



site plan

HOS-PICE (hos'pis) n. A shelter or lodging for travelers, children or the destitute, often maintained by a monastic order. (French, from old French, from Latin *hospitium*, from *hospes* (stem *hospit* -), Host (receiver of guests))

AN A.I.D.S. HOSPICE

**HEALING ARCHITECTURE FOR THE A.I.D.S. PATIENT,
A PLACE OF DISCOVERY AND HOPE.**

AN A.I.D.S. HOSPICE

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**A place of discovery and hope
An A.I.D.S. Hospice**

**Bachelor of Architecture Degree Program
Thesis Design**

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Dedicated to all those who have A.I.D.S. and have been touched by the grace of God.

For my Mother, whom I miss a great deal and can only try to match her essence.

For my Grandparents, without their help this would not have been possible.

For the added support of my Father and Heather, who paints within the lines well.

It began with Mr. Grounds and continued in the summer of AEP 88, and finished with thesis war 1992.

V.T.L.

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Soul can incarnate progressively into a building as it progressively gains substance from wish, through idea, planning, constructional design, building and occupation 13

If qualities of movement, life, harmony, gesture and resolution of dynamic forces can be given to lines, shapes, forms and spaces, they can bring an influence of life to the place a building bounds 13

Architecture is a powerfully responsive language that influences individual's responses regardless of culture. We know that architecture reacts with our senses, stirring many differing emotions, but what is it about these spaces that so carefully changes our reactions? Architecture is intertwined with our lives in such a manner that places take on meanings to each of us. These meanings affect our emotions and cause joy, sorrow, well being, and emptiness. As a student of architecture I have experienced many opportunities to interact, compare, and investigate various architectural spaces and their contents; while recording my own interpretations into memory.

A one month field study in central Italy on adaptive use of structures triggered within me an awareness of the different emotional intensities that I felt when exposed to these often similar spaces.

Therefore I felt that there must exist a sense of responsibility for architects to design within a "spirit of place" 13 that not only reaches our visual senses, but gestures into our unconsciousness minds as harmony.

Our surroundings are potentially the most powerful art form we experience in our lives. Most artistic experiences are brief moments, but we live our daily lives in our surroundings. Whether they will bring illness or healing depends upon all of us whose decisions and actions shape human environment.

13

Are there places within our built environment that seem more interactive to us than others?

Do any of these spaces/places give us comfort or grief?

If architecture cannot have a soul, than why do many buildings of similar functions vary so much?

Always seeking to understand why I enjoy many places more than others, and never enjoying visits or long stays within the confines of health facilities, I have long wished to seek better programming decisions and influences on this problem.

Throughout my short educational career as a student I have wanted to design solutions that do more than satisfy the objectives; often because I know that projects and professors only teach me so much. Primarily they act as a spark or catalyst to stimulate my own deeper insights. These insights congregate many times at the same questions, why is this better than that? why does this make me feel emotions such as well being or fear? Because architecture can shape how we feel, I wonder if architecture, working on the threshold of our consciousness, can help heal those infected with seemingly incurable diseases. The project, an AIDS hospice, will become possibly the final home for many, and a refuge to others. The program will allow for spaces which must give ownership and its associated freedoms along with visions of hope to its users. Life must be allowed to continue with dignity for these people and their visitors, while cleansing their minds and developing a healthy, positive, attitude. Studying other facilities and the needs of their users will be investigated. As space is the catalyst for our moods, providing boundaries and a means to our daily living, even the most simple uses for common spaces and activities will need careful consideration. The mere shaping of ordinary surfaces become important.

Square rooms need to be set into life, for instance by shaped ceilings. Flat ceilings turn them into boxes. Some things are definitively too low. Cosiness can become oppression; some are too high, a room may be unsettlingly vertical; some are too broad, a view may be too open, making the room too outward oriented for it's function. It is no coincidence that the USA especially in the 60's, the heyday of the rectangle, led the world in exotically curvilinear automobiles and hallucinatory drugs. 1

An understanding of place as opposed to space will lead one to better realize this proposed project. The idea here is to assemble certain wants and desires into a catalogue of places; so that within the finished product, the users will identify with what is created. For some, this will become a home. Their final home where they will have the chance to collect and sort through a lifetime of thoughts before death. Others will find themselves fighting, searching for any thread to cure this incurable disease. This place shall therefore become life affirming architecture.

