequence of projects is proposed in increasing complexity with regards to program, time use (length of stay) and the incorporation of different types of users.

The relation between Health and Architecture that will be developed through the different projects will be framed with a focus on systemics, understanding health facilities as part of a larger organic whole that intercepts infrastructure on a city scale.

Likewise a broader cultural and interdisciplinary discourse will be addressed through incorporation of perspectives from the arts, literature and film (see below). A “collective reference library” will be created as part of the group research of the studio and used to inform the design projects.
Representation and presentation skills are deemed an essential part of the course and students will be encouraged during each project to experiment and express their ideas through the use of different media.

ASSIGNMENTS / PROJECTS
1 – URBAN UNIT FOR AUTOMATED TESTING PROCEDURES, TELEMONITORING AND TELEHEALTH EXCHANGE
Length: approx. 1 week, Review: Wednesday, May 9th
The rapid development of medical technology is making telehealth and telemonitoring procedures viable solutions for remote and vulnerable communities, patients in need of constant monitoring and the abatement of rising health care costs. Although projects are still limited, according to experts the next years will see an increase of telematic and telehealth facilities. How can architecture respond to these new spaces? How can we rethink programs and spatial relations within automated contexts?

Students will be asked to design a tele-health module equipped with machines for automated health procedures. The project will deal with the relation of measurements between machine and user, flows and expediency (short term stays), flows, and urban image. The specific location of the projects will be chosen by the student as part of their own the project strategy. Questions regarding
issues of patient based knowledge, wide spread information and patient/user empowerment will also be addressed in relation to the role architecture can play in responding to technological advancements and the need for new spatial typologies.

2 - CENTER FOR MENTAL HEALTH DISORDERS
Length: approx. 2 weeks, Review: Wednesday, May 22nd
According to the American National Institute of Mental Health approximately 57.7 million Americans suffer from a mental disorder in any given year (26.2% of adults) while serious mental illnesses concentrated in about 1 in 17 people (6%). About half of all people who suffer from a mental disorder also probably suffer from another mental disorder at the same time. In the UK, Canada, the USA and much of the developed world, mental disorders are the leading cause of disability among people aged 15 to 44.
Each student (or group of 2) will choose one type of mental disorder - Anxiety disorders, Mood disorders, Psychotic disorders, Eating disorders, Impulse control and addiction disorders, Personality disorders – and design a small treatment center. Both site and program will be given as part of the brief.

3 - 50 BED HOSPITAL for HAITI
Length: approx. 4 weeks, Final review: Friday, June 22nd
Larger complexity and in-depth development will be incorporated during the last project. At the same time special emphasis on the role that health infrastructure can have within a community in crisis will be addressed within the development of the project. Program and site will be given as part of the brief. This project will be coordinated with the Andrew King studio.

INSTRUCTIONAL METHOD
Projects will be developed in a studio based system where the studio is to be understood as an active working space that will produce a collective and shared body of research and knowledge from which individual projects will emerge. Active participation both in programmed discussions and project review sessions (crits) is expected and should be understood as part of the learning process.
Wednesday morning lectures (9am-1pm) will provide a multidisciplinary outlook incorporating approaches from art, film and literature contexts to address, from different perspectives, the architectural issues in discussion.

FILM SCREENINGS AND DISCUSSION (Friday mornings 10AM-1PM, films section subject to change)
Edward Scissorhands, Tim Burton, 1990, (prosthesis)
Citizen Ruth, Alexander Payne, 1996 (abortion and mental health)
One Flew Over the Cuckoo’s Nest (1975), Milos Forman (mental health)
Blindness, Fernando Meirelles, 2008 (physical impediment, epidemics)
Elephant Man, David Lynch, 1981, (disfiguration, ostracism)
Mash, Robert Altman, 1972 (work environments)
Safe, Todd Haynes, 1995 (allergies and pathogens)
Contagion, Steven Soderbergh, 2011 (infectious diseases, quarantine)
SELECTED BIBLIOGRAPHY
- Dino Buzzati, Seven Stories, 1958.
- Michel Foucault, Birth of the Clinic: An archaeology of medical perception (excerpt), 1963.
- Michel Foucault, “The Crisis of Medicine and or the Crisis of Anti-medicine?”, Paper at the Institute of Social Medicine, Biomedical Center, State University of Rio de Janeiro, Brazil, 1974.
- Howard Frumkin; Lawrence D Frank; Richard Jackson, Urban sprawl and public health: designing, planning, and building for healthy communities, Island Press, Washington, DC, 2004.
- Thomas Leo Ogren, “City Trees and Urban Health” in Giovanna Borasi, Mirko Zardini (eds.) Actions: What you can do with the city, SUN, Amsterdam, 2009.
ASSIGNMENTS AND EVALUATION
Evaluation coefficients will be based on the complexity and length of each project. Reviews for each project are to be understood as a presentation of an ongoing process rather than a final product. Likewise the final review of June 22nd is expected to contain (in portfolio format) the work realized during the course.

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<thead>
<tr>
<th>Project Number</th>
<th>Review Date</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Project 1</td>
<td>May 9th</td>
<td>15%</td>
</tr>
<tr>
<td>Project 2</td>
<td>May 23rd</td>
<td>30%</td>
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<tr>
<td>Project 3</td>
<td>June 22nd</td>
<td>45%</td>
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<tr>
<td>Attendance and participation</td>
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MCGILL POLICY STATEMENTS
1. “McGill University values academic integrity. Therefore, all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the Code of Student Conduct and Disciplinary Procedures” (see www.mcgill.ca/students/srr/honest/ for more information). (approved by Senate on 29 January 2003)

2. “In accord with McGill University's Charter of Students' Rights, students in this course have the right to submit in English or in French any written work that is to be graded.” (approved by Senate on 21 January 2009 - see also the section in this document on Assignments and evaluation.)