_hospice.house.untitled
adam.pfeifer

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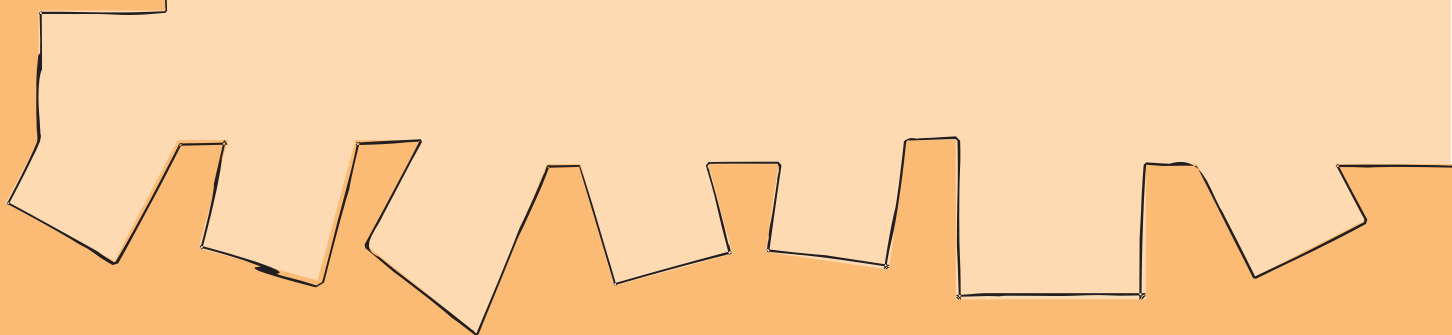

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01_introduction

A family experiencing death.
http://www.arlingtoncemetery.net/

Death – the end of life. This phenomenon has plagued man since the beginning of time. Even while we accept the fact of death as part of the life cycle, we, as a society, continue to fear death and the permanence of it.

Even with modern vaccinations, treatments, antibiotics and other healing therapies that are available to us, we have yet to reduce the incurability of death; instead, we have simply lengthened the amount of time until death. Unfortunately, this type of extension of the natural life cycle is often undermined by a lack of quality of life and of dignity in death particularly if people become dependant on machines to prolong the final days in a conventional hospital setting that recalls scenes of a 1970's horror flick.

This kind of setting, as well as its lack of a humanistic approach to healing, aided us in ushering in the modern day palliative care centers and hospice houses that we slowly see coming to fruition. Through the creation of palliative care centers and hospice houses we have been able to increase the quality of a person's final days of life as well as lengthen that time immediately before death.

A volunteer helping an elderly guest in a Hospice.
http://www.omega-healthcare.com

While there are roughly 75 hospice

houses throughout the continental United States (1), regrettably, many of these houses are the results of renovations and remodels of existing care facilities, nursing homes, children's hospitals, etc. These kinds of renovations have prevented the creation of proper healing environments as well as meet the specific requirements for those patients that are approaching the end of life that could be achieved in a "from scratch" construction.

Levine & Dickson Hospice House - Charlotte, NC
http://www.carolinasendoflifecare.org/

By going back to the beginning and designing a hospice house from the ground up one can create the kind of spaces, experiences and moments that are crucial to someone at the end of life. Throughout this essay, we will examine hospice, its relation to death and dying, the social implications of death and finally how my specific project proposal addresses those issues and empowers them appropriately.

02_hospice

Modern day hospice care is a relatively recent, and growing, sect of health care that addresses the issues associated with life at death. While the major goal of hospice care is to create a level of quality at the end of life for its patients regardless of age, ethnicity, and condition, it continues to branch out to the families and friends of the patients as well in offering bereavement services and counseling.

_hospice.movement

While the modern hospice movement of the 1960's is the major influence for current hospice trends, the idea of hospice facilities stretches back to ancient history. In ancient history, while hospice existed it did not differentiate from hospitals, hotels or hostels much. Hospices of yesteryear were more specifically a place to stay – whether you were sick and dying or simply a traveler or homeless and seeking temporary shelter (2).

These places of refuge found in Greek and Roman cultures provided food, shelter, clothing and entertainment to its guests and were publicly supported (3). As Christians slowly overtook the hospices the focus of the hospice changed to one of love and humility. Through time, calls were made first for hospices to be built in every city where a cathedral was, and eventually near all churches. This Christian control of the hospices stayed prominent until the Reformation causing a shift towards secular control and scientific focus on the treatment of illness changing the ways of healthcare as we knew it (2).

This secular and scientific focus opened the doors to university trained physicians replacing the clergy that were administering the healthcare in these hospices as well as the medical industry. This shift to an entirely scientific outlook at healthcare and medicine led to the suffering of other aspects of healthcare. These physicians become more focused on fixing the illness and foregoing the multi-dimensional aspect of the healing and the treatment. This trend brings us into the 20th century outlook at health care and the medical industry.