AIDS first became a problem for those involved in the medical field in the early 1980's the government didn't sponsor any research grants or lend any wholesale acknowledgement of this unbelieving disease until 1983. Within the United States, AIDS began in the cities of San Francisco and New York; spread because of a lack of understanding about how it could be passed from one individual to another, and what systems of our body were really involved. AIDS began as a mysterious ailment to a few concerned physicians. As the numbers of those infected climbed, the victims themselves began to question what was causing the gradual death of even the closest of friends. Then curious doctors from around the world vainly tried to trace clues that would lead to the causes of the deaths of so many victims.

These victims were dying from little known cancers, simple viral diseases such as Tuberculosis, and many other ailments that were most commonly found in animals. Looked upon in the beginning as "God's gift to sinners" AIDS was generally ignored by the government. In one San Francisco newspaper, someone reportedly said that if this disease had not struck the gay community, but perhaps another organization such as the Boy Scouts, it would have been cured by now.

Once it moved through the homosexual population to drug addicts and finally into the mainstream population, the research and grants began to be released. Too little, too late of course, and now AIDS and those affected with the disease have nothing more to do than await for a possible cure and to feel the very life withdrawn from them.

Now the crisis is amongst us as AIDS continues to infect an exponential number of people of all cultures, and the care of those infected has now outstripped our current available facilities for treatment. The number of AIDS cases reported to the World Health Organization leads the W.H.O. to estimate that the cases will double in just over a year. Now with as many people infected, hospitals and care facilities are overcrowded. Only two facilities exist in the United States today that are of the same extent for care as this proposed project. Therefore the need is desperate to investigate and construct more of them now. Certain death entails a person's past, present, and future, all as one experience. This hospice must promise life, and death as a part of this life.

Because I understand that architecture embodies a soul which defines the character of a space, then I wish to explore those influences; therefore this search will evolve from this as a programme. Collectively, this AIDS hospice will contain spaces that will become an emotional habitat for wellness for its users. Culture, people, traditions, and place will become unified.

We generally experience our environment in three ways,

1. Operational,

2. Responsive,

3. Inferential;

Through these, components of architecture force themselves upon us. This spawns the idea that each building to itself has a soul.

Soul can incarnate progressively into a building as it gains substance from wish, through idea, planning, constructional design, building and occupation.

It is the threshold of a building that reaches to us as we become aware of its presence, and react to it. This reaction is the emotional stimulus I am searching to design for.

Placing this structure within a site in the midwest presents a plethora of possibilities and misgivings. This area will find that most of its communities retain deep seated traditional values. Therefore one objective of this project is to educate those within the community about the disease of AIDS. It should be the intent then, for this structure to have a site that does not isolate, shelter, or hide itself and its participants, but it should become a visible facet of the community. Some functions of the interior began to dictate that this building will have a hilly site or overlook to perch from. Together, materials and structure want to be explored. Details and connections, use of materials and forms should come forward in the design to create an exciting collection of spaces and a wonderful place to stay.

Arrival to the facility should be addressed as an event where the hospice reveals itself slowly to all who trek to it. Therefore the site must remain hilly. As most emotional architecture finds itself above the ordinary through a singular space or collection of spaces, this design will seek to find out what it is that reacts with our senses to develop these meanings, while reducing our fears.

The elements of the garden- earth, water, plants, sun and wind, can heal and nurture us with restorative energies. At the same time, we must repair and heal with our own energies the larger damaged natural world, our collective global garden. Our own mother earth, once a paradise with all her virgin beauties, is now a despoiled and neglected patient. If the patient succumbs, we perish. 18

Natures garden has been spoiled by man and often left for waste. Again what interests me is how a few people might view this wasteland as just that, a barren desolate wasteland, while others can see a deeper beauty within.

This search for a site led me to Southern Monroe County and an area known as the limestone capital of the world. Everywhere, abandoned stone quarries can be found within the often dense underbrush, scattered like opened beer cans along a country road.

These serene quarries vary in size and depth, but what they do have in common is huge gigantic blocks of stone; tossed aside in man's search for the more perfect building material. Unspoiled in texture and composition, the size of these individual stones are dwarfed by the immense holes left from which they came.

While many former quarries have once again been reopened as demand increases, plenty of these abandoned quarries are spread around the limestone belt that would afford a chance to once again give life to the community. Consisting of towering cranes, vast fields of limestone cubes that loom over the human scale, and oversize rusting gears whose use if no more importance, these piles of scrap seem to collect themselves around immensely deep pools of water. This dark and grey landscape is contrasted to the rich vibrant color of the water that ranges from dark blues to the sharpest of green.

Almost without care, gardens of overgrowth and twisted trees have been quick to claim man's disregard for nature, which ironically have created a more beautiful landscape than previously existed. For now, the structure of this project is seen as not something that clings to the quarries depths, but something that lays next to them, contributing to the beauty of the place.

This particular quarry chosen for the project has much more significance than its size. This quarry was a provider for one of man's glowing accomplishments, for the stone removed from within its rough walls now encloses the interior of the Empire State building. Stone from the earth, now reaches towards the sky.

ORGANIZATION

Organizational requirements for the hospice are set up as follows.

1. A board of directors totaling (7) people shall include:
 - The executive director
 - One patient resident for the duration of the patients stay
 - One counselor
 - Two at large seats from the community
 - Two at large seats from health professionals
2. (2) two counselors/group leaders
3. (3) three residents
4. All other residents

USERS	A suite for one resident
ACTIVITIES	Living space for residents that can be called home. Eating, sleeping, visitation with guests and meditation occurs here.
EQUIPMENT/ FURNITURE	Major kitchen fixtures, bathroom fixtures, and H.V.A.C. systems should be in place. Other fixtures will be personal items of the residents.
TIME OF USE	Should be thought of as home. Each residents will have the right to enter and leave as they wish. Residents will be allowed to live here up to one year.
THERMAL	Passive solar with either trombe wall or other conductor, as well as linked to core facilities H.V.A.C. system. High air filtration.
ACOUSTICS	Greatest level of soundproofing required. Utmost privacy and security.
LIGHTING	Daylighting for early hours and ample spaces for directed task lighting. Each space will tailor itself to the residents.
SQUARE FOOTAGE	Minimum of 949 @ 8= 7,592 sq. ft.
DESIGN CRITERIA	A great deal of differing emotions will take place here. Healing for many will come from within and each resident will probably want to spend the greatest amount of time here. Many elements will come together here, so views, comfort, and privacy are of highest concern. These will not become as hotel rooms but a highly personalized space.
ADJACENCIES	Could be self contained units placed away from the visitor suites. They should be situated around a core, and each resident suite should be near another.

USERS	Counselors, AIDS clients, speakers from outside the hospice, other workers from the facilities, family and friends, small group meetings within residents.
ACTIVITIES	Peer group counseling sessions, daily conferences, small workshops, information gatherings.
EQUIPMENT	Furniture for formal and informal meetings. Tackboards, chalkboards, markerboards. Conference tables with chairs.
TIME OF USE	24hr. access. All spaces within hospice except offices will be as in your own home.
THERMAL	Connected into overall scheme of passive solar design, possible thermostat located within space. Located near windows.
ACOUSTICS	Very private. No noise should enter or exit space.
LIGHTING	Low level ambient lighting. Directed task lighting for focus upon presenters and activities. Cat E 50-100 foot candles.
SQUARE FOOTAGE	Minimum of 896 EA @ 2= 1,792 SQ FT
DESIGN CRITERIA	These are instructional spaces. These spaces should not become lounges. Serious and sometimes heated debate will often occur here. An isolated view and opening into inside/outside balcony is preferred. Two types of meetings will occur here, 1 on 1 or group. Some will be more formal conferences and presentations, while others will be rapid spur of the moment informal discussions. Furnishings should be comfortable.
ADJACENCIES	Bath rooms, main entrance, 1 or 2 other conference rooms, windows, balcony, offices of staff, garage area kitchenette.

USERS	Residents, staff, and visitors.
ACTIVITIES	Meditation spaces for contemplation and gathering of thoughts. Outside areas for single and groups to interact with each other as well as spaces for observation.
EQUIPMENT/ FURNITURE	Balconies and seating. Flowers and sculpture.
TIME OF USE	Accessible 24 hours for staff, residents, and their guests.
THERMAL	Not required here.
ACOUSTICS	Reflectivity and sound absorption are considerations. Pets will be permitted.
LIGHTING	Low level pathway lighting, with dusk/dawn automatic switching.
SQUARE FOOTAGE	Open for consideration, 60 EA. @4=240 SQ. FT.
DESIGN CRITERIA	A place for wandering to place the worries of the mind at ease. Casual talks and small group discussion taking place. An extension of each residents own personal space.
ADJACENCIES	Side corridors of the complex. Creeks, trees, and paths.