The 1960's brought a period of social upheaval resulting in massive changes across the board – including in healthcare. These social changes encompassed a

Elderly woman in a Hospice.
http://www.nebraskamed.com/

vast majority of populations including terminally ill and dying persons. The attention that was garnered by these persons called for improved care, treatment and acceptance of such individuals. Alas, the technology associated with medicine changed greatly during this time as well leading to a shift in both methods of treatment as well as diseases and illnesses in patients. While acute illnesses (4), such as influenza and pneumonia, were the major cause of death at the turn of the 20th century, modern technology reduced the risk of death with such diseases – albeit at an expense. With the reduced risk of death from acute illness, the life expectancy became raised but led to the introduction of chronic illness – that kind of illness with a prognosis of death such as heart disease or cancer. Allowing people to live longer gave more time for these kinds of diseases to develop within the person and in turn change the way people experience the end of life. These chronic illnesses became the leading causes of death by the end of the 20th century (4).

As fast as types of illnesses progressed, medical treatment and procedures progressed even faster. This new resource bank of information for physicians continued to spearhead the idea of illness-based treatment farther ahead of patient-based treatment resulting in a stronger and stronger denial of death in the Western world. We came to the point of neglecting death as part of the life cycle but began to see it as a nuisance or failure instead. Consequently, terminal illness didn't correlate with this view of death as failure. This new depersonalized view of patients caused uproar for patient centered healthcare for patients with such diseases and illnesses thus leading us into the Hospice Movement of the 1960's.

The Hospice Movement started in the 1960's and worked to improve the care of dying persons by focusing on the emotional, physical and spiritual needs of the person. The philosophy of Hospice became "Death is a life experience instead of a medical event" (5). This new kind of care became an all encompassing type of care as compared to the traditional healthcare that was also offered. By treating the patient and the family as a single group instead of simply treating the illness in the patient, the larger group becomes more able to cope with the physical and social demands of death. The hospice will also offer bereavement services to the family and friends of the person to aid in coping with the experience of losing a loved one.

Elderly hands embracing.

http://www.voamass.org/

The benefit of going to the hospice house allowed people to spend their last days in an environment that was multi-faceted and allowed for treatment from a variety of disciplines without the complications and costs of a traditional hospital setting. This allowed a patient to easily transfer from their home environment into a community environment that could be responsive to their needs (6). These hospices then tried to cater a home-like environment in their facilities allowing those people to not notice the transition into a hospice even more. The first hospice to utilize this kind of a model, and eventually become the model for many future hospices around the globe, was St. Christopher's Hospice in London (5).

Percentage of Hospice Patients by Age

Patient Age Group	2007	2006
Less than 35 Years	0.9%	0.9%
35 - 64 Years	16.5%	17.3%
65 - 74 Years	16.2%	17.1%
75 - 84 Years	30.0%	31.4%
85 + Years	36.6 %	33.2%

Source: NHPCO Facts and Figures, 2008

_care.types

When discussing hospice care, there are four major types that include hospice facility, hospice at home, palliative care, and respite care.

At a hospice house a patient is allowed to live in comfort through palliative care, while medical care to cure the patient is no longer administered. To be admitted to a hospice house a person must be given a prognosis of no longer than 6 months of life by a medical physician. The choice to move into the hospice house is entirely voluntary by the patient and their family. While at the hospice house the patient and family work with an interdisciplinary team for support physically, emotionally and spiritually. This type of care can be covered under Medicare Part A benefits per the Centers for Medicare and Medicaid Services. Government funding has also recently been providing additional funds and grants to the organizations for the services they offer. While the patients time at the hospice house is generally short, around 3-4 days, there are others that enroll in a hospice house early and surpass their 6 month prognosis.

Hospice at Home offers similar services as are found at a hospice house but take place in the home of the patient. While volunteers, physicians, and nurses are available to come to the home during urgent needs, the family acts as the primary care-giver after receiving instruction on how to do so from volunteers and nurses. Allowing the person to stay in their home lets them remain in a familiar and comfortable environment, but at the same time, the home may need to be adapted to accommodate the patient.

Palliative Care is offered to patients to provide comfort and increase quality of life while they suffer from a disease or illness. This kind of care is available even to those who continue to pursue traditional curative treatment or even life-long treatment. While this kind of prolonging care doesn't require a prognosis, other requirements include "a serious, complex illness, whether the person is expected to recover fully, to live with chronic illness for an extended time, or to experience disease progression" (7) due to the extremity medications that may be used to control pain and other symptoms the patient may face.

The last type of care offered is Respite Care. Respite Care simply allows care-givers a break from their responsibilities. It offers a place for the patient to retreat to while the care-givers are allowed to attend to other responsibilities including their own health and well-being. Emotional and physical relief is also provided for the

family or other care-givers while the patient is cared for by other care-givers.

_modern.hospice|_future.hospice

While the current trends of hospice are changing to show that hospice is becoming the preferred way of care for people experiencing end of life, there are still a limited number of hospice houses. Current trends of numbers of patients are also steadily increasing each year, as high as 1.4 million patients in 2007 (8), showing that the demand is quickly rising for this type of care. These numbers don't specifically correlate to one specific age group either. Demand for hospice care is not limited to elderly – it encompasses all age brackets. While the largest spike in demand lies in the 35-64 years of age bracket (8), there are even children's hospice houses today. Even given that the average stay for a hospice house is short, we still need more hospice houses to help satisfy the demand for this type of care. This need begins to develop the argument for introducing the hospice house as a new building type in the architectural community.