USERS	Residents, staff, and visitors.
ACTIVITIES	A variety of activities such as video and television viewing adult games, and exercise. Spaces also provided for skit and plays.
EQUIPMENT	Seats, sofas, large screen video system, as well as storage units for videos and assorted games. Exercise equipment such as weights, bicycles, and treadmill.
TIME OF USE	Accessible 24 hours for staff, residents, and their guests.
THERMAL	Direct link into the passive system. Backed up with the core facility H.V.C.A. system. This space will likely have a high moisture content and drafts should be kept to a minimum. High rate air filtration and exchange.
ACOUSTICS	Noises should be directed into absorbing materials. Sound should not be allowed to penetrate into the facility.
LIGHTING	200-300 foot candles Cat D, for ambient overhead lighting. Outlets for task lighting should be provided
SQUARE FOOTAGE	Minimum of 3,776 sq. ft.
DESIGN CRITERIA	A great deal of uses will be taking place here. Many functions will create conflicting noises and times of use. Residents will have the opportunities to interact and entertain guest here. Open to views outside, this space may want to include a balcony.
ADJACENCIES	Restrooms, other large meeting rooms and a kitchenette. A close proximity to the resident's suites. Away from the main entrance.

USERS	Residents only.
ACTIVITIES	Storage of belongings for residents that might have died and for whom no family has been located, as well as temporary storage for current residents. protection from the weather.
EQUIPMENT/ FURNITURE	Protective locks and shelves within each space.
TIME OF USE	Accessible 24 hours for residents.
THERMAL	Minimum levels of comfort requires here, but thought should be given to the freeze/thaw cycle for residents valualbes. Medium frequency of air exchange.
ACOUSTICS	Noise levels are not a priority.
LIGHTING	Daylighting for early hours and ample spaces for directed task lighting. Industrial lighting.
SQUARE FOOTAGE	Minimum of 1.152 sq. ft.
DESIGN CRITERIA	The stroage of personal items will require high security. Daylighting if possible with a sky light, etc. Self contained units with built in for holding of stored items.
ADJACENCIES	Located close to ground level with an entrance away from mail entrance. Individual units that should also be near another.

USERS	Residents, staff, and visitors. (1mens and 1 womens)
ACTIVITES	Personal hygiene.
EQUIPMENT/ FURNITURE	2 urinals, 2 sinks, handicapped accessories, mirrors, towel and soap dispensers, coat rack.
TIME OF USE	24 hour use, always unlocked.
THERMAL	Linked to core facilities H.V.C.A. system waste control. High air filtration.
ACOUSTICS	High level of soundproofing required.
LIGHTING	Cat B 50-100 foot candles for overhead ambient lighting.
SQUARE FOOTAGE	Minimum of 168 ea. @2= 336 sq. ft.
DESIGN CRITERIA	These public restrooms will be near the main non-resident entrance. The limited use dictates that they will no be space consuming.
ADJACENCIES	Located near the public entrance to the facility. Not obtrusive, but easy to find.

USERS	families and friends of the residents. each suite will accomodate up to a maximum of three persons.
ACTIVITIES	short term independant living for visitors including eating, sleeping, and dining. Informal private meetings and work activities may also take place.
EQUIPMENT	kitchen equipment, sleeping area, clothing storage, eating area, sitting area with chairs tables and lamps, bathroom equipment.
TIME OF USE	admitted visitors will be allowed 24hr. use for up to 2-3 weeks.
THERMAL	Incorporation of this area into overall scheme of passive solar system. all suites will be on their own system link to be independant from the rest of the hospice. normal air filtration and exchange.
ACOUSTICS	privacy and security should be respected.
LIGHTING	ambient overhead lighting with on/off/brightness control within each unit. task lighting for writing reading and intimate discussions. cat d 20-50 foot candles.
SQUARE FOOTAGE	minimum of 720 EA @ 6=4,320 SQ FT
DESIGN CRITERIA	a space for close contact with guests of the residents to provide comfort for the residents. intimate suites, not hotel rooms. privacy and solace should be maintained. there must be some sort isolation/separation between these spaces and the spaces of the residents, for or sometimes the visitors may be unwelcome. spaces will be shared on a rotating basis guest should be able to function normally. views are important here.
ADJACENCIES	placed away from living quarters of residents. located near a main corridor. possibly self contained units.