03_death.&.dying

http://funkydeadtrees.com/

As one ends life they pass through death. In the Western world we see death as that instantaneous moment when one passes from alive to dead without any consideration of the transition. Death is more than that though. Death is a process – death is life. Given any circumstances life is only temporary no matter how much we try to tell and prove ourselves different through the use of esoteric beliefs, medication, treatments, etc.

Regrettably, we don't know much about death. We lack a proper, true education on death due to the modern day separation of church and state. There isn't a formal education of death and bereavement in a public school curriculum, and the church is limited in what it can teach about the subjects. The combinations of these circumstances push people to be scared of death because they don't understand the process of death or they fear death because of the symptoms that come with it – suffering, etc.

The process of death is not something that can be easily described. It is keyed through a series of events and experiences. While there are many different ways to get to the end of life, this paper focus on reaching that point through terminal illness or natural causes as would be most commonly associated with a hospice house.

What the Western world associates with the beginning of "death" or "dying" can differ greatly upon the person, but most commonly we associate it with the

terminal prognosis from a physician. Once this prognosis is made some persons will continue to seek treatment to try and cure the illness they have been diagnosed with, others will begin to shut them selves off from society, while still others will embrace the fact. As a person reaches the final stages of their life they may require additional assistance in every day tasks including walking, breathing, bathing, dressing and eating.

From here the body begins to enter the final stage of the dying process which works along two different avenues. First, in the physical avenue, the body will begin to shut down as it prepares for itself to stop functioning all together. As the body's systems begin to shut down it is not a medical emergency but simply a natural part of the process. During this time the patient may begin to experience physical issues due to the bodily systems beginning to shut down. Feelings of nausea, respiratory issues and especially pain can be come more common. Other physical issues could include coolness, sleeping, disorientation, congestion, urine decrease, loss of appetite, etc. The most appropriate ways of dealing with these kinds of actions include comfort measures through the use of medications or oxygen (9).

The second avenue of the dying process is along the emotional-spiritual-mental plane. The person's spirit begins its final process of release from the body, its attachments, etc. This is when the person emotionally becomes able to "let-go" of family members and other seemingly unfinished priorities. If a person has not yet reconciled any issues that they deem unresolved the person may begin to experience issues such as denial and fear of death. Only once the body feels it has reconciled all of its' unresolved issues can the body become ready to stop. During this phase emotional and spiritual support is the most appropriate. These two processes will be different for each person based on their own beliefs, values, morals and lifestyles (9).

Family in mourning.

http://i.ehow.com/

The social implications that are placed on a person after a loved one or some

close to them passes can seem quite extreme – especially for direct family. While everyone grieves differently it is understandable that the families will commonly require a longer amount of time to grieve. During this grieving stage it is common for the family (or friends) emotions to run the gamut of highs and lows. Feelings can range from those of helplessness, loneliness, betrayal, denial and even fault.

While all of these reasons may have significance to the individual, all are just part of the process of reaching the stage of acceptance of the loved one's death. While these are all feelings that can be dealt with on an individual basis, a strong social network is key during this time. Relying on family and friends can become a great help during the grieving period. Additional emotional support can be received from the interdisciplinary team at the hospice house before, during and after the death has occurred.

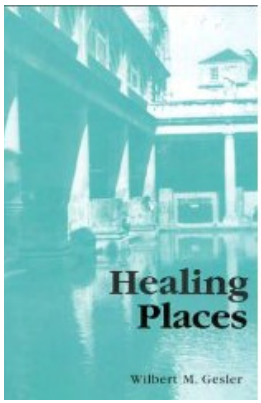
When dealing with the bereavement we typically focus on the family but special attention must be paid to the staff as well. The staff of the hospice house is forced to experience death of patients almost constantly. While they may not have the same connection with the patients that the families do, they still share an emotional connection that forms while caring for the patient. Creating spaces that allow for the staff to grieve must also be carefully investigated.

04_healing.environments|_hospice

Stereotypical hospital corridor.
http://i.pbase.com/

The phrase "healing environments" is a relatively new phrase being used in the design industry. The first instincts are of a stereotypical hospital or clinical setting – a hermetically sealed space, entirely done in white through the of vinyl flooring, white painted gypsum board walls and a white acoustic ceiling tiles and a hospital bed in the center dressed in white linens. If you were to stroll into the hallway you'd be met with similar fit and finishes and an abundance of excessive equipment left to stand in the hallways due to lack of storage space. Spaces like these are what nightmares are created from.

If one doesn't imagine this kind of space they think of a clinic or doctor's office with industrial carpet, gypsum board walls, acoustic ceiling tiles, and inexpensive heavy duty furniture ordered from the local Sears catalog with a magazine rack, rather appropriately, screwed to the wall – all of which smell of sterility and cast a mind-numbing fluorescent lighting pattern.



Wilbert M. Gesler's Book, Healing Places.
http://ecx.images-amazon.com/

This is not what a healing environment is. A healing environment is much more than this – it should contribute to our well-being in a multi-dimensional way. In terms of a hospice house, it should be a place of character, relaxation, comfort, solitude and security. The healing environment that is created should be more than simply a place to be healed at, but should be a place that aids in doing the healing – it should make you feel healed.