USERS	Residential director suite.
ACTIVITIES	Sleeping, eating, bathing, and general record keeping. Some office work and meetings with people outside the hospice. Small staff meetings.
EQUIPMENT/ FURNITURE	Kitchen, bath, and eating fixtures. Shelving and storage units.
TIME OF USE	Director will live here as the residents do. Therefore they will have 24 hour access with this area acting as a home.
THERMAL	Direct link into the passive system. Backed up with the core facility H.V.C.A. system. Independent control for these spaces. Medium rate air filtration and exchange.
ACOUSTICS	Noise levels are projected to be low here, so soundproofing is not a great concern. However privacy and security should be maintained.
LIGHTING	200-300 foot candles Cat C for ambient overhead lighting. Outlets for task lighting should be provided.
SQUARE FOOTAGE	Minimum of 1,440 sq. ft.
DESIGN CRITERIA	The director will live here in the facility just as the residents do. This space should be accessible for visitors, staff, and residents for meetings with the director. Windows and perhaps another door leading to a semi-private area of the facility may be called for here. Many people's first impressions of this facility might originate from here.
ADJACENCIES	The main entrance lobby and other large meeting rooms. Located near the pharmacy and medical office. Close to a private garage as well.

USERS	Residential nurse suite.
ACTIVITIES	Sleeping, eating, bathing, and general record keeping. Some office work and meetings with people outside the hospice.
EQUIPMENT/ FURNITURE	Kitchen, bath, and eating fixtures. Shelving and storage units.
TIME OF USE	The resident Nurse will live here and have 24 hour access with this area acting as a home.
THERMAL	Direct link into the passive system. Backed up with the core facility H.V.C.A. system. Independent control for these spaces. Medium rate air filtration and exchange.
ACOUSTICS	Noise levels are projected to be low here so sound-proofing is not a great concern. However privacy and security should be maintained.
LIGHTING	200-300 foot candles Cat D for ambient overhead lighting. Outlets for task lighting should be provided.
SQUARE FOOTAGE	minimum of 1,200 sq. ft.
DESIGN CRITERIA	This space will become a home away from home for the nurse. It will be unfrunshed and should have windows.
ADJACENCIES	Located near the director's suite and away from the main corridor. This suite should also be located near the pharmacy and medical office and close to a private garage as well.

USERS	Psychologists, doctors and other health related personnell.
ACTIVITIES	Secure storage of medicines and assorted medical instruments. Dispersal of drugs to residents and storage for their medical records.
EQUIPMENT/ FURNITURE	Lockable shelving and storage cabinets. Sinks and refrigerator. Sofa, stools and desk.
TIME OF USE	This area should always be kept locked. It's time of use is predicted to be during normal business hours, 8-5.
THERMAL	High air filtration and air exchanges. Linked to core facilities H.V.C.A. system.
ACOUSTICS	Medium acoustic levels therefore the space has no need for soundproofing.
LIGHTING	Cat G 200-500 foot candles for task lighting with Cat D 20-50 foot candles for ambient lighting.
SQUARE CRITERIA	Minimum of 672 sq. ft.
DESIGN CRITERIA	This will be a space where the residents will not only see the effects of this disease, but where others such as doctors will examine and dispense medicines. A highly emotional space it should include windows for views and a regard for this place to not become a sterile place.
ADJACENCIES	Near bathrooms and resident corridors. Placed away from the main lobby.

LISTING OF SPACES	NET SQ. FT.
1 residential suite	7,592
2 entertainment exercise spaces	3,776
3 residential storage	1,152
4 public restrooms	336
5 resident director	1,440
6 resident nurse	1,200
7 pharmacy/medical office	672
8 group meeting rooms	1,792
9 guest suites	4,320
10 outside tranquility	540
TOTAL NET SQUARE FOOTAGE	22,820
X FACTOR	.70
TOTAL GROSS SQ. FOOTAGE	38,794

PAGE
GRAPHIC

DEFINITIONS FOR VARIOUS COSTS:

- BUILDING COST** Includes all costs within 5 ft of exterior building line.
- FIXED EQUIPMENT** Includes all equipment items which may be built in and installed before completion of the building.
- SITE DEVELOPMENT** All work required which lies within the site boundary, and 5 feet from the edge of the building.
- MOVABLE EQUIPMENT** Includes all movable equipment and furniture items.
- PROFESSIONAL FEES** Costs of architectural and consultant services.
- CONTINGENCIES** A percent of total costs as contingency to cover any unseen costs and inflation.
- ADMINISTRATIVE COSTS** Items owner is responsible for during the duration of construction until completion.

COST ESTIMATE:

ITEM	SUBTOTAL	TOTAL
building cost 36,794 X \$62.50 Sq Ft	2,299,625	
fixed equipment 5% of B.C.	114,981	
site development 12% of B.C.	275,975	
TOTAL CONSTRUCTION COST		2,690,561
site acquisition and/or development	unavailable at this time	
movable equipment 8% of B.C.	183,970	
professional fees 9% of C.C.	242,150	
contingencies 7% of C.C.	188,339	
administrative costs 1% of C.C.	26,905	
TOTAL BUDGET		3,291,925

B.C. is building cost
 C.C. is construction cost

(COST IS IN ESTIMATED APRIL 1992 DOLLARS)

My own childhood was also influenced as well by this magnificent void. While I was enrolled in elementary school, a School that borders the North edge of the property, I was then very afraid to venture even one step towards the quarry. Our teachers always warned my classmates and I that the old road leading over and back to the quarry was off limits. We were told to not ever wander towards it because only evil lurked back there. I remember that we were told an evil monster lived within the bowels of the quarry, and would bring us great harm if it saw us near the quarries edges. For quite some time, this worked, but as I grew older and wiser I snuck back there to see for myself this ugly monster, only to be confronted with the raw beauty and destruction of man. I compare this now with many people's notions about AIDS and what the feelings towards someone who is a carrier of this disease. Those who can see through this misconception, find that a beauty lies inside and that we should not run from the innocent people affected.

Furthering my thoughts and findings will lead this thesis to become a map which others can trace. This map may not have any planned destinations per se, but it will allow others to grasp the qualities of a healing architecture. I will be seeking to find the soul making qualities of a place and how they could be used to create a place of refuge. Through research, compilation, and presentation of this project, I hope to gain an understanding of architectural greatness that makes the difference between the success or failure of places. I hope that this final lesson in architectural studies at Ball State will help me better understand how to go about the delicacy of creating. According to A. Missair, research is the discovery of something new. This "newness" I hope to find as I examine AIDS cases, seeking enlightenment from real people afflicted with this tragedy. Other sources have included doctors, health supervisors, current treatment facilities, and psychologists in related fields. Through this I wish to combine the misery and suffering with architecture, to generate places of hope.

Research and design are so intertwined that even now within my brain awaits bits and shapes of preconceived ideas about the design of the project.

As I continue to learn through research I will Make more sense of each thought gathering within myself; therefore my thesis project will start from the beginning as an ongoing dialogue between research and design. Right and wrong answers will both surface from this murky tam.

Throughout the semester I explored with different ways to realize the final qualities I felt represented the emotional healing architecture

I have worked from model form and section drawings to detail drawings of bits and pieces. I drew in small scale views of components, that assembled to create the whole. Whenever this led to more polished results, I further investigated with larger scale drawings to attain spaces that began to work in harmony.

Once diagnosed, patients tend to feel emotionally apart from the rest of the world and have to find personal resources and commitment to get themselves through the treatment. The C. C. C. goal is to build on these strengths, to cater to patients needs in a dignified, respectful way, honoring their efforts to continue a normal life. 28

This quote led me to look into the design of the Comprehensive Cancer Center and whether or not the resulting design had any value. Cancer patients often in a limited way, react as AIDS patients do. Their experiences sometimes are similar as they witness firsthand the changes in their physical and mental well being. The center tries to bring dignity to those who visit its facilities, through architectural themes.

Many elements from classical architecture and the formal civic situation are at hand, introducing a preëxisting and seemingly absolute order. This is possible because at the point where a natural absolute-death-threatens the very existence of the self, man-made absolutes-science, control, and determined modes of behavior show themselves. Architecture, along with accepted manners of behavior such as legible language, politics, and most other cultural constructs, acts as the artificial consciousness of the modern world, as that which attempts to present an aura of stability and continuity in order to perpetuate relative relationships of economic and social power. Modernity or modernism is not a look or historical period, but a definition of a consciousness of processes of modernization, of continual change and perfection in how things are made, how society operates. As such, modern architecture can only mirror or map our world.