There are five major aspects that are characteristics of a

healing sense of place according to Wilbert Gesler. Gesler talks about these five aspects as including (10):

- Multidimensional character (physical, mental, spiritual, emotional and social);
- Wholeness, connectedness, or integration;
- Ability to heal from within;
- Ongoing process with meaning in one's everyday life; and
- Ability to be healing as a humanistic approach

Gesler continues to speak about the four major environments that contribute to healing places that includes (10);

- Natural Environment
- Built Environment
- Symbolic Environment
- Social Environment

When creating a healing environment, a natural connection should be made. This connection to nature is important because it allows the patient to have a visual and/or physical connection to the outdoors. The patient no longer becomes trapped indoors unaware of the outside world. Creating the connection to nature allows for a multitude of possibilities for daylighting, as well as physical connections to nature through courtyards, patios, covered porches, etc. All of these kinds of architectural elements can begin to aid in creating a healing environment be making the space become multi-faceted and connected to a greater holistic design as well as responding to the patients own home.

The built aspect of a healing environment is just that – the building itself – but it can also be much more than that. While we initially think of the building as a whole with this aspect one must think about the details of the building and how they create that environment. Any of these kinds of small details that seemingly make the project a whole should be considered as well. In the case of my personal project which will be outlined later in this document; where do the physical bolts go that connect the pieces of heavy timber to one another. What shape do those bolts take on? What kind of a pattern do they create on the framework of the heavy timber? Materiality also will begin to take a presence in this aspect and the kinds of experiences the materials will create. This can also begin to speak about more ephemeral aspects of the building such as textiles used as an overhead plane or as

shading devices. All of these individual pieces are what make up the whole building that actually creates the physicality of the healing environment.

The symbolic aspect is the most difficult aspect to grasp when working with these four aspects. What can an architect do to create a meaningful moment in the building for the patient, or for the family, or the staff, or even the volunteers? These moments are the points where someone steps back and admires what has been done and simply says “wow” or even better, becomes speechless because they are touched in just such a way that it takes their breath away. Symbolism can come from almost anything – it can be a spiritual symbolism or even a symbolism of something in their home. The elements that create that symbolism can be almost anything as well – something as simple as a white coat that they wear or something as patriotic as a national flag representing their ethnicity.

Sociality is the final aspect of the four. The healing process is one of social relationships. To heal we rely strongly on our family and friends for support, guidance, laughter and assistance. Creating a social network within the project becomes essential to aid in the healing of the patients as well as their families and friends. The social environment should become recognizable at all scales as well. The overall master planning of the site should have a social connection with nature, with its surroundings, with its site, with its neighbors. As you move in, you should be able to see social connections at the building scale and even at the patient room scale. While designing, having a careful attention to the creation of these social zones is crucial. Without the social connections being present in the building, even if they are subdued, healing will suffer. By making these social zones flexible they can begin to transform as they are needed and the building becomes even more functional at the same time while continuing to be dynamic.


Woodland cemetery portico.
http://beta.stockholmtown.com/

These types of outlooks and aspects are all essential to creating a healing environment for not just the patient,

but the families and even the staff. Without any one of these the act of healing will suffer to a certain degree by not creating a holistic healing environment that is multi-faceted.

05_project.introduction

With this background information about hospice, death and dying and healing environments we can begin to look more specifically at the hospice house project being proposed.

The need for a hospice house rises from the trends that were discussed at the end of the hospice section of this paper. An ever-increasing demand for hospice care will soon smother the current number of hospice houses available and their number of available spaces, thus, creating the not-so-far in the future demand for more hospice care facilities.

This recent upward trend in demand can be attributed to a number of different circumstances. Quite possibly, the most obvious reason links to the climbing age of the baby boomer generation. The plethora of those that are part of the baby boomer generation and are still alive are seeing their own friends, colleagues, classmates and even siblings going through the end of life process both in and out of hospice. Being able to see the process first hand, and knowing that you are not far behind the person slowly slipping away in front of you, brings a tidal wave of reality crashing at your feet. The reality also brings a list of personal questions including “how do I want to go?” and “where do I want to be when I pass?”

It is these kinds of situations and thoughts that begin to make the persons understand the beauty of hospice care and a hospice house. They can be taken into a place that is welcoming, comforting, relaxing and safe where they can pass away in comfort with the aid of a staff that exude the same caring, welcoming and comforting nature of the facility itself.

Quality of life at the end of life becomes another major sector of why the need for a hospice house is imperative. The tenacity of modern medical care versus the comfort that is associated with hospice care, as outlined in the hospice section of this document, continues to push people towards the option of hospice care. Possible patients begin to open up to the idea of outside care as well as death when they can be assured they are going to experience their end in a place other than a

hospital – yet still have a sense of place instead of simply a number on a chart.

The creation of new hospice houses that are well designed and carefully thought about and orchestrated aids in supplying the ever-increasing demand for this type of care but, once again, at a certain cost. As we begin to satisfy the new, increasing demand for hospice care facilities the demand continues to increase as more and more people become exposed to opportunity of hospice care thus creating an everlasting cycle. While this is not a negative issue, it is still an issue to be dealt with.

This hospice house can also make educational contributions to the community. Through interaction and partnership with local schools, children and young adults can become more aware of death and ways of coping with it. By seeing and interacting with those persons in a hospice house the young people can also begin to see the nature of death as well as the process of death and learn from it first hand. This kind of early education will begin to shape the perception of death in the Western world. As children are taught about it, and witness it in a more controlled fashion the fear associated with death slowly begins to drift away and becomes replaced with an acceptance of death.

Hospice houses can become educational entities to the larger community they exist in through their architecture as well. If we create a new architectural building type, the hospice house, we can set the parameters of the inherent architectural qualities that define the building type. By setting standards of extreme sustainability through the use of water conservation, proper site selection, an appropriate use of materials, etc., an educational aspect is being broadcast to the community of how a sustainable structure can really work. Slowly, as the number of these hospice houses increases and more individuals become aware of what sustainability can be, we will begin to see a trickle-down effect of this technology into smaller (or larger) structures within the city.

The site selection of our specific project began with research of open (or relatively open) sites in and around Manhattan, Kansas. A discussion began about what kind of backdrop was appropriate and necessary for a hospice house – was it a wide open site that edges on the rolling prairie of the Flint Hills or a more urban site

allowing for interaction within the community?

The decision was made to utilize the in-town site because of the ability to begin to integrate into the existing architectural fabric of the greater Manhattan, Kansas area. The site is a relatively open site in a more urban setting of older Manhattan.

06_design.proposal

In starting this project, I have created three major goals based upon the research that was performed to reach this point. The first of these three goals includes creating a facility that connects itself to the community, nature and to its' immediate surroundings. Having established these three major goals to help relate this facility to the research, design can begin.

_site.context

The site for the project is located at the southeast corner of the intersection of Juliette Avenue and Pierre Street. There currently is an abandoned jail on the site as well as a police department building which we have chosen to negate and raze in this proposal.

Pierre St creates the northern edge of the site and is also a primary artery feeding into and out of Manhattan via Kansas Highway 177 and leading to Interstate 70. This street carries heavy traffic into and out of the city of all scales – commercial to civilian. The traffic that utilizes this street creates a noticeable noise threshold along the northern edge of the site that must be controlled. The street material is brick adding to the level of noise as the vehicles travel across it.

The western bordering street, Juliette Ave, is another major thoroughfare through the city proper. This arterial is primarily utilized by the local level civilian traffic, local bicycle traffic, as well as foot traffic throughout the city. The street is paved in brick creating a noise threshold to the west as well.

The eastern and southern edges of the site, created by 6th Street and Colorado Avenue respectively, are much lower traffic streets. These streets primarily make for accessibility to the residents that live on these streets. Both, paved in brick, make for minimal noise into the site.

Pierre St is comprised of two types of structures – to the west is Seven Dolors Catholic Church and west of that are single family residential homes. The respective block of Juliette Ave is comprised of an elementary school, and the remaining two

Proposed Site, Juliette & Pierre, Manhattan, Kansas.
http://maps.google.com/

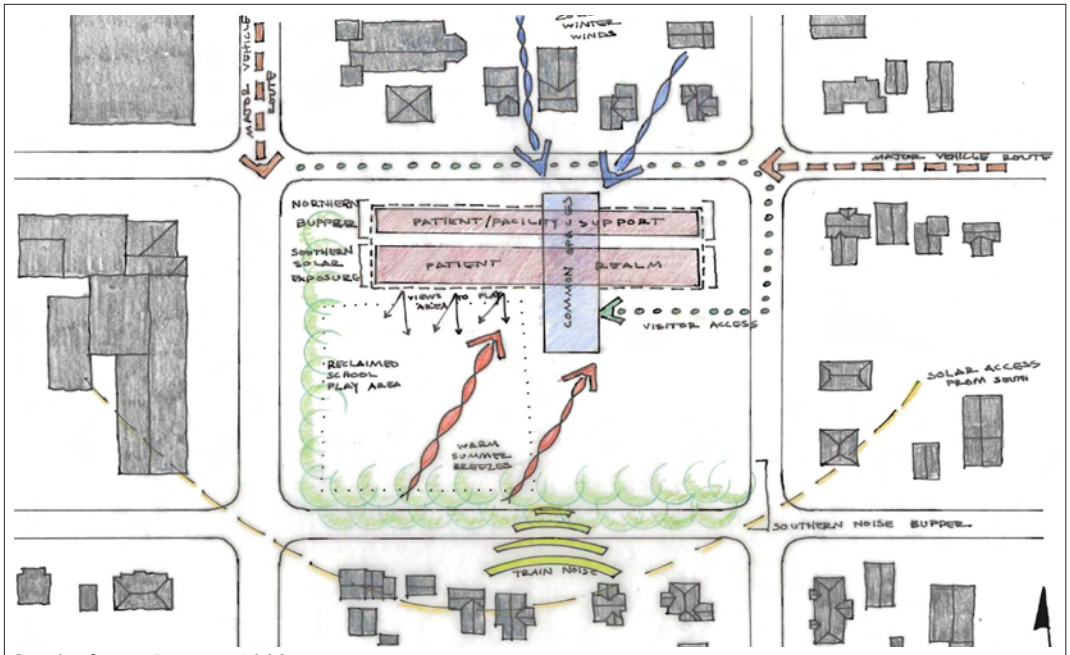
sides of the site, 6th St and Colorado Ave, are lined with single family residential homes.