I feel that this is where the similarities stop, and where my proposed facility / investigation tread into new and unforeseen realizations. While on one hand both Cancer and AIDS can be a mutattious disease wreaking havoc on those afflicted, AIDS is vastly different. Cancer does not carry the stigma as the phrase 'you have AIDS.' Also Cancer can be treated, thereupon lies a great deal of hope and chance, While AIDS has no cure. Has no cure, how can one try to heal oneself when there are no odds for longterm survival? Cancer began without a cure, and now has hundreds of foundations working to cure it in all of it's forms. AIDS was overlooked, or worse yet, AIDS was disregarded as only a rumor and insignificant when it was first diagnosed. Still now, as AIDS begins to overtake society, it commands no where the federal money to cure or even slow it's progress.

Further research revealed that a similar facility to my proposed Hospice might even be a nursing home. They offer long term care for bedridden patients and those who have withdrawn from society. Double loaded corridors and central nursing stations give these places accessibility for their users. But the self healing architecture that I am searching for cannot nuture here. The institutional feel and lack of care to promote well being does not coexist with inner healing and community, nor does ownership.

Environment is one such agent; it can provide nourishment, support and balance for the human spirit as much as it can starve, oppress and pervert it. 13

This perversion of architecture is incapable of allowing for inner healing. Institutional architecture with its monotonous spaces and low ceilings causes users to become lost in its qualities of sameness found throughout.

Gracious living makes frozen lives (1978)

*The home is still regarded as the last refuge in an inhospitable environment. the fact is usually forgotten, however, that the home is an integral part of our *constructional environment. If the home is separated from it's direct or indirect surroundings it becomes a submarine in bedroom cities.*

There are 4 living areas: the first is the apartment itself. the second is the apartment building. the third is the neighborhood (street) . the fourth is the city.

The apartment is more than an isolated home. living goes far beyond the four walls of the apartment. living does not end at the front door. the way to work, the way to school, th e possibilities for shopping and recreation- all these influence the quality of life and living as much as the furnishings ever do.

But it is the vitality of the person, living there, which will finally determine whether the apartment is hot or cold. In a hot apartment one can identify with all the opportunities our urban environment offers. the language of the hot apartment is the language of our urban civilization.

This demands courage from all the participants- courage to correlate the outer and the inner world (home and city) and to seek the identity of society in the total realm of experience.

In a beautiful submarine interest is lost in the surroundings. living becomes bad living and BAD LIVING FREEZES LIVES. Wolf D. Prix

It is clear that every building functions in the creation of two kinds of space: its internal space, completely defined by the building itself, and its external or urban space, defined by that building and others around it. To maintain that internal space is the essence of architecture does not mean that the value of an architectural work rests entirely on its spatial values. Every building can be characterized by a plurality of values: economic, social, technical, functional, esthetic, spatial and decorative. The reality of a work of art, however, is the sum of all these factors; and a valid history cannot omit them. That space is void-should be the protagonist of architecture is after all natural. Architecture is not art alone, it is merely a reflection of conceptions of life or a portrait of systems of living. Architecture is environment, the stage on which our lives unfold. 35

Design realization of this project became based on the ease of circulation and unimpeded access for the residents. The notion of privacy was just as important, and also led to the formation of different zones within the spaces, where the idea of home allowed for those staying here a greater sense of attachment. These zones were spaces of administration, visitor, community, and residential. They allowed for the creation of the hub or main circulatory element, which was the use of found limestone from around the site to create a visible element and hinge within the spaces.

Unimpeded access at this scale, translated to removing barriers, such as stairs, and creating ramps to allow for the gradual changes of elevation. Many patients are confined to beds or use wheelchairs for mobility, and they needed to be included in the scheme of community, not isolated. The use of the limestone, which is discarded without regard throughout the site, reveals the real beauty the stone discarded as waste by man still contains. It also acts as a portal, of which openings within itself reveal the contrasts of the natural limestone formations still in and exposed of the ground, and the man made polished product, sometimes imperfect. Community interaction became another focus, with the efforts to establish points along the path for small gathering and socialization. These people are often bored and tend to seek out company of others. The design of the units allows for interaction, and a sense of community, with the kitchen spaces for each two units becoming a common space. One can cook for another, or guests may prepare meals, requiring these individual's to once again become a part of society. Even laundry and corridors are now places to meet and interact, or to just sit and watch others and their activities. The breaking down of the corridor, into a collection of points along the journey is a departure from the institutional use of the corridor as a strict element for access.