_siting.&.organization

In my proposal the siting and the massing of the building comes from the exterior influences of the site itself while still creating the connections with community, nature and the immediate surroundings. By first acknowledging the larger amount of traffic and respective noise coming from the northern a service bar is placed along the northern edge that contains the patient and facility support spaces. Directly parallel to the south of this bar becomes a secondary bar comprising the individual patient rooms.

This organization of support and corridor along the northern edge of the site makes for a sound barrier from the traffic noise that is generated as well as a wind break from the northern winds that are prevalent in Manhattan and across the site during the majority of the year (11). A sense of privacy from the neighboring homes is also provided by placing the support spaces in this location.

Secondly, the patient rooms are placed in a separate line directly adjacent [parallel] south of the support volume. All of the patient rooms, including the two respite rooms, are now allowed a direct southern solar exposure as well as views across the site and to the piece of site that is given back to the school to use as playfields. This also allows for a connection to the community and the immediate surroundings. These two adjacent volumes make up a single element that I have dubbed the "function" bar of the proposal.



Site Analysis - January, 2009.

Adam Pfeifer

Thirdly, the common spaces such as the kitchen, dining and living became part of a separate rectangular volume that is allowed to be inserted into the first "function" volume. At the point of this spatial overlap becomes the heart of the building – the social center of the facility.

Naturally, this organization sets up a privacy gradient from south [public] to north

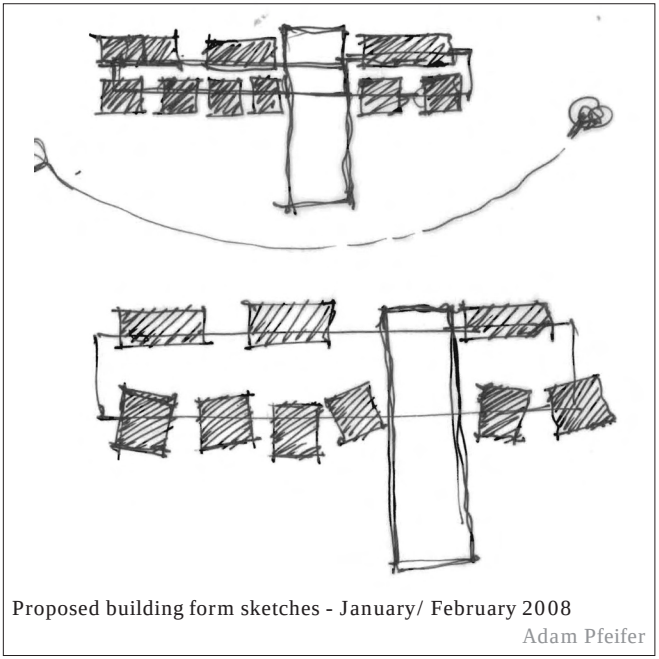
[private] warranting entry from the south on axis with the common spaces.

By organizing the support piece of the functional bar in an order that groups related spaces, the support spaces are placed at the far eastern end. This allows for out-of-town commercial vehicles to easily access the service entrance for delivery, drop off or maintenance. The body removal garden becomes located at the west end of this bar to keep a level of dignity associated with the removal of the body. The body is now not being paraded through common spaces, but is ceremonially led past other patient rooms only before passing the chapel and then exiting the building and taken away. These spaces, the departure garden & chapel and the service entry naturally create a terminus for this functional bar.

Finally, visitor and staff parking are grouped into a larger unit. This parking is placed along the southeast corner of the site and allows for a residential level experience of turning from a major street onto a quieter neighborhood street. The parking becomes placed in just such a way that it will not be directly visible from any of the patient rooms.

_form

The form of building draws from the surrounding vernacular. Utilizing a simple parti footprint, of a “T”, speaks with much of the surrounding structures as well as allows for cross ventilation through the building because of having narrow wings of the building. The narrowness of the wings also allows for ample daylighting in the buildings deeper components like the corridor.

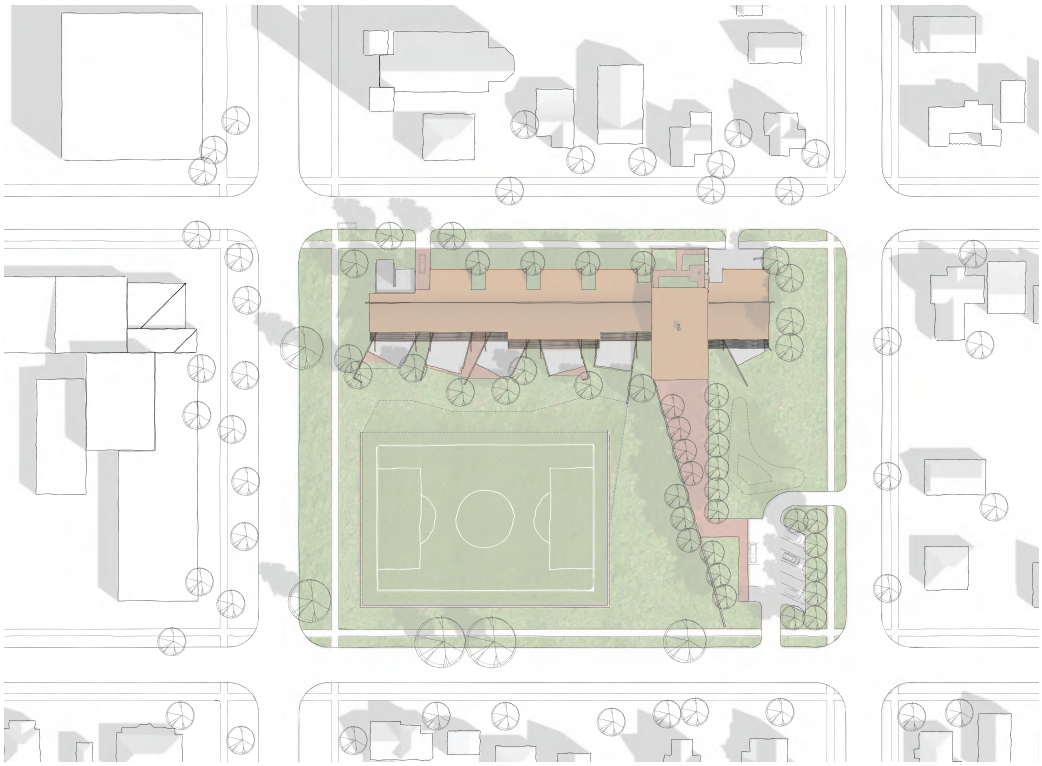


Proposed building form sketches - January/ February 2008
Adam Pfeifer

Being set in a relatively urban

residential neighborhood there is a certain scale to the surroundings. Besides the church and school, the structures have a small intimate scale to them. Breaking the major facades [and spaces] of the hospice house into smaller components and then linking them by a singular [east to west] glazed corridor allows for the appearance of many smaller buildings on the site in keeping with the scale of the residential neighborhood and making a direct connection to the surrounding.

These newly formed openings between the mini-blocks of programmatic space continue with allowing natural ventilation and daylighting into the inner depths of the building while also creating personal alcoves for patients, family and friends to retreat to during times of solitude. The spacing between the mini-blocks becomes



Site Plan - May, 2009.

Adam Pfeifer

a static dimension on the north side setting up a repetition to harmonize with the standard [lot] dimension across the street. Along the southern side, the patient rooms begin to be broken into groups of two creating smaller patient blocks within the larger project. These voids continue to allow for a visual permeability through the building connecting the residences along the north side of Pierre community as well as nature and green space created on the sound side of the building.

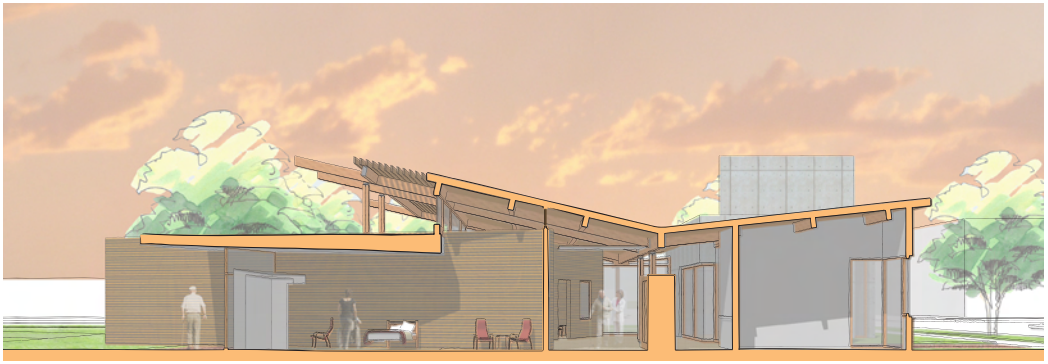
To create an individual character to each patient room block, the blocks became twisted in the landscape focusing their view lines through specific green openings in the facing street elevation, while being able to focus upon the adjacent returned playfields and away from the parking on the southeast corner of the site. Each block now becomes detailed with overhangs and wing walls to help control direct sunlight exposure and glare. These wing walls also help to create smaller communities between the two rooms of each patient pod and allow for some nooks for bringing vegetation into the patient pod realms.

South Elevation - May, 2009.

Adam Pfeifer

In section, the interior of the building begins to take on several different characteristics that are both expressed and not expressed on the outside. Each patient room takes on an individual character within the larger composition of the building. While the patient rooms main ceiling plane slopes up, opening to the southern exposure, it is hidden behind a parapet giving the illusion of a

simple wooden box housing the patient rooms. Inside the patient rooms there are individual sections taken from the northern end of the rooms that correlate with the amount of overlap into the glazed corridor. These removed sections open up to the larger butterfly roof that extends and filters away over the patient rooms creating an individual character to each patient room instead of the prototypical copy and paste room configuration.



Typical Patient Room Section - May, 2009.

Adam Pfeifer

From the exterior there seems to be one large, low-slope, green butterfly roof that encompasses the entire project, almost like an umbrella, and filters away as it extends over the patient rooms and still opens up to the neighbors to the north. The valley of the roof form bears on columns inside the building that locate large sections of storage wall. These storage wall sections control direct view into facility and patient support spaces to the north while supplying additional storage to the patient rooms as well as those adjacent support spaces. The storage wall becomes upwards of three feet in width and eight feet high giving the presence of a load bearing wall for the roof when it really has no support on the roof at all. This visual of a load bearing construction continues in the language of creating a sense of permanence to the facility creating a feeling of security.