To become reattached to the world; that must be a goal. Holidays become an important time for AIDS patients, and the large community space allows for community meals to be eaten together or with invited visitors and provides a place to decorate the Christmas tree, and celebrate life around the roaring fireplace.

Our ancestors knew well that the places we pass through affect our inner state of being. Typically a church was not entered directly from the busy street, but after a series of threshold experiences to support the necessary inner preparation.

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The linking of these spaces and the change in the roof elevations is a n interpretation of the mystic elements found in highly emotional spaces. The site and views around it's expanse, are of an erie quite scene, one almost feels that they have just missed the destruction that took place. Views from the water up into the project meant that the attachment to the quarry was a delicate issue. Low lying, the idea is to allow for the magnitude of the large quarry to dwarf any constructed form. The building steps back from the edge of the quarry, in respect for the height as well as the ever changing rim of the quarry, that almost taunts man and his pristine cut at the waters edge.

The facility is to be an educational facility , to educate those less informed about the AIDS virus. I envision people from the community gathering here to learn from guest speakers as well as the residents themselves. An open place, within access to the front entrance, and across from the enclosed meeting rooms, allows for gatherings to spill out within the structure, and possibly view an exhibit of artwork completed by the residents. It is through this area that the guests must travel to reach their housing, and along this way, the limestone wall, sometimes opens: even if just a tiny crack, and allows the visitors to see into the more protected side of the residents. At one point, the stairway to the 2nd level of the visitor apartments opens, and actually allows them to traverse the wall and gain a view of the water and the quarries edge.

Throughout the facility, the process of construction is revealed. The notion that structure and permanence can be as fragile as life itself. Details that expose connections, form, and materials, will attempt to not hide structure, but to expose it for how it is used.

The apartments don't define where one is to sleep, because the rooms may have someone confined to a bed that want to sleep and eat closer to the waters edge and the views. The furnishings within the apartments will be whatever each resident feels they need. They are encouraged to make a home here, to gain a sense of pride and customize them with memories, these rooms are where each resident gains the most privacy, a place for inner healing and accepting and challenging fate.

The staff offices are located from their apartments, to allow them a chance to walk away from work and to relax; for these workers have quite a high turnover rate with the stress and emotional strain. A chapel, as a place of reflection and meditation, a n outlet to talk with and feel close to God, a place for spiritual healing, is located apart from the community. Often we all need to escape, to be alone or with close relatives, the chapel is separate from the facility to express these feelings.

The garden is also experience, a place to meditate, reflect, escape from conflict, or prepare for death. We often go to the garden to be alone. The walk down the garden path is a personal experience, one difficult to convey to others. As experience, being in the garden is what is important. Smells, sounds, and feelings are what are important and welcomed. We connect to ourselves and to nature. This passive, contemplative experience makes gardens timeless. The garden of new faith embraces city, wild nature, and spiritualism in one of our most forceful sources of inspiration. 18

The storage spaces for the residents personal belongings that they wish to bring along, is just outside in a sunken garden, a memories garden that they can place themselves in and open the unit up and regain a bit of their past. Gardens are what the site is composed of. Many trails lead from the facility, that wind their way through the serene landscape. I envision that many of these people might walk to a chunk of limestone located along a trail, and begin carving it, to leave it as a reminder of their effort to survive; a garden composed of elements, sculptures like the AIDS quilt. Together, this comprises places to live, places for hope, places for healing; and fore most, places to cry and say hello and goodbye.

Last, and of special importance, is achieving some sense of inner peace and order. This will involve acknowledging death's inevitability, but also dealing with long standing conflicts about oneself and one's life 24

This conclusion draws from the presentation of the thesis to the thesis critics. Although not resolved in complete for at that time, the jury felt that the project and its associated research left no stone uncovered. That this project was a beginning for others to follow and the next step should be a search for money to fund its development. Other ideas cast into the discussion were more associated with the resident apartment spaces. The possibility of individual balconies on the water side of each unit and more semi-private spaces possibly outside of the units entry area for small gatherings. Water and its symbol as rebirth, how it might be incorporated into a better relationship of the project. And finally, the development to allow the residents to hold onto their former selves. It is hoped that this thesis contained within will allow others to develop and learn the needs of these residents and their trauma of coping with the affliction of AIDS. Much more needs to be explored, but the map is now open in front of us.

HOSPICE

Hospice embodies a philosophy of caring for a person with a terminal illness in a way that promises life will end peacefully in a comfortable, caring environment. 24

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