The butterfly roof also helps in admitting daylight into the building while creating a way to catch rainwater, where wild grasses are not planted on the roof, which can be harvested and used elsewhere in the building and around the site.

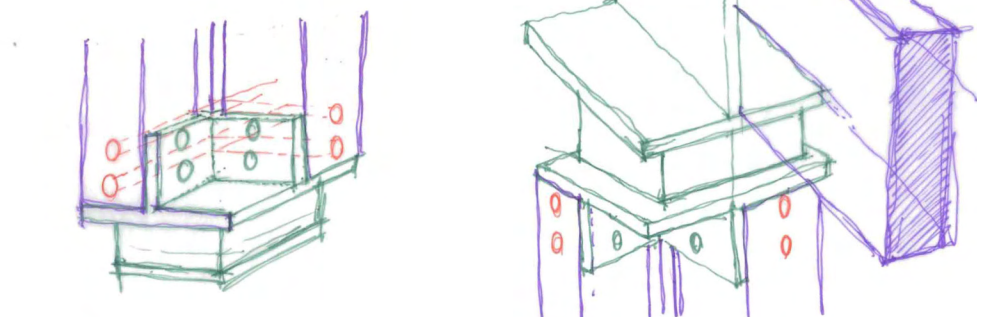
This umbrella-like roof is supported on exposed structure throughout the building which straddles the building. This allows the effect of all of the pieces, patient pods, storage wall sections, and support pods to seemingly be inserted into the structural bays as is setup by the initial organization. This notion of smaller pieces being inserted into larger components follows through from the smallest scale of connections to the larger scale of the buildings organization.

_detailing

The detailing in the building continues to further the idea of pieces being inserted into one another. Creating details that visually allow pieces to slip between one another is critical in the design proposal. These kinds of details include how the floors and ceiling planes meet the walls, how the glazing framework meets the patient room and even how the columns begin to connect to the floor and to the beams in the roof structure.

Creating special, custom metal connections and brackets for the heavy timber structure will become essential. These connections must epitomize the larger architectural idea of pieces being inserted into a larger composition very similar to a jigsaw puzzle – without every piece the project won't be complete.

As these connections are developed they begin to separate pieces of structure. Each piece of structure is made up of smaller components then strapped together through



Structural Detail Sketches - March, 2009.

Adam Pfeifer

the use of these specially created connections breaking the scale down to one that is similar to the scale of the neighboring buildings. Utilizing these connections an even more ephemeral and lightweight feeling is exuded within the facility.

The detailing of the building gives the overall building a very light, airy and ephemeral feeling so as to speak to the next stage of life that the guests will reach upon death. The experience of the building as a whole should also help the family grieve by creating a sense of warmth, security and comfort. By creating an environment that could be compared to a mountain home, with its exposed structure and warm material palette, family and friends can start to become more relaxed before, during and after the loved one's death.

_materiality

The materials to be used in this project include timber construction that is bundled together to create heavy timber structure as described above. Wood slats on the patient pods are used inside and out. This slat wall creates horizontal pattern on the patient pods to make them seem larger than they are as well as focuses views out towards the green space that is given back to the school for use of a soccer field. Flat stacked stone on the common volume is used to create a sense permanence indicative of the importance of family. Finally, a double staggered wood shingle siding on the services blocks all to create an essence of warmth to the building. This material is in keeping with the vernacular of the surrounding architecture and buildings. The material palette also allows for a sense of transition around the building. Starting from a more solid wood veneer on the service blocks to a wood slat wall on the patient rooms that shows stripes of a different hue [working in unison with the stone color] from behind to the solidity of the stacked stone.

Many of the materials on the outside of the building will be carried inside to blur the transition from inside to outside responding back to the connection with nature as is talked about in Gesler's four aspects of a healing environment as well as in my own goals for this project.

An additional material inside the building will be the use of sheer fabric as both an overhead plane in the corridor between the patient rooms and the storage walls creating a level of hierarchy not visible from the outside. The sheer material will

also diffuse lighting that is admitted into the building as well as artificial colored lighting that will be shone on the material.

07_conclusion

At the end of this project, I look back at the goals that were formulated at the beginning. I feel that I've diligently worked consistently to try and satisfy these goals throughout the course of the project. My personal belief is that the facility connects itself to the larger community through its form and embracing character, it connects itself to nature with its use of vegetation and large open green space that seemingly comes into the building as it extends inward between the patient rooms, and it connects to the immediate surroundings with its form, organization and scale.

It is my strong belief that this project begins to setup a model for hospice facilities of the future with its warm and caring experience. The facility also does a wonder for neglecting the stereotypical clinical setting that we have become accustomed to. Making this building feel more like a personal residence, or a series of personal residences, adds to the home-like experience that is crucial in a hospice house.

As we head into a new era, it is going to become important to create medical and health care facilities that exude warmth and care while still being able to have the permanence and sterility that is required of this type of facility. Unfortunately that new era has already started and we are starting off on the wrong foot, but that doesn't mean that we can't take the next step to make buildings like this proposal the norm for our medical facilities.

Take the next step and lead the way.

